



Commercial PA Criteria Effective: February 8, 2024

Prior Authorization: Bimzelx

Products Affected: Bimzelx® (bimekizumab-bkzx subcutaneous injection)

Medication Description: Bimzelx, an interleukin (IL)-17A and 17F blocker, is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

Covered Uses:

1. Moderate to severe plaque psoriasis

Exclusion Criteria:

1. Concurrent use with other Biologics or DMARDs
2. Inflammatory Bowel Disease (i.e., Crohn's disease, ulcerative colitis)

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Prescriber Restriction:

1. The medication is prescribed by or in consultation with a dermatologist

Age Restriction: 18 years of age or older

Coverage Duration:

Initial: 3 months

Continuation: 1 year

Other Criteria:

Initial Approval Criteria

1. Plaque Psoriasis

Initial Therapy. Approve if the patient meets the following criteria (A **AND** B)

A. Patient meets ONE of the following conditions (i **OR** ii):

- i. Patient has tried at least at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; **OR**

Note: Examples include methotrexate, cyclosporine, acitretin, or psoralen plus ultraviolet A light (PUVA). An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. A patient who has already tried a biologic for psoriasis is not required to "step back" and try a traditional systemic agent for psoriasis.

- ii. Patient has a contraindication to methotrexate, as determined by the prescriber; **AND**

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B. Patient must have a trial and documented failure of, or intolerance to, **TWO** of the following medications
*Note: A trial of multiple adalimumab products counts as **ONE** product.*

Plaque Psoriasis (TWO of the following)
Enbrel
Adalimumab Product
Otezla
Skyrizi
Stelara SC
Taltz
Tremfya

Continuation

- A. Patient meets all initial authorization criteria; **AND**
- B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy as evidenced by low disease activity or improvement in signs and symptoms of the condition **AND**
- C. Member has not experienced unacceptable toxicity from the drug

References:

- 1. Bimzelx® subcutaneous injection [prescribing information]. Smyrna, GA: UCB; October 2023

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	02/08/2024