DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Bimzelx Drug Quantity Management Policy – Per Days
- Bimzelx® (bimekizumab-bkzx subcutaneous injection – UCB)

REVIEW DATE: 01/10/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Bimzelx, an interleukin (IL)-17A and IL-17F blocker, is indicated for treatment of moderate to severe **plaque psoriasis** in adults who are candidates for systemic therapy or phototherapy.[1]

Dosing

The recommended dosage of Bimzelx is 320 mg (given as two subcutaneous injections of 160 mg each) at Weeks 0, 4, 8, 12, and 16, then every 8 weeks thereafter.[1] For patients weighing ≥ 120 kg, consider a dose of 320 mg once every 4 weeks after Week 16.

Availability

Bimzelx is available as 160 mg/1 mL single-dose auto-injectors and prefilled syringes, supplied in cartons of two.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Bimzelx. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

Product	Strength and Form	Retail or Home Delivery Maximum Quantity per 56 Days
Bimzelx® (bimekizumab-bkzx subcutaneous injection	160 mg/1 mL auto-injector	2 auto-injectors
	160 mg/1 mL prefilled syringe	2 syringes

Inflammatory Conditions – Bimzelx Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient is initiating treatment with Bimzelx or requires additional induction dosing, as verified by the absence of claims for Bimzelx in the past 130 days, approve 2 syringes or auto-injectors per 28 days for a total of 112 days at retail or 6 prefilled syringes or auto-injectors per 84 days for a total of 168 days at home delivery.
Note: This override provides a quantity sufficient for 5 doses at retail (i.e., a dose of 320 mg [2 syringes or auto-injectors] once every 4 weeks at Weeks 0, 4, 8, 12, and 16) or 6 doses at home delivery (i.e., a dose of 320 mg [2 syringes or auto-injectors] once every 4 weeks at Weeks 0, 4, 8, 12, and 16 and then one maintenance dose at Week 24.

2. If the patient weighs ≥ 120 kg and requires a dose of 320 mg once every 4 weeks, approve 2 syringes or auto-injectors per 28 days at retail or 6 syringes or auto-injectors per 84 days at home delivery.

REFERENCES

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

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/10/2024