

POLICY NAME	Ankylosing Spondylitis Immunomodulator	POLICY #	2745P
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Criteria

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

- ☐ 1.1 Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ 1.2 Ordered by 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 (celecoxib, diclofenac, others)

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

- ☐ 2.1 Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ 2.2 Ordered by 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 (celecoxib, diclofenac, others)
- ☐ 2.5 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to ONE or more TNF inhibitors (such as Cimzia, Enbrel, Simponi, etc)

Coverage Criteria of Non-Preferred Products with Single Step Edit (Taltz)

- ☐ 3.1 Diagnosis of ankylosing spondylitis or other spondyloarthropathy
- ☐ 3.2 Ordered by 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.
- ☐

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

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

Coverage Criteria of Non-Preferred Products with Triple Step Edit (Bimzelx, Cosentyx IV or Sub-Q)

- ☐ **4.1** Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ **4.2** Ordered by 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 (celecoxib, diclofenac, others)
- ☐ **4.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to TWO of the following:
 - Cimzia
 - Covered adalimumab biosimilars
 - Enbrel
 - Simponi
 - Rinvoq
 - Xeljanz/XR
- ☐ **4.6** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Taltz

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
- ☐ **5.5** Health Alliance Northwest does not cover therapy with more than one biologic immunomodulator medication at one time because of the possible increased risk for infections and other drug
- ☐

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