Pharmacy Drug Policy Checklist

POLICY NAME	Rheumatoid Arthritis Immunomodulator	POLICY #	2747P

Criteria

Coverage Criteria of Preferred Products (Cimzia, Enbrel, covered adalimumab biosimilars, Simponi, Simponi Aria)

- ☐ **1.1** Diagnosis of Rheumatoid Arthritis
- ☐ **1.2** Prescribed by a rheumatologist (musculoskeletal doctor)
- ☐ **1.3** Age 18 years or older
- ☐ **1.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug):
  - methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

Coverage Criteria of Preferred Products with Single Step Edit (Rinvoq, Xeljanz/ XR)

- ☐ **2.1** Diagnosis of rheumatoid arthritis
- ☐ **2.2** Ordered by a rheumatologist (musculoskeletal doctor)
- ☐ **2.3** Age 18 years or older
- ☐ **2.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug): methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine
- ☐ **2.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to one or more TNF inhibitors (such as Cimzia, Simponi, Enbrel)

Coverage Criteria of Non Preferred Products with Double Step Edit (Actemra Sub-Q, Orencia IV or Sub-Q)

- ☐ **3.1** Diagnosis of Rheumatoid Arthritis
- ☐ **3.2** Prescribed by a rheumatologist (musculoskeletal doctor)
- ☐ **3.3** Age 18 years or older
- ☐

3.4 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug): methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

☐ **3.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to any TWO of the following:

- Cimzia
- Enbrel
- Covered adalimumab biosimilars
- Simponi
- Xeljanz/XR
- Rinvoq

Coverage Criteria of Non Preferred Products with Quadruple Step Edit (Kevzara, Kineret, and Olumiant)

☐ **4.1** Diagnosis of Rheumatoid Arthritis

☐ **4.2** Prescribed by a rheumatologist (musculoskeletal doctor)

☐ **4.3** Age 18 years or older

☐ **4.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug):

- methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

☐ **4.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to any TWO of the following:

- Cimzia
- Enbrel
- Covered adalimumab biosimilars
- Simponi
- Xeljanz/XR
- Rinvoq

☐ **4.6** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to BOTH of the following:

- Actemra
- Orencia

Exclusion Criteria – Any of the following prevents coverage

☐ **5.1** Allergic reaction to murine proteins or humanized monoclonal antibody

☐ **5.2** Inadequate response to initial or previous therapy with requested immunomodulator

☐ **5.3** Patients with active infections, latent tuberculosis, or symptomatic or deteriorating congestive heart failure

5.4 Off-label (non FDA approved) dosing frequencies

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☐ **5.5** Health Alliance Northwest does not cover more than one biologic immunomodulator at a time because of the possible increased risk for infections and other potential drug interactions

☐ **5.6** Only certain NDCs of adalimumab biosimilars will be considered for coverage, please reference most recent formulary file for covered NDCs