



## PRIOR AUTHORIZATION POLICY

- POLICY:** Inflammatory Conditions – Orenzia Intravenous Prior Authorization Policy
- Orenzia® (abatacept intravenous infusion – Bristol-Myers Squibb)

**REVIEW DATE:** 03/18/2026

### 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 WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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

Orenzia intravenous, a selective T-cell costimulation modulator, is indicated for the following uses:<sup>1</sup>

- **Graft-versus-host disease (GVHD)**, for prophylaxis of acute GVHD in combination with a calcineurin inhibitor and methotrexate, in patients  $\geq$  2 years of age undergoing hematopoietic stem cell transplantation from a matched or 1 allele-mismatched unrelated donor.
- **Juvenile idiopathic arthritis**, in patients  $\geq$  2 years of age with moderately to severely active polyarticular disease.
- **Psoriatic arthritis (PsA)**, in adults with active disease.
- **Rheumatoid arthritis**, in adults with moderately to severely active disease.

Orenzia is not recommended for use concomitantly with other potent immunosuppressants such as biologics or Janus kinase inhibitors. Orenzia is

available as an intravenous infusion that is dosed on body weight. There is also a subcutaneous injection available in prefilled syringes. Of note, the subcutaneous injection is approved for use in patients  $\geq 2$  years of age with PsA and juvenile idiopathic arthritis, as well as rheumatoid arthritis in adults. Some adults initiating therapy with Orencia subcutaneous will receive a single loading dose with Orencia intravenous.

## Guidelines

Orencia is addressed in guidelines for treatment of various inflammatory conditions.

- **GVHD:** Guidelines for hematopoietic cell transplantation from the National Comprehensive Cancer Network (NCCN) [version 3.2025 – September 24, 2025] list Orencia intravenous among the alternative agents used for steroid-refractory chronic GVHD.<sup>9</sup> For patients with steroid-refractory chronic GVHD, Jakafi® (ruxolitinib tablets) is the only category 1 recommended agent and is FDA-approved. Other FDA-approved agents recommended (category 2A) include Imbruvica® (ibrutinib), Rezurock® (belumosudil), and Niktimvo™ (axatilimab-csfr). Alternative agents recommended by NCCN for chronic GVHD (category 2A) include the following: Orencia intravenous, alemtuzumab, calcineurin inhibitors (e.g., tacrolimus, cyclosporine), etanercept, extracorporeal photopheresis, hydroxychloroquine, imatinib, interleukin-2, low-dose methotrexate, mammalian target of rapamycin inhibitors (e.g., sirolimus), mycophenolate mofetil, pentostatin, and rituximab.
- **Juvenile Idiopathic Arthritis:** Guidelines from American College of Rheumatology (ACR) [2019] list biologics among the treatment options for subsequent therapy in patients with polyarthritis.<sup>3</sup> Initial therapy with a biologic may be considered for patients with risk factors and involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged to be at high risk of disabling joint damage. In patients with active sacroiliitis or enthesitis despite nonsteroidal anti-inflammatory drug use, a tumor necrosis factor inhibitor (TNFi) is recommended.
- **PsA:** Guidelines from ACR (2018) recommend TNFis over other biologics for use in treatment-naïve patients with PsA and in those who were previously treated with an oral therapy.<sup>4</sup> However, Orencia may be considered over other biologics in patients with recurrent or serious infections.
- **Rheumatoid Arthritis:** Guidelines from the ACR (2021) recommend addition of a biologic or a targeted synthetic disease modifying anti-rheumatic drug (DMARD) for a patient taking the maximum tolerated dose of methotrexate who is not at target.<sup>2</sup>

## Clinical Efficacy

### *Prevention of Acute Graft-Versus-Host Disease*

For the prophylaxis of acute GVHD, the efficacy of Orencia intravenous was established in combination with a calcineurin inhibitor and methotrexate in patients  $\geq 6$  years of age who underwent hematopoietic stem cell transplantation (HSCT) from a matched or 1-allele-mismatched unrelated donor.<sup>1</sup>

A regimen containing posttransplant cyclophosphamide, Orencia intravenous, and a short course of tacrolimus (CAST) has been evaluated after peripheral blood haploidentical HSCT.<sup>10,11</sup> Orencia intravenous was dosed at 10 mg/kg on Days 5, 14, 28, and 56 following transplantation.

## **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Orencia intravenous. Because of the specialized skills required for evaluation and diagnosis of patients treated with Orencia intravenous as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Orencia intravenous to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. For prevention of GVHD, the approval duration is for 60 days, which is an adequate duration for the patient to receive four doses.

**Orencia® (abatacept intravenous infusion – Bristol-Myers Squibb) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

## **FDA-Approved Indications**

- 1. Graft-Versus-Host Disease – Prevention.** Approve for 4 doses if the patient meets ALL of the following (A, B, and C):
  - A)** Patient is  $\geq 2$  years of age; AND
  - B)** Orencia is being used for prevention of acute graft-versus-host disease; AND
  - C)** The medication is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center.
  
- 2. Juvenile Idiopathic Arthritis (JIA).** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: This includes JIA regardless of type of onset. JIA is also referred to as Juvenile Rheumatoid Arthritis.

  - A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
    - i.** Patient is  $\geq 2$  years of age; AND
    - ii.** Patient meets ONE of the following (a, b, c, or d):
      - a)** Patient has tried one other agent for this condition; OR

Note: Examples of therapies which could have been tried include methotrexate, sulfasalazine, leflunomide, and a nonsteroidal anti-inflammatory drug (NSAID). A biologic other than the requested drug also counts as a trial of one agent for JIA. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for JIA.

- b)** Patient will be starting on therapy concurrently with methotrexate, sulfasalazine, or leflunomide; OR
- c)** Patient has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR  
Note: Examples of absolute contraindications to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias.
- d)** Patient has aggressive disease, as determined by the prescriber; AND
- iii.** The medication is prescribed by or in consultation with a rheumatologist; OR
- B) Patient is Currently Receiving Orenzia (Intravenous or Subcutaneous).**  
 Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i.** Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least ONE of the following (a or b):
    - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
    - b)** Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.

**3. Psoriatic Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):
  - i.** Patient is  $\geq$  18 years of age; AND
  - ii.** The medication is prescribed by or in consultation with a rheumatologist or a dermatologist; OR
- B) Patient is Currently Receiving Orenzia (Intravenous or Subcutaneous).**  
 Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i.** Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least ONE of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR

Note: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

- b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

**4. Rheumatoid Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i. Patient is  $\geq$  18 years of age; AND
- ii. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND  
Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already had a 3-month trial of at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for rheumatoid arthritis. A patient who has already tried a biologic is not required to “step back” and try a conventional synthetic DMARD.
- iii. The medication is prescribed by or in consultation with a rheumatologist;  
OR

**B) Patient is Currently Receiving Orencia (Intravenous or Subcutaneous).**

Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
- ii. Patient meets at least ONE of the following (a or b):
  - a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR  
Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid

Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

- b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

### **Other Uses with Supportive Evidence**

**5. Chronic Graft-Versus-Host Disease – Treatment.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i. Patient has chronic graft-versus-host disease; AND
- ii. Patient has tried at least one systemic medication for graft-versus-host disease; AND

Note: Examples of systemic medications include systemic corticosteroids (methylprednisolone, prednisone), Jakafi (ruxolitinib), Rezurock (belumosudil), Niktimvo (axatilimab-csfr), cyclosporine, tacrolimus, mycophenolate mofetil, Imbruvica (ibrutinib), imatinib, hydroxychloroquine, methotrexate, Nipent (pentostatin), interleukin-2 (e.g., Proleukin [aldesleukin]), sirolimus, a rituximab product, or an etanercept product.

- iii. The medication is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center; OR

**B) Patient has Already Received Orencia Intravenous for Graft-Versus-Host Disease.** Approve for 1 year if the patient meets at least ONE of the following (i or ii):

- i. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR

Note: Examples of objective measures include normalization of liver function tests, red blood cell count, or platelet count; or resolution of fever or rash.

- ii. Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms (e.g., nausea, vomiting, anorexia).

### **CONDITIONS NOT COVERED**

**Orencia® (abatacept intravenous infusion – Bristol-Myers Squibb) is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

**1. Ankylosing Spondylitis.** In an open-label Phase II trial, Orencia was administered intravenously on Days 1, 15, 29, and every 28 days thereafter to patients with active ankylosing spondylitis.<sup>5</sup> Patients received a fixed dosage of Orencia of approximately 10 mg/kg based on body weight. The primary endpoint was a 40% improvement in disease activity at Week 24 in the Assessment of SpondyloArthritis international Society criteria (ASAS 40). At Week 24, the ASAS 40 was 13.3% (n = 2/15) in TNFi-naïve patients compared with no responses in patients who had previously failed TNFis (n = 15). ASAS 20 response was 26.7% (n = 4/15) in TNFi-naïve patients compared with 20% (n = 3/15) in those who had previously failed TNFis. A major response was not shown with Orencia treatment.

**2. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy. Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine) in combination with this medication.

**3. Inflammatory Bowel Disease (i.e., Crohn's Disease, Ulcerative Colitis).** In placebo-controlled trials evaluating the efficacy of Orencia intravenous for induction and maintenance in adults with active, moderate to severe Crohn's disease (n = 451) and ulcerative colitis (n = 490), Orencia was no more effective than placebo.<sup>6</sup> Patients were randomized to Orencia 30 mg, 10 mg, or 3 mg/kg (according to body weight) or placebo and dosed at Weeks 0, 2, 4, and 8. A total of 90 patients with Crohn's disease and 131 patients with ulcerative colitis who responded to induction were then randomized to Orencia 10 mg/kg or placebo every 4 weeks through Week 52. When used for induction of Crohn's disease, 17.2%, 10.2%, and 15.5% of patients receiving Orencia 30 mg, 10 mg, and 3 mg/kg achieved a clinical response at Weeks 8 and 12 compared with 14.4% of patients receiving placebo (P = not significant [NS] for all comparisons). In patients with Crohn's disease, response and remission at Week 52 were not significantly different between the Orencia intravenous and placebo treatment groups. When used as induction therapy in ulcerative colitis, 21.4%, 19.0%, and 20.3% of patients receiving Orencia 30 mg, 10 mg, and 3 mg/kg achieved a clinical response at Week 12 compared with 29.5% of patients receiving placebo (P = 0.043 for 10 mg/kg vs. placebo; other comparisons P = NS). At Week 52, 12.5% (n = 8/64) and 14.1% (n = 9/64) of patients with ulcerative colitis were in remission (P = NS) and 17.2% of patients in each treatment group (n = 11/64 for each group) had achieved a response.

**4. Psoriasis.** (Note: Patients with concomitant plaque psoriasis and psoriatic arthritis may be reviewed under the psoriatic arthritis criteria above.) In the pivotal trial evaluating Orencia subcutaneous for psoriatic arthritis, there was not a significant difference at Week 24 in the proportion of patients with a 50%

reduction in the Psoriasis Area and Severity Index (PASI 50) response vs. placebo ± conventional synthetic (cs)DMARD (27% vs. 20% with placebo ± csDMARD; P = NS).<sup>8</sup> In a multicenter, Phase I, 26-week, open-label dose-escalation study, 43 patients with stable plaque psoriasis (10% to 49% body surface area involvement) received four doses of Orencia given as a 1-hour intravenous infusion on Days 1, 3, 16, and 29.<sup>7</sup> The starting dose was 0.5 mg/kg. Four to six patients were accrued to each of eight dose levels: 0.5, 1, 2, 4, 8, 16, 25, and 50 mg/kg. A parallel control group was matched for age and overall disease severity. In all, 46% of patients on Orencia achieved a 50% or greater sustained improvement in clinical disease activity (Physician’s Global Assessment of disease activity) compared with baseline psoriasis evaluation. Progressively greater effects were observed with the highest doses. Further studies are needed to establish safety and efficacy, as well as appropriate dosing in plaque psoriasis.

## REFERENCES

1. Orencia® intravenous infusion [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; May 2024.
2. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol.* 2021;73(7):1108-1123.
3. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Rheumatol.* 2019;71(6):717-734.
4. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Care Res (Hoboken).* 2019;71(1):2-29.
5. Song IH, Heldmann F, Rudwaleit M, et al. Treatment of active ankylosing spondylitis with abatacept: an open-label, 24-week pilot study. *Ann Rheum Dis.* 2011;70(6):1108-1110.
6. Sandborn WJ, Colombel JF, Sands BE, et al. Abatacept for Crohn's disease and ulcerative colitis. *Gastroenterology.* 2012;143(1):62-69.
7. Abrams JR, Lebwohl MG, Guzzo CA, et al. CTLA4Ig-mediated blockade of T-cell costimulation in patients with psoriasis vulgaris. *J Clin Invest.* 1999;103:1243-1252.
8. Mease PJ, Gottlieb AB, van der Heijde D, et al. Efficacy and safety of abatacept, a T-cell modulator, in a randomised, double-blind, placebo-controlled, phase III study in psoriatic arthritis. *Ann Rheum Dis.* 2017;76(9):1550-1558.
9. The NCCN Hematopoietic Cell Transplantation (HCT) Clinical Practice Guidelines in Oncology (version 3.2025 – September 24, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 13, 2026.
10. Al-Homsi AS, Cirrone F, Wo S, et al. PTCy, abatacept, and a short course of tacrolimus for GVHD prevention after haploidentical transplantation. *Blood Adv.* 2023 Jul;7(14):3604-3611.
11. Al-Homsi AS, DeFor TE, Cole K, et al. CAST regimen for GvHD prophylaxis: a CIBMTR propensity score-matched analysis. *Transplant Cell Ther.* 2024 Nov;30(11):1092-1098.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/13/2024
Selected Revision	<b>Juvenile Idiopathic Arthritis:</b> For initial approvals, a requirement that the patient is ≥ 2 years of age was added. <b>Psoriatic Arthritis:</b> For initial approvals, a requirement that the patient is ≥ 18 years of age was added.	09/11/2024

	<p><b>Rheumatoid Arthritis:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Conditions Not Covered:</b> Concurrent use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug was changed to as listed (previously oral small molecule drug was listed as Disease-Modifying Antirheumatic Drug).</p>	
Annual Revision	No criteria changes.	03/19/2025
Annual Revision	<p><b>Graft-Versus-Host Disease – Prevention:</b> Requirements removed that the patient will also receive a calcineurin inhibitor and methotrexate for the prevention of acute graft-versus-host disease, and that the patient will undergo hematopoietic stem cell transplantation from a matched unrelated donor or 1 allele-mismatched unrelated donor. The approval duration was increased to 60 days; this has been updated in the Policy Statement.</p> <p><b>Chronic Graft-Versus-Host Disease – Treatment:</b> This new condition for approval was added to the policy under Other Uses with Supportive Evidence.</p> <p><b>Appendix:</b> Otezla XR (apremilast extended-release tablets) was added under the Oral Therapies/Targeted Synthetic Oral Small Molecular Drugs.</p>	03/18/2026

## APPENDIX

	Mechanism of Action	Examples of Indications*
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia</b> ® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, PJIA, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zymfentra</b> ® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi</b> ®, <b>Simponi Aria</b> ® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
<b>Kezara</b> ® (sarilumab SC injection)	Inhibition of IL-6	PJIA, RA
<b>Orencia</b> ® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret</b> ® (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvo</b> ® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
<b>Ustekinumab Products</b> (Stelara® IV, biosimilar; Stelara SC, biosimilar)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
<b>Siliq</b> ® (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx</b> ® (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz</b> ® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx</b> ® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
<b>Ilumya</b> ® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi</b> ® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
<b>Tremfya</b> ® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC IV formulation: CD, UC
<b>Entyvio</b> ® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla</b> ® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Otezla XR</b> ™ (apremilast extended-release tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo</b> ™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant</b> ® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo</b> ® (ritlecitinib capsules)	Inhibition of JAK pathways	AA

<b>Leqselvi</b> <sup>®</sup> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
<b>Rinvoq</b> <sup>®</sup> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Rinvoq</b> <sup>®</sup> <b>LQ</b> (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu</b> <sup>®</sup> (deucravacitinib tablets)	Inhibition of TYK2	PsO, PsA
<b>Xeljanz</b> <sup>®</sup> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz</b> <sup>®</sup> <b>XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia</b> <sup>®</sup> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity</b> <sup>®</sup> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; PJIA – Polyarticular juvenile idiopathic arthritis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.