MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY:	Axial Spondyloarthritis	**P&T DATE:**	06/18/2024
CLASS:	Rheumatology/Anti-inflammatory Disorders	**REVIEW HISTORY** (*month/year*)	06/23, 11/22, 05/21, 02/08, 05/10, 02/12, 10/14, 02/16, 02/17, 02/18, 05/19, 05/20
LOB:	Medi-Cal		

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ/MVHP Pharmacy and Therapeutic Advisory Committee.

Effective 1/1/2022, the Pharmacy Benefit is regulated by Medi-Cal Rx. Please visit https://medi-calrx.dhcs.ca.gov/home/ for portal access, formulary details, pharmacy network information, and updates to the pharmacy benefit.
All medical claims require that an NDC is also submitted with the claim. If a physician administered medication has a specific assigned CPT code, that code must be billed with the correlating NDC. If there is not a specific CPT code available for a physician administered medication, the use of unclassified CPT codes is appropriate when billed with the correlating NDC.

OVERVIEW

Axial Spondyloarthritis (axSpA) is a chronic inflammatory condition that usually involves the spine.[1] Axial spondyloarthritis comprises of both radiographic axSpA [also known as ankylosing spondylitis (AS)] and non-radiographic axSpA (nr-axSpA). Unlike rheumatoid arthritis (RA), oral DMARDs (methotrexate, leflunomide, etc.) have not been effective in the treatment of axSpA. NSAIDs (ibuprofen, naproxen, etc.) and physical therapy are first-line treatment. In patients who are symptomatic despite NSAID treatment, treatment with biologics are recommended. This review will examine the treatment guidelines of axSpA, the currently available medical drug products, and their coverage criteria.
The purpose of this coverage policy is to review the available agents (Table 1) and distinguish where the medications may be billed to. For agents listed for coverage under the medical benefit, this coverage is specific to outpatient coverage only (excludes emergency room and inpatient coverage).

Table 1. Available Axial Spondyloarthritis Agents

CPT Code	Generic Name (Brand Name)	Available Strengths	Pharmacy Benefit	Outpatient Medical Benefit (Restrictions)
TNF-inhibitors				
J0135	Adalimumab (Humira, Humira CF)	20mg/0.4ml, 40mg/0.8ml 40mg/0.4ml	Yes	No
--	Adalimumab-atto (Amjevita)	40 mg/0.8 mL, 20 mg/0.4 mL	Yes	No
J1438	Etanercept (Enbrel)	50mg/ml, 25mg/ml,	Yes	No
Q5103	Infliximab-dyyb (Inflectra)	100mg IV vial	Yes	Yes (PA)
Q5104	Infliximab-abda (Renflexis)			
J1745	Infliximab (Remicade)			
Q5121	Infliximab-axxq (Avsola)			
J1602	Golimumab (Simponi)	50mg/4ml IV vial, 100mg/ml, 50mg/0.5ml auto-injector, 50mg/0.5ml 100mg/ml prefilled syringe	Yes	Yes, for vials (PA)
J0717	Certolizumab (Cimzia)	200mg	Yes, for pre-filled syringes	Yes, for lyophilized solutions (PA)
IL-17 Inhibitors				
--	Secukinumab (Cosentyx)	150mg/ml	Yes	No
--	Ixekizumab (Taltz)	80mg/ml	Yes	No
JAK Inhibitors				

--	Tofacitinib (Xeljanz)	5mg IR, 11mg ER tablet	Yes	No
--	Upadacitinib (Rinvoq)	15mg tablet	Yes	No

PA: Prior Authorization

EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for agents with medical benefit restrictions. This coverage criteria has been reviewed and approved by the HPSJ/MVHP Pharmacy & Therapeutics (P&T) Advisory Committee. For agents that do not have established prior authorization criteria, HPSJ/MVHP will make the determination based on Medical Necessity criteria as described in HPSJ/MVHP Medical Review Guidelines (UM06).

Biologics

1st line—Infliximab (Inflectra, Renflexis, Remicade, Avsola)

- ❒ **Coverage Criteria:** Reserved for documented symptomatic AS despite treatment with NSAIDs (unless NSAID-intolerant). An adequate trial is defined as at least 2 different NSAIDs tried over 1 month. Must be initiated by a rheumatologist.
- ❒ **Limits:** None
- ❒ **Required Information for Approval:** Prescription history showing at least 2 NSAIDs tried.

2nd line— Golimumab (Simponi)

- ❒ **Coverage Criteria:** Reserved for treatment failure to Adalimumab, Etanercept, or Infliximab.
- ❒ **Limits:** None
- ❒ **Required Information for Approval:** Prescription history showing at least 3 month trial of one first line agent (Adalimumab, Etanercept, or Infliximab).
- ❒ **Other Notes:** Must be initiated by a rheumatologist.

2nd line— Certolizumab (Cimzia)

- ❒ **Coverage Criteria:** Reserved for treatment failure to Adalimumab, Etanercept, or Infliximab OR women that are currently pregnant or breastfeeding.
- ❒ **Limits:** None
- ❒ **Required Information for Approval:** Prescription history showing at least 3 month trial of one first line agent (Adalimumab, Etanercept, or Infliximab) OR pregnancy/breastfeeding status.
- ❒ **Other Notes:** Must be initiated by a rheumatologist.

2nd line— Secukinumab (Cosentyx) IV

- ❒ **Coverage Criteria:**

  (1) Reserved for patients who meet one of the following criteria:

  (a) documented symptomatic ankylosing spondylitis with treatment failure/documented intolerance to Renflexis, Inflectra, Avsola, Remicade, Adalimumab, or Etanercept; OR
  (b) diagnosed with non-radiographic axial spondyloarthritis (nr-axSpA) and tried and failed at least 2 different NSAIDs over 1 month; OR
  (c) patients with clinically relevant skin involvement defined as either having body surface area >10% or negatively impacting quality of life (such as face or genital involvement) and tried and failed at least 2 different NSAIDs over 1 month.

  (2) Must be prescribed by a rheumatologist.
- ❒ **Limits:** None

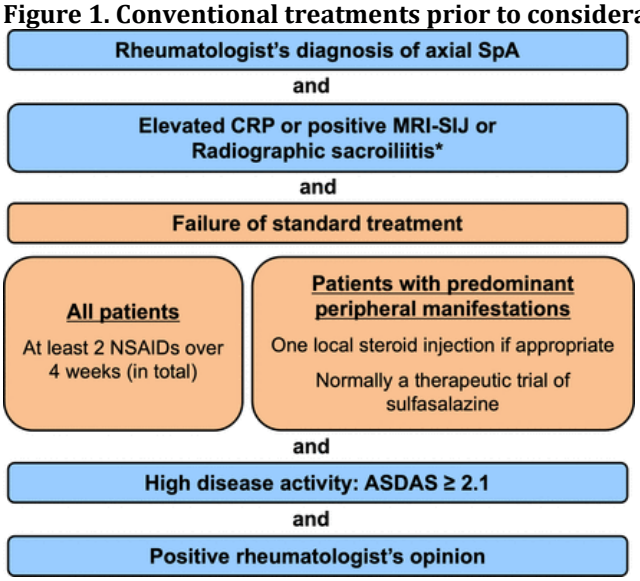
  Required Information for Approval: Prescription history showing at least a 3 month trial of one first line agent (Adalimumab, Etanercept, or Infliximab) OR clinical diagnosis of nr-axSpA and prescription history indication the patient has tried at least 2 different NSAIDS over 1 month OR documented clinically relevant skin involvement with clinic notes and prescription history indicating patient has tried at least 2 different NSAIDS over 1 month.

CLINICAL JUSTIFICATION

The goals of treatment are to reduce symptoms to maintain body function and quality of life. The 2022 Assessment of SpondyloArthritis international Society (ASAS)-EULAR recommendations for the management of axial spondyloarthritis (an update to the 2016 recommendations)[40] recommends the following:

1) Five unchanged recommendations from 2016
   a) axSpA is a potentially severe disease with diverse manifestations, usually requiring multidisciplinary management coordinated by the rheumatologist.
   b) The primary goal of treating the patient with axSpA is to maximise health-related quality of life through control of symptoms and inflammation, prevention of progressive structural damage, and preservation/normalisation of function and social participation.
   c) The optimal management of patients with axSpA requires a combination of non-pharmacological and pharmacological treatment modalities.
   d) Treatment of axSpA should aim at the best care and must be based on a shared decision between the patient and the rheumatologist.
   e) axSpA incurs high individual, medical and societal costs, all of which should be considered in its management by the treating rheumatologist.
2) 15 updated/new recommendations
   a) The treatment of patients with axSpA should be individualised according to the current signs and symptoms of the disease (axial, peripheral, extramusculoskeletal manifestations) and the patient characteristics including comorbidities and psychosocial factors.
   b) Disease monitoring of patients with axSpA should include patient-reported outcomes, clinical findings, laboratory tests and imaging, all with the appropriate instruments and relevant to the clinical presentation. The frequency of monitoring should be decided on an individual basis depending on symptoms, severity and treatment.
   c) Treatment should be guided according to a predefined treatment target.
   d) Patients should be educated about axSpA and encouraged to exercise on a regular basis and stop smoking; physiotherapy should be considered.
   e) Patients suffering from pain and stiffness should use an NSAID as first-line drug treatment up to the maximum dose, taking risks and benefits into account. For patients who respond well to NSAIDs, continuous use is preferred if needed to control symptoms.
   f) Analgesics, such as paracetamol and opioid-(like) drugs, might be considered for residual pain after previously recommended treatments have failed, are contraindicated, and/or poorly tolerated.
   g) Glucocorticoid injections directed to the local site of musculoskeletal inflammation may be considered. Patients with axial disease should not receive long-term treatment with systemic glucocorticoids.
   h) Patients with purely axial disease should normally not be treated with csDMARDs; sulfasalazine may be considered in patients with peripheral arthritis.
   i) TNFi, IL-17i, or JAKi should be considered in patients with persistently high disease activity despite conventional treatments, current practice is to start with a TNFi or IL-17i.

Figure 1. Conventional treatments prior to consideration for TNFi, IL-17i, or JAKi[40]



i) The task force has determined that high disease activity will be measured using the Ankylosing Spondylitis Disease Activity Score (ASDAS). If ASDAS can't be used then the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) criterion can be used instead where a score of ≥4 would qualify for high disease activity.
ii) Ultimately though, the judgment by the rheumatologist's opinion would also complement the decision to start a b/tsDMARD.
iii) Treatment is efficacious with a b/tsDMARD if after at least 12 weeks of treatment, the ASDAS improves to ≥1.1 and the rheumatologist's positive opinion.

j) If there is a history of recurrent uveitis or active IBD, preference should be given to a monoclonal antibody against TNFi. In patients with significant psoriasis, an IL-17i may be preferred.
i) TNFi referenced in these situations that are efficacious for use are infliximab, adalimumab, certolizumab, and golimumab.
ii) IL-17i are contraindicated for use in patients with active inflammatory bowel disease.
iii) However, in patients with significant psoriasis, an IL-17i may be preferred.

k) Absence of response to treatment should prompt re-evaluation of the diagnosis and consideration of the presence of comorbidities.

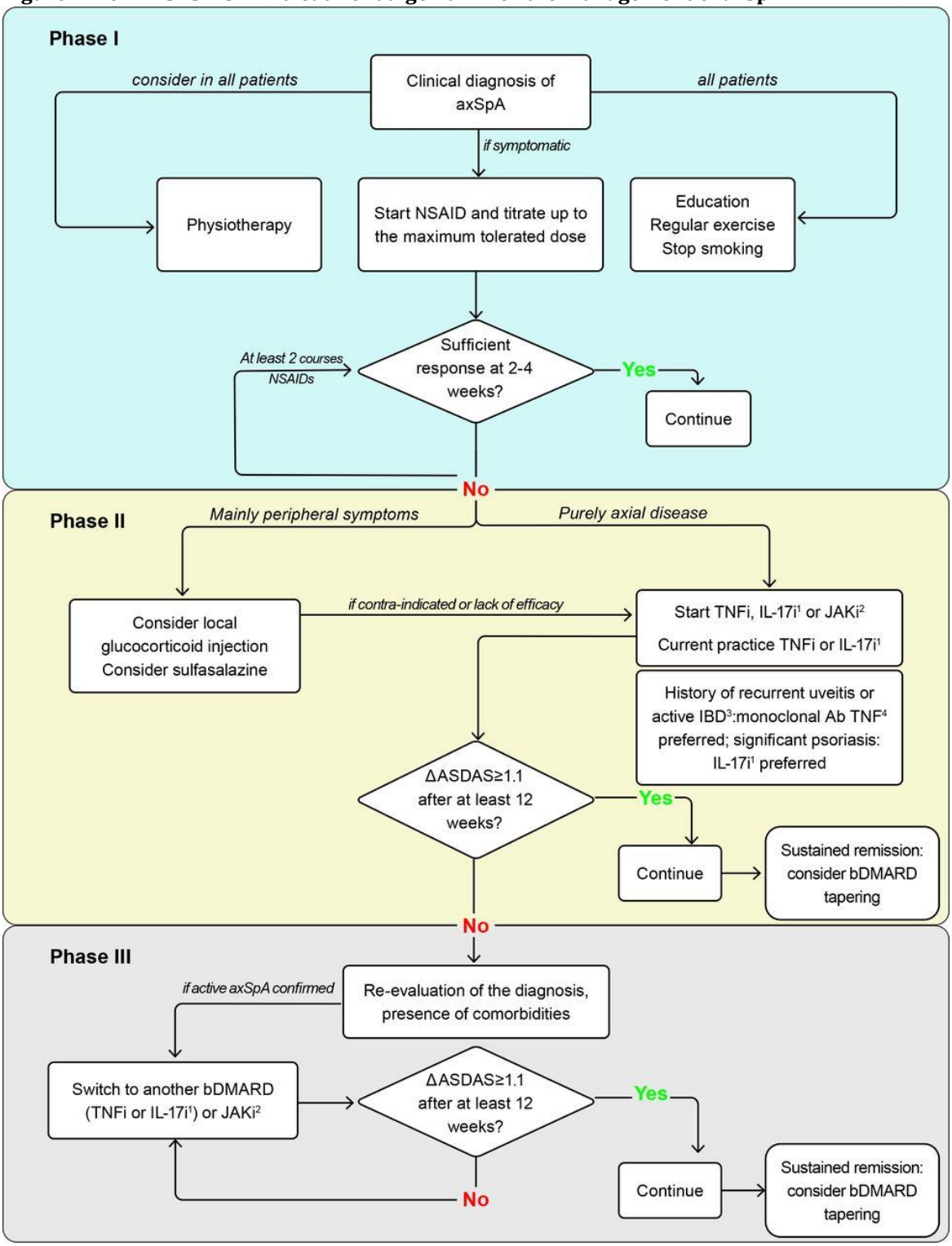
l) Following a first b/tsDMARD failure, switching to another bDMARD (TNFi or IL-17i) or a JAKi should be considered.

m) If a patient is in sustained remission, tapering of a bDMARD can be considered.

n) Total hip arthroplasty should be considered in patients with refractory pain or disability and radiographic evidence of structural damage, independent of age; spinal corrective osteotomy in specialized centers may be considered in patients with severe disabling deformity.

o) If a significant change in the course of the disease occurs, causes other than inflammation, such as a spinal fracture, should be considered and appropriate evaluation, including imaging, should be performed.

Figure 2. 2022 ASAS-EULAR treatment algorithm for the management of axSpA[40]



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⌗ REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Biological Response Modifiers Review 2-19-08.doc	2/2008	Allen Shek, PharmD
Updated Policy	Biologic Response Modifiers 2010 final.docx	5/2010	Allen Shek, PharmD
Updated Policy	TNF MUE summary 2-21-2012.docx	2/2012	Allen Shek, PharmD
Updated Policy	Psoriatic Arthritis & Ankylosing Spondylitis.docx	10/2014	Jonathan Szkotak, PharmD
Updated Policy	Class Review- Biologics, Apremilast, and Tofacitinib in Inflammatory Joint, Skin, and Bowel Diseases.docx	2/2016	Johnathan Yeh, PharmD
Updated Policy	Class Review- Biologics, Apremilast, and Tofacitinib in Inflammatory Joint, Skin, and Bowel Diseases.docx	02/2017	Johnathan Yeh, PharmD
Updated Policy	HPSJ Coverage Policy – Rheumatology – Ankylosing Spondylitis 2018-02.docx	02/2018	Johnathan,Yeh, PharmD
Updated Policy	HPSJ Coverage Policy – Rheum & Immuno – Ankylosing Spondylitis 2019-05.docx	05/2019	Matthew Garrett, PharmD
Updated Policy	Ankylosing Spondylitis.docx	05/2020	Matthew Garrett, PharmD
Updated Policy	Ankylosing Spondylitis.docx	05/2021	Matthew Garrett, PharmD
Updated Policy	Ankylosing Spondylitis.docx	11/2022	Matthew Garrett, PharmD
Updated Policy	Ankylosing Spondylitis.docx	6/2023	Matthew Garrett, PharmD
Updated Policy	Axial Spondyloarthritis.docx	6/2024	Matthew Garrett, PharmD

Note: All changes are approved by the HPSJ/MVHP P&T Committee before incorporation into the utilization policy.