

POLICY NAME	Rheumatoid Arthritis Immunomodulator	POLICY #	2747P
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Criteria

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

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

- ☐ Diagnosis of rheumatoid arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor)
- ☐ Age 18 years or older
- ☐ 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
- ☐ 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)

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

- ☐ 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

- ☐ 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)

- ☐ Diagnosis of Rheumatoid Arthritis

- ☐ Prescribed by a rheumatologist (musculoskeletal doctor)

- ☐ Age 18 years or older

- ☐ 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

- ☐ 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

- ☐ 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

- ☐ Allergic reaction to murine proteins or humanized monoclonal antibody

- ☐ Inadequate response to initial or previous therapy with requested immunomodulator

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

☐ Off-label (non FDA approved) dosing frequencies

☐ 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

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