Pharmacy Drug Policy & Procedure

Policy Name:	Non-Radiographic Axial Spondyloarthritis Immunomodulators	Policy #:	3170P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of immunomodulators used in the treatment of Non-radiographic Axial Spondyloarthritis (nr-axSpA).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Cimzia, Rinvoq Taltz, and Cosentyx under the applicable specialty benefit, when the following criteria have been met:

Procedures

1. 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)

2. 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)

3. 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

4. Coverage Criteria for Non-Preferred Product with Triple Step (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

5. Approval Period

5.1 Initial: 12 months
5.2 Reauthorization: 12 months with documentation to support clinical benefit from therapy

References

1. Ward MM, Deodhar A, Akl EA, et al. 2019 Update of the American College of Rheumatology/ Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis. Arthritis Rheumatol. Oct 2019;71(10):1599-1613.
2. Sun WT, He YH, Dong MM, et al. The comparative safety of biological treatment in patients with axial spondylarthritis: a meta-analysis of randomized controlled trials with placebo. Eur Rev Med Pharmacol Sci 2020; 24:9824.
3. Landewé R, Braun J, Deodhar A, et al. Efficacy of certolizumab pegol on signs and symptoms of axial spondyloarthritis including ankylosing spondylitis: 24-week results of a double-blind randomised placebo-controlled Phase 3 study. Ann Rheum Dis 2014; 73:39.
4. Deodhar A, Van den Bosch F, Poddubnyy D, et al. Upadacitinib for the treatment of active non-radiographic axial spondyloarthritis (SELECT-AXIS 2): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet 2022; 400:369.
5. Landewé RB, Gensler LS, Poddubnyy D, et al. Continuing versus withdrawing ixekizumab treatment in patients with axial spondyloarthritis who achieved remission: efficacy and safety results from a placebo-controlled, randomised withdrawal study (COAST-Y). Ann Rheum Dis 2021; 80:1022.
6. Micheroli R, Tellenbach C, Scherer A, et al. Effectiveness of secukinumab versus an alternative TNF inhibitor in patients with axial spondyloarthritis previously exposed to TNF inhibitors in the Swiss Clinical Quality Management cohort. Ann Rheum Dis 2020; 79:1203.

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