

| Clinical Policy Title: | Bimekizumab-bkzx | |
|-------------------------------------|-----------------------------------------|--|
| Policy Number: | RxA.812 | |
| Drug(s) Applied: | Bimzelx | |
| Original Policy Date: | 09/12/2024 | |
| Last Review Date: | 09/12/2024 | |
| Line of Business Policy Applies to: | All lines of business (except Medicare) | |

Criteria

I. Initial Approval Criteria

A. Plaque Psoriasis

- 1. Diagnosis of moderate to severe plaque psoriasis;
- 2. Member meets the following (a, b, and c):
 - a. Trial and failure of \geq 3 months of at least one (1) conventional systemic therapy (methotrexate, cyclosporine, acitretin, phototherapy);
 - b. Trial and failure of at least two (2) of the following agents: adalimumab (adalimumab-adaz, Amjevita, Hadlima, Humira, Yusimry), Cimzia, Enbrel, Skyrizi, Stelara, or Tremfya;
 - c. Trial and failure of Taltz.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Plaque Psoriasis

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval duration

All Lines of Business (except Medicare): 12 months

References

- 1. Bimzelx. Package insert. UCB; 2023. Available at: https://www.accessdata.fda.gov/drugsatfda docs/label/2023/761151s000lbl.pdf. Accessed August 23, 2024.
- 2. Camiña-Conforto G, Mateu-Arrom L, López-Ferrer A, Puig L. Bimekizumab in the Treatment of Plaque Psoriasis: Focus on Patient Selection and Perspectives. Patient Prefer Adherence. 2023. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10319282/. Accessed August 23, 2024.

| Review/Revision History | Review/Revised Date | P&T Approval Date |
|-------------------------|---------------------|-------------------|
| Policy established. | 09/12/2024 | 09/12/2024 |

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.