

POLICY NAME	Non-Radiographic Axial Spondyloarthritis	POLICY #	3170P
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Criteria

Coverage Criteria for Preferred Product (Cimzia)

- ☐ 1.1 Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ 1.2 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)

Coverage Criteria for Preferred Product with Single Step (Rinvoq)

- ☐ 2.1 Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ 2.2 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 2.3 Age 18 years or older
- ☐ 2.4 Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)
- ☐ 2.5 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a TNF inhibitor (such as Cimzia)

Coverage Criteria for Non-Preferred Product with Single Step (Taltz)

- ☐ 3.1 Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ 3.2 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 3.3 Age 18 years or older
- ☐ 3.4 Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)
- ☐ 3.5 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Cimzia or Rinvoq

Coverage Criteria for Non-Preferred Product with Triple Step (Bimzelx, Cosentyx IV and Sub-Q)

- ☐ **4.1** Diagnosis of Non-radiographic axial spondyloarthritis

- ☐ **4.2** Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)

- ☐ **4.3** Age 18 years or older

- ☐ **4.4** Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)

- ☐ **4.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to ALL of the following:
 - Cimzia
 - Rinvoq
 - Taltz