Drug Coverage Policy

Effective Date.....05/01/2026
Coverage Policy Number.....PSM002
Policy Title.....Inflammatory Conditions Preferred Specialty Management Policy for Individual and Family Plans

Inflammatory Conditions Preferred Specialty Management Policy for Individual and Family Plans

Tumor Necrosis Factor Inhibitors

• Adalimumab Products*
  ○ adalimumab-adbm subcutaneous injection (Boehringer Ingelheim, Quallent)
  ○ adalimumab-ryvk subcutaneous injection (Alvotech/Teva)
  ○ Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)
  ○ Simlandi (adalimumab-ryvk subcutaneous injection – Alvotech/Teva)
• Cimzia® (certolizumab pegol subcutaneous injection – UCB)
• Enbrel® (etanercept subcutaneous injection – Amgen)
• Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)

Interleukin-6 Blockers

• Tocilizumab Subcutaneous Products
  ○ Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)
  ○ Avtozma® (tocilizumab-anoh subcutaneous injection – Celltrion)
  ○ Tyenne® (tocilizumab-aazg subcutaneous injection – Fresenius Kabi)
• Kevzara® (sarilumab subcutaneous injection – Regeneron)

Interleukin-17 Blockers
• Bimzelx® (bimekizumab subcutaneous injection – UCB) • Cosentyx® (secukinumab subcutaneous injection – Novartis) • Siliq® (brodalumab subcutaneous injection – Valeant) • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
Interleukin-23 Blockers
• Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun/Merck) • Omvoh® (mirakizumab-mrkz subcutaneous injection – Eli Lilly) • Skyrizi® (risankizumab-rzaa subcutaneous injection – AbbVie) • Tremfya® (guselkumab subcutaneous injection – Janssen/Johnson & Johnson)
Interleukin 12/23 Blocker

• Ustekinumab Subcutaneous Products*
  ○ Imuldosa™ (ustekinumab-srlf subcutaneous injection – Accord BioPharma)
  ○ Selarsdi™ (ustekinumab-aekn subcutaneous injection – Alvotech/Teva)
  ○ ustekinumab-ttwe subcutaneous injection (Quallent)
  ○ Yesintek™ (ustekinumab-kfce subcutaneous injection – Biocon)

Interleukin-1 Blocker
• Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
T-Cell Costimulation Modulator

• Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
Integrin Receptor Antagonist
• Entyvio® (vedolizumab subcutaneous injection – Takeda)
Janus Kinases Inhibitors
• Olumiant® (baricitinib tablets – Eli Lilly) • Rinvoq® (upadacitinib extended-release tablets – AbbVie) • Rinvoq® LQ (upadacitinib oral solution – AbbVie) • Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer) • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)
Phosphodiesterase Type 4 Inhibitor
• Otezla® (apremilast tablets – Amgen) • Otezla® XR (apremilast extended-release tablets – Amgen)
Sphingosine 1-Phosphate Receptor Modulator
• Velsipity™ (etrasimod tablets – Pfizer) • Zeposia® (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor
• Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)

* For Non-Preferred adalimumab products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for Individual and Family Plans (PSM014)*.

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.

OVERVIEW

Several products are available for use in inflammatory conditions such as rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis, Crohn's disease, and ulcerative colitis.[1-25] This policy involves the use of the products listed above.

The FDA-approved indications for each product listed in this policy are documented in Appendix A. For more information on criteria within a Prior Authorization program by specific condition refer to the respective standard *Prior Authorization Policy.*

Coverage Policy

POLICY STATEMENT

For all medications, this program requires the patient to meet the respective standard *Prior Authorization Policy* criteria. Additionally, this program requires trial(s) of the Preferred Product(s) according to the table below, when clinically appropriate, prior to the approval of the Non-Preferred Products. There are also situations when trials of Non-Preferred Products will be considered; see criteria below. Other details of the program are as follows:

- **Continuation of Therapy:** Approval for a patient continuing therapy with a **Non-Preferred** subcutaneous or oral Product must be supported with verification, noted in the criteria as either **[verification in prescription claims history required]** or, if not available, as **[verification by prescriber required]**.
  - If the patient has at least 130 days of prescription claims history on file, claims history must support that the patient has received the Non-Preferred Product for the specified period of time (90 or 120 days) within a 130-day look-back period; OR
  - When 130 days of the patient's prescription claim history file is unavailable for verification, the prescriber must verify that the patient has been receiving the Non-Preferred Product for a specified period of time (90 or 120 days), AND that the patient has been receiving the Non-Preferred Product via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to the Non-Preferred Product).
  - For a patient continuing therapy, other conditions may also apply. Refer to criteria below.
- **Approval Duration:** All approvals for continuation of therapy for Preferred and Non-Preferred Products are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

Documentation: When documentation is required, the prescriber must provide written documentation supporting the trials of these other Products, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts. All documentation must include patient-specific identifying information.

Preferred and Non-Preferred Products – Rheumatology Indications.¥Ω¥

	Rheumatology				
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**
Step 1 Preferred	• **Enbrel** • **Adalimumab Products^ – Cyltezo/** adalimumab - adbm, Simlandi/ adalimumab-ryvk (-ryvk	• **Enbrel** • **Adalimumab Products^ – Cyltezo/** adalimumab - adbm, Simlandi/ adalimumab-ryvk (-ryvk	• **Enbrel** • **Adalimumab Products^ – Cyltezo/** adalimumab - adbm, Simlandi/ adalimumab-ryvk (-ryvk	• **Cimzia** • **Cosentyx SC**	• **Enbrel** • **Adalimumab Products^ – Cyltezo/** adalimumab - adbm Simlandi/ adalimumab-ryvk (-ryvk NDCs

	NDCs starting with 82009)	NDCs starting with 82009)	NDCs starting with 82009) • **Cosentyx SC**		starting with 82009) • **Cosentyx SC** • **Otezla/Otezla XR** • **Skyrizi SC#** • **Sotyktu** • **Ustekinumab SC Productsκ –** Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Tremfya SC**
Step 2 **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Tocilizumab SC Products –** Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq** • **Xeljanz tablets/ Xeljanz XR tablets**	• **Tocilizumab SC Products –** Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically. JIA Step is for PJIA.* • **Rinvoq/ Rinvoq LQ** • **Xeljanz tablets/ Xeljanz oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq/ Rinvoq LQ** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz (tablets or oral solution)/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*
Step 3 **Non-Preferred** (directed to **TWO** Step 1 or 2 Products) **[documentation required]***	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Cimzia** • **Kevzara** • **Orencia SC**	• **Bimzelx** • **Cimzia** • **Simponi SC** • **Taltz**	• **Bimzelx** • **Taltz**	• **Bimzelx** • **Cimzia** • **Orencia SC** • **Simponi SC** • **Taltz**

¥ For Non-Preferred Products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for Individual and Family Plans for Individual and Family Plans (PSM014);* For Non-Preferred Products, refer to the *Inflammatory Conditions – Ustekinumab Subcutaneous Products Preferred Specialty Management Policy for Individual and Family Plans (PSM023)*; RA – Rheumatoid arthritis; ^ A trial of more than one adalimumab product counts as ONE Preferred Product; A trial of more than one ustekinumab product counts as ONE Preferred Product; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; SC – Subcutaneous; # Pen and syringe; PJIA – Polyarticular juvenile idiopathic arthritis; * The prescriber must provide written documentation supporting the trial of Preferred Products, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts. All documentation must include patient-specific identifying information.

Preferred and Non-Preferred Products – Dermatology and Gastroenterology Indications.¥

	Dermatology		Gastroenterology	
	HS	**Psoriasis**	**CD**	**UC**
Step 1 **Preferred**	• **Adalimumab Products^ –** Cyltezo /adalimumab-adbm, Simlandi/adalimumab	• **Enbrel** • **Adalimumab Products^ –** Cyltezo	• **Adalimumab Products^ –** Cyltezo /adalimumab -	• **Adalimumab Products^ –** Cyltezo /adalimumab -

	-ryvk (-ryvk NDCs starting with 82009) • **Cosentyx SC**	/adalimumab - adbm, Simlandi/adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Cosentyx SC** • **Otezla/Otezla XR** • **Skyrizi SC#** • **Sotyktu** • **Ustekinumab SC Productsĸ –** Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Tremfya SC**	adbm, Simlandi/adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Skyrizi SC** (on-body injector) • **Tremfya SC** • **Ustekinumab SC Productsĸ –** Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC	adbm, Simlandi/adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Skyrizi SC** (on-body injector) • **Ustekinumab SC Productsĸ –** Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Tremfya SC**
<u>Step 2</u> **Non-Preferred** (directed to **<u>ONE</u>** Step 1 Product)	**--**	**--**	• **Omvoh SC** • **Cimzia** • **Rinvoq** *Directed to adalimumab specifically.*	• **Omvoh SC** • **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** • **Xeljanz tablets/ Xeljanz XR tablets** *Directed to adalimumab specifically.*
<u>Step 3a</u> **Non-Preferred** (directed to **<u>TWO</u>** Step 1 or 2 Products) **[documentation required]***	--	• **Bimzelx** • **Cimzia** • **Ilumya** • **Siliq** • **Taltz**	• **Entyvio SC**	• **Entyvio SC**
<u>Step 3b</u> **Non-Preferred** (directed to **<u>TWO</u>** Step 1 Products) **<u>[documentation required]*</u>**	• **Bimzelx**	--	--	• **Velsipity** • **Zeposia** *Refer to Multiple Sclerosis and Ulcerative Colitis – Zeposia PSM Policy for Individual and Family Plans*

¥ For Non-Preferred Products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for Individual and Family Plans (PSM014)*; ^ For Non-Preferred Products, refer to the *Inflammatory Conditions – Ustekinumab Subcutaneous Products Preferred Specialty Management Policy for Individual and Family Plans (PSM023)*; A trial of more than one adalimumab product counts as ONE Preferred Product; A trial of more than one ustekinumab product counts as ONE Preferred Product; HS – Hidradenitis suppurativa; CD – Crohn's disease; UC – Ulcerative colitis; SC – Subcutaneous; # Pen and syringe; PJIA – Polyarticular juvenile idiopathic arthritis; * The prescriber must provide written documentation supporting the trial of Preferred Products, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts; PSM – Preferred Specialty Management. All documentation must include patient-specific identifying information

Inflammatory Conditions non-preferred products are considered medically necessary when the following non-preferred product exception criteria are met. Any other exception is considered not medically necessary.

Non-Preferred Product	Exception Criteria
Tumor Necrosis Factor Inhibitors	
Cimzia	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Ankylosing Spondylitis – Initial Therapy**. **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cosentyx IV also counts.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii)*:*

i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of both tocilizumb products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions –Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**.

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include

Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx IV also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Plaque Psoriasis – Initial Therapy.

A) Approve for 3 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, and Tremfya subcutaneous **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 4Aii is not met: A request for a Step 1 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Crohn's Disease – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):
- **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND
- **ii.** Patient has tried one of an adalimumab product, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, or Tremfya subcutaneous.
  Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for a Step 1 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous [on-body injector], Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous,) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

7. Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Plaque Psoriasis, or Crohn's Disease – Patient is Currently Receiving Cimzia.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
- **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND
- **ii.** Patient meets ONE of the following (a, b, c, d, e, or f):
  - **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR
    Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.
  - **b)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and Xeljanz/XR **[documentation required]**; OR

	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cosentyx IV also counts. **c)** Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of both tocilizumb products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **d)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx IV also counts. **e)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi

	subcutaneous, Sotyktu, ustekinumab subcutaneous product, and Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **f)** Patient has Crohn's Disease and has tried one of an adalimumab product, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts. **g)** Patient has been established on Cimzia for at least 90 days and prescription claims history indicates at least a 90-day supply of Cimzia was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cimzia for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia). **B)** If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 7Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR.

	ii. **Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx, Rinvoq, Xeljanz tablets, or Xeljanz XR. iii. **Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution iv. **Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR. v. **Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. vi. **Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous (on-body injector), Tremfya subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous. **8. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
Enbrel	**All Conditions.** Approve Enbrel (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Enbrel Prior Authorization Policy* criteria.
Adalimumab-adbm Cyltezo Simlandi Adalimumab-ryvk (NDCs starting with 82009)	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria.
Simponi Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira,

	Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cosentyx IV also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as

ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx IV also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient is < 18 years of age; OR

b) Patient is > 18 years of age and has tried ONE of an adalimumab product, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, or Tremfya subcutaneous.

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: A request for a Step 1 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Simponi Subcutaneous or Aria.

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

	i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cosentyx IV also counts. **b)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cosentyx IV also counts. **c)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **d)** Patient is < 18 years of age with Ulcerative Colitis. Approve. **e)** Patient is > 18 years of age with Ulcerative Colitis and has tried one of an adalimumab product, Skyrizi subcutaneous (on-body

injector), an ustekinumab subcutaneous product, or Tremfya subcutaneous; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts.

f) According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR

g) Patient has been established on Simponi subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.

Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous).

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. Rheumatoid Arthritis: Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR.

ii. Ankylosing Spondylitis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC, Rinvoq, Xeljanz tablets, or Xeljanz XR.

iii. Psoriatic Arthritis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR.

iv. Ulcerative Colitis: adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous (NDCs starting with

	69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous. **6. Other Conditions**. Approve Simponi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria.
Interleukin-6 Blockers	
Actemra Subcutaneous Avtozma Subcutaneous, Tyenne Subcutaneous	**1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

	3. <u>Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Tocilizumab Subcutaneous or Intravenous</u>. **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, <u>or</u> e): **a)** Patient has <u>Polyarticular Juvenile Idiopathic Arthritis</u> and has tried one adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **d)** According to the prescriber, the patient has been established on tocilizumab intravenous for at least 90 days; OR **e)** Patient has been established on tocilizumab subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of tocilizumab subcutaneous was dispensed within the past 130 days</u> **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. <u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving tocilizumab subcutaneous for at least 90 days AND the patient has been receiving tocilizumab subcutaneous via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to tocilizumab subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Step 1 Product may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Polyarticular Juvenile Idiopathic Arthritis:** <u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi</u>.

	ii. Rheumatoid Arthritis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **4. All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve tocilizumab subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria.
Kevzara	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.** ***A)*** Approve for 6 months if the patient meets BOTH of the following (i and ii)*:* ***i.*** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz **[documentation required]**; OR

	Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, a tocilizumab intravenous product (Actemra intravenous, biosimilar), Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions –Kevzara Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria **3. Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, or d): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or

	subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, Rinvoq LQ, or Xeljanz **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, a tocilizumab intravenous product (Actemra intravenous, biosimilar), Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **d)** Patient has been established on Kevzara for at least 90 days and prescription claims history indicates at least a 90-day supply of Kevzara was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kevzara for at least 90 days AND the patient has been receiving Kevzara via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kevzara). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz oral solution/tablets. **4. Other Conditions.** Approve Kevzara (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria.

Interleukin-17 Blockers	
Bimzelx	**1. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq or Xeljanz/Xeljanz XR **[documentation required]**. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Taltz also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, or Cosentyx SC</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Hidradenitis Suppurativa– Initial Therapy.</u>** **A)** Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for hidradenitis suppurativa; AND **ii.** Patient has tried BOTH of an adalimumab product and Cosentyx subcutaneous **[documentation required]**. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Preferred Product may be reviewed (<u>adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, or Cosentyx subcutaneous</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Cimzia, Cosentyx subcutaneous or Rinvoq **[documentation required]**. <u>Note</u>: A trial of Enbrel, an adalimumab product, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous) or Taltz also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty,

adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Preferred Product may be reviewed (Cimzia or Cosentyx SC) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Plaque Psoriasis – Initial Therapy.

A) Approve for 3 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for plaque psoriasis; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, and Tremfya subcutaneous **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 4Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Rinvoq/Rinvoq LQ, Tremfya subcutaneous or Xeljanx/Xeljanx XR **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as

ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Taltz also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions –Bimzelx Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Ankylosing Spondylitis, Hidradenitis Suppurativa, nr-axSpA, Plaque Psoriasis, or Psoriatic Arthritis – Patient is Currently Receiving Bimzelx.

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

i. Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Rinvoq or Xeljanz/Xeljanz XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Taltz also counts.

b) Patient has Hidradenitis Suppurativa and has tried one of an adalimumab product or Cosentyx subcutaneous **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

c) Patient has nr-axSpA and has tried TWO of Cimzia, Cosentyx SC or Rinvoq **[documentation required]**; OR
Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), Simponi (Aria or subcutaneous), or Taltz also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

d) Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi

	subcutaneous, Sotyktu, ustekinumab subcutaneous product, or Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. **e)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Rinvoq/Rinvoq LQ, Tremfya subcutaneous or Xeljanz/Xeljanz XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Taltz also counts. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **f)** Patient has been established on Bimzelx for at least 90 days and prescription claims history indicates at least a 90-day supply of Bimzelx was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Bimzelx for at least 90 days AND the patient has been receiving Bimzelx via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Bimzelx). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 6Aii is not met: A request for a one of the following Preferred

	Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, or Cosentyx SC. **ii. Hidradenitis Suppurativa:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, or Cosentyx subcutaneous. **iii. nr-axSpA:** Cimzia or Cosentyx subcutaneous. **iv. Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **v. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **7. Other Conditions.** Approve Bimzelx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria.
Siliq	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, and Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed

(Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Plaque Psoriasis – Patient is Currently Receiving Siliq.

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

i. Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, or Tremfya subcutaneous **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product.

b) Patient has been established on Siliq for at least 90 days and prescription claims history indicates at least a 90-day supply of Siliq was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Siliq for at least 90 days AND the patient has been receiving Siliq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Siliq).

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	3. <u>Other Conditions</u>. Approve <u>Siliq</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria.
Taltz	**1. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Cosentyx SC, and Xeljanz/XR **[documentation required]**. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, Cosentyx IV, an infliximab product (e.g. Remicade, biosimilars),Simponi (Aria or subcutaneous), or Bimzelx also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (<u>adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Enbrel, Rinvoq, Cosentyx SC, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Cimzia, Cosentyx SC, and Rinvoq **[documentation required]**. <u>Note</u>: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Bimzelx also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cosentyx IV also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (<u>Cimzia, Cosentyx SC, or Rinvoq</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Plaque Psoriasis – Initial Therapy</u>.** **A)** Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> ii):

	i. Patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Cosentyx SC, and Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Cosentyx SC, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**; Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Bimzelx also counts. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cosentyx IV also counts. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria),

but criterion 4Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Taltz (SC or IV).

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

i. Patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Cosentyx SC, and Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, Cosentyx IV, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous) or Bimzelx also counts **[documentation required]**.

b) Patient has nr-axSpA and has tried TWO of Cimzia, Cosentyx SC, and Rinvoq **[documentation required]**; OR
Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry), an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Bimzelx also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cosentyx IV also counts.

c) Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Cosentyx SC, and Tremfya subcutaneous **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of

	multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **d)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Cosentyx SC, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, Cosentyx IV, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Bimzelx, also counts **[documentation required]**. **e)** According to the prescriber, the patient with Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis, Plaque Psoriasis or Psoriatic Arthritis has been established on Taltz subcutaneous for at least 90 days; OR **f)** Patient has been established on Taltz subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Taltz was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Taltz for at least 90 days AND the patient has been receiving Taltz via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Taltz). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Cosentyx SC, Xeljanz tablets, or Xeljanz XR. **ii. nr-axSpA:** Cimzia, Cosentyx SC, or Rinvoq.

	iii. **Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, or Tremfya subcutaneous. iv. **Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, Tremfya subcutaneous, Xeljanz, or Xeljanz XR. **Other Conditions.** Approve Taltz (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, and Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR,Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND

	ii. Patient meets ONE of the following (a or b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, or Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. **b)** Patient has been established on Ilumya for at least 90 days and prescription claims history indicates at least a 90-day supply of Ilumya was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Ilumya (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria.
Omvoh SC	**1. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried ONE of an adalimumab product, Skyrizi subcutaneous, Tremfya subcutaneous, or an ustekinumab subcutaneous product; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts.

b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Omvoh IV.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met, a request for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous, Tremfya subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried one of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, or Tremfya subcutaneous; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Simponi subcutaneous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts.

b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Omvoh intravenous.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi

	subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Omvoh Subcutaneous.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, or c): **a)** Patient has Crohn's Disease and has tried ONE of an adalimumab product, Skyrizi subcutaneous, Tremfya subcutaneous, or an ustekinumab subcutaneous product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts. **b)** Patient has Ulcerative Colitis and has tried ONE of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts; OR **c)** Patient has been established on Omvoh subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Omvoh subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Omvoh subcutaneous for at

	least 90 days AND the patient has been receiving Omvoh subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Omvoh subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met, a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous, Tremfya subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous,. **ii. Ulcerative Colitis:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **4. Other Conditions.** Approve the requested medication (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria.
Skyrizi Subcutaneous	**All Conditions.** Approve Skyrizi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Skyrizi Subcutaneous Prior Authorization Policy* criteria.
Tremfya Subcutaneous	**All Conditions.** Approve Tremfya subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tremfya Prior Authorization Policy* criteria.
IL-12/23 Blocker	
Imuldosa subcutaneous [NDCs starting with 69448] Selarsdi Subcutaneous Ustekinumab-ttwe Subcutaneous Yesintek Subcutaneous	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ustekinumab Subcutaneous Prior Authorization Policy* criteria.
Integrin Receptor Antagonist	
Entyvio SC	**1. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):
- **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Omvoh subcutaneous, Cimzia, Rinvoq **[documentation required]**; OR
  Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, Omvoh intravenous, Tremfya intravenous, or ustekinumab intravenous also counts **[documentation required]**.
- **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria), but criterion 1Aii is not met, a request for a Step 1 or Step 2 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous, Tremfya subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Rinvoq, Omvoh subcutaneous, or Cimzia) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):
- **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, Tremfya subcutaneous, Omvoh subcutaneous, Rinvoq, or Xeljanz/XR **[documentation required]**; OR
  Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR)

collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, ustekinumab intravenous or Tremfya intravenous also counts **[documentation required]**.

b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, a request for a Step 1 or Step 2 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Omvoh subcutaneous, Rinvoq, Skyrizi subcutaneous (on-body injector), or Xeljanz/XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous Approve for 1 year if the patient meets the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following conditions (a, b, c, or d):

a) Patient has Crohn's Disease and has tried TWO of an adalimumab product, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Omvoh subcutaneous, Cimzia or Rinvoq **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, Tremfya intravenous, Omvoh intravenous, or ustekinumab intravenous also counts **[documentation required]**.

b) Patient has Ulcerative Colitis and has tried TWO of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, Omvoh subcutaneous, Rinvoq, Xeljanz/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza,

	Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, or ustekinumab intravenous also counts **[documentation required]**. **c)** According to the prescriber, the patient has been established on Entyvio intravenous for at least 90 days; OR **d)** Patient has been established on Entyvio subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Entyvio subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Entyvio subcutaneous for at least 90 days AND the patient has been receiving Entyvio subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Entyvio subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Entyvio for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria), but criterion 3Aii is not met, a request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous, Tremfya subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Rinvoq, Omvoh subcutaneous, or Cimzia **ii. Ulcerative Colitis:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi SC, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Omvoh subcutaneous, Rinvoq, Xeljanz/XR. **4. Other Conditions.** Approve the requested medication (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Entyvio for Total Savings and Individual and Family Plans Prior Authorization Policy* criteria.
Interleukin-1 Blocker	
Kineret	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND

	ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Kineret.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Kineret at least 90 days and prescription claims history indicates at least a 90-day supply of Kineret was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history

	is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kineret for at least 90 days AND the patient has been receiving Kineret via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kineret). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Kineret (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria. Note: This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic Juvenile Idiopathic Arthritis.
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria),

but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Kevzara, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilar), or Simponi Aria also counts **[documentation required]**.

b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an

	ustekinumab subcutaneous product, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Taltz, or Bimzelx also counts **[documentation required]**. **b)** Patient is < 18 years of age AND has tried ONE of Enbrel, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Xeljanz, Tremfya subcutaneous, or an ustekinumab subcutaneous product **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **c)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis – Patient is Currently Receiving Orencia (Subcutaneous or Intravenous).** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **ii.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Policy* criteria; AND **iii.** Patient meets ONE of the following (a, b, c, d, e, f, or g):

	a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz tablets or oral solution **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** Patient is ≥ 18 years of age with Psoriatic Arthritis AND has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple

	adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous), Taltz, or Bimzelx also counts also counts **[documentation required]**. **d)** Patient is < 18 years of age with Psoriatic Arthritis AND has tried ONE of Enbrel, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Xeljanz, Tremfya subcutaneous, or an ustekinumab subcutaneous product **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. **e)** According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR **f)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR **g)** Patient has been established on Orencia subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Orencia subcutaneous for at least 90 days AND the patient has been receiving Orencia subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Orencia subcutaneous). **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met, a request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution.

	iii. Psoriatic Arthritis in a Patient ≥ 18 Years of Age: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009, Simlandi, Cosentyx SC, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Xeljanz, or Xeljanz XR. **iv. Psoriatic Arthritis in a Patient < 18 Years of Age**: Enbrel, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Xeljanz, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous, or Tremfya subcutaneous.. **5. Other Conditions.** Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Olumiant.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b):

	a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous, Avtozma subcutaneous, and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Olumiant for at least 90 days and prescription claims history indicates at least a 90-day supply of Olumiant was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Olumiant for at least 90 days AND the patient has been receiving Olumiant via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Olumiant). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Step 1 or Step 2 Product may be reviewed (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Olumiant (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria.
Rinvoq	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and

	Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Cimzia also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Preferred Product may be reviewed, (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous [on-body injector], Tremfya subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous,) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried Cimzia. Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or

	subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 4Aii is not met: A request for a Preferred Product may be reviewed (Cimzia or Cosentyx SC) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **5. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **6. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 6Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **7. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product.

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.

B) If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 7Aii is not met: A request for a Preferred Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi SC (on-body injector), Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

8. Ankylosing Spondylitis, Crohn's Disease, nr-axSpA, Rheumatoid Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Rinvoq.

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

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, f, g, or h):

a) Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has Crohn's Disease and has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Cimzia also counts.

c) Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

d) Patient has nr-axSpA and has tried Cimzia; OR
Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz,

	adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **f)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **g)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **h)** Patient has been established on Rinvoq for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND the patient has been receiving Rinvoq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq). **B)** If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 7Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC. **ii. Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi subcutaneous (on-

	body injector), Tremfya subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous,. **iii. Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi. **iv. nr-axSpA:** Cimzia, Cosentyx SC **v. Rheumatoid Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, or adalimumab-ryvk (NDCs starting with 82009), Simlandi. **vi. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, or Tremfya subcutaneous. **vii. Ulcerative Colitis**: adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Skyrizi SC, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **9. All Other Conditions.** Approve Rinvoq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Rinvoq LQ	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but

criterion 2Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Rinvoq/LQ.

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

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following conditions (a, b, or c):

a) Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

b) Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

c) Patient has been established on Rinvoq/LQ for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq/LQ was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq/LQ for at least 90 days AND the patient has been receiving Rinvoq/LQ via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq/LQ).

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria but criterion 3Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. Juvenile Idiopathic Arthritis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi.

ii. Psoriatic Arthritis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx

	SC, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **4. Other Conditions.** Approve the requested medication (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Xeljanz tablets, Xeljanz XR tablets	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 2Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, or adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and

Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 3Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 4Aii is not met: A request for a Preferred Product may be reviewed, (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx SC, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 5Aii is not met: A request for a Preferred Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Skyrizi subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Xeljanz/XR.

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

	i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, or f): **a)** Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **e)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **f)** Patient has been established on Xeljanz/XR for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR

	Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz/XR for at least 90 days AND the patient has been receiving Xeljanz/XR via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz/XR). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 6Aii is not met: A request for one of the following Products may be reviewed, using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx SC. **ii. Rheumatoid Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi. **iii. Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi. **iv. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Cosentyx SC, or Tremfya subcutaneous. **v. Ulcerative Colitis**: adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Skyrizi subcutaneous, or Tremfya subcutaneous. **7. Other Conditions.** Approve the requested medication (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Xeljanz oral solution	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: A request for a Preferred Product may be reviewed (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Psoriatic Arthritis – Initial Therapy.**

	A) Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Xeljanz.** **A)** Approve for 1 year if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, or c): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **b)** Patient has Psoriatic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** Patient has been established on Xeljanz for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that

	the patient has been receiving Xeljanz for at least 90 days AND the patient has been receiving Xeljanz via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 3Aii is not met: A request for one of the following Preferred Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **ii. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous. **4. Other Conditions.** Approve the requested medication (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Phosphodiesterase Type 4 Inhibitor	
Otezla/Otezla XR	**All Conditions.** Approve Otezla/Otezla XR (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Otezla/Otezla XR Prior Authorization Policy* criteria.
Sphingosine 1-Phosphate Receptor Modulator	
Velsipity	**1. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, or Tremfya subcutaneous **[documentation required]**; AND Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of an infliximab product (e.g., Remicade, biosimilars, Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous or subcutaneous, Skyrizi intravenous, Simponi subcutaneous or ustekinumab intravenous, or Tremfya intravenous also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria), but criterion

1Aii or criterion 1Aiii are not met, a request for a Step 1 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous), using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ulcerative Colitis – Patient is Currently Receiving Velsipity.

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

i. Patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following conditions (a or b):

a) Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, or Tremfya subcutaneous **[documentation required]**; AND

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of an infliximab product (e.g., Remicade, biosimilars, Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts **[documentation required]**.

b) Patient has been established on Velsipity for at least 90 days and prescription claims history indicates at least a 90-day supply of Velsipity was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.

Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Velsipity for at least 90 days AND the patient has been receiving Velsipity via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Velsipity).

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria), but criterion 2Aii is not met, a request for a Step 1 Product may be reviewed (adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous (on-body injector), Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

	3. <u>Other Conditions</u>. Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria.
Zeposia	**<u>All Conditions</u>.** Approve <u>Zeposia</u> if the patient meets the standard *Multiple Sclerosis and Ulcerative Colitis – Zeposia Preferred Specialty Management Policy for Individual and Family Plans* criteria.
Tyrosine Kinase 2 Inhibitor	
Sotyktu	**<u>All Conditions.</u>** <u>Approve Sotyktu (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria.</u>

References

1. Actemra® intravenous infusion and subcutaneous injection [prescribing information]. South San Francisco, CA: Genentech; August 2025.
2. Cimzia® subcutaneous injection [prescribing information]. Smyrna, GA: UCB; September 2024.
3. Cosentyx® intravenous infusion and subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; August 2025.
4. Enbrel® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; October 2024.
5. Humira® subcutaneous injection [prescribing information]. North Chicago, IL: AbbVie; July 2025.
6. Kevzara™ subcutaneous injection [prescribing information]. Tarrytown, NY: Sanofi-Aventis; May 2025.
7. Kineret® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Swedish Orphan Biovitrium; September 2024.
8. Orencia® intravenous infusion and subcutaneous injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; October 2024.
9. Otezla® tablets, Otezla XR™ extended-release tablets [prescribing information]. Summit, NJ: Celgene; August 2025.
10. Remicade® intravenous injection [prescribing information]. Malvern, PA: Janssen Biotech; February 2025.
11. Siliq™ subcutaneous injection [prescribing information]. Dublin, Ireland: Bausch Health; August 2024.
12. Simponi® subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; September 2025.
13. Simponi™ Aria® intravenous injection [prescribing information]. Horsham, PA: Janssen Biotech; April 2025.
14. Stelara® intravenous infusion and subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; June 2025.
15. Taltz® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; August 2024.
16. Tremfya™ intravenous infusion and subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2025.
17. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer; February 2025.

18. Ilumya™ subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; November 2024.
19. Rinvoq® tablets/Rinvoq LQ oral solution [prescribing information]. North Chicago, IL: AbbVie; April 2025.
20. Zeposia® capsules [prescribing information]. Summit, NJ: Celgene; August 2024.
21. Sotyktu™ tablets [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022.
22. Velsipity® tablets [prescribing information]. New York, NY: Pfizer; August 2025.
23. Omvoh™ intravenous infusion and subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; January 2025.
24. Entyvio® intravenous infusion and subcutaneous injection [prescribing information]. Lexington, MA: Takeda; May 2024.
25. Zymfentra™ subcutaneous injection [prescribing information]. Yeonsu-gu, Incheon: Celltrion; May 2025.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	11/01/2024
Selected Revision	Updated the Zeposia statement.	12/01/2024
Selected Revision	**Humira:** Throughout the policy, NDCs starting with 00074 were removed from the Preferred Products. A previous trial of these NDCs counts towards a trial of an adalimumab product. **Hyrimoz:** Throughout the policy, NDCs starting with 61314_were removed from the Preferred Products. A previous trial of these NDCs counts towards a trial of an adalimumab product. **Tremfya Subcutaneous:** For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Cimzia:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Plaque Psoriasis,** and **Crohn's Disease**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added to Step 3a. Documentation of a trial of two Step 1 or 2a Products is required. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts towards a trial of a Preferred Product. For **Psoriatic Arthritis** and **Plaque Psoriasis**, it was clarified that Tremfya is the subcutaneous formulation. **Simponi Subcutaneous:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Ulcerative Colitis**, Humira (NDCs	01/01/2025

	starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Actemra Subcutaneous and Tyenne Subcutaneous:** For **Rheumatoid Arthritis** and **Polyarticular Juvenile Idiopathic Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Polyarticular Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Kevzara:** For **Rheumatoid Arthritis** and **Juvenile Idiopathic Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Bimzelx:** For **Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis,** and **Psoriatic Arthritis**, Bimzelx was added to Step 3a and requests are directed to a trial of two Step 1 or 2 Products. For **Plaque Psoriasis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. **Siliq:** For **Plaque Psoriasis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products, and it was clarified that Tremfya is the subcutaneous formulation. **Taltz:** For **Ankylosing Spondylitis** and **Non-Radiographic Spondyloarthritis,** Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) removed from the Preferred Products. For **Plaque Psoriasis** and **Psoriatic Arthritis,** Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products, and it was clarified that Tremfya is the subcutaneous formulation. **Ilumya:** For **Plaque Psoriasis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products, and it was clarified that Tremfya is the subcutaneous formulation. **Omvoh SC**: For **Ulcerative Colitis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred	

	Products, and it was clarified that Tremfya is the subcutaneous formulation. **Tremfya:** It was clarified that Tremfya is the subcutaneous formulation. **Entyvio Subcutaneous:** For **Crohn's Disease** and **Ulcerative Colitis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product; a previous trial of Tremfya intravenous also counts. **Kineret:** For **Rheumatoid Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. **Orencia Subcutaneous:** For **Rheumatoid Arthritis, Juvenile Idiopathic Arthritis**, and **Psoriatic Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation; for a patient ≥ 18 years of age, Bimzelx was added as an agent that count towards a trial of a Preferred Product. **Olumiant:** For **Rheumatoid Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. **Rinvoq:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Crohn's Disease,** and **Ulcerative Colitis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Rinvoq LQ:** For **Juvenile Idiopathic Arthritis** and **Psoriatic Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation.	

	Xeljanz/Xeljanz XR: For **Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis** (Xeljanz tablets only), **Psoriatic Arthritis,** and **Ulcerative Colitis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Xeljanz Oral Solution:** For **Juvenile Idiopathic Arthritis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Velsipity:** For **Ulcerative Colitis**, Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products; Tremfya subcutaneous was added as a Preferred Product; a previous trial of Tremfya intravenous also counts. **Sotyktu:** For **Plaque Psoriasis,** Humira (NDCs starting with 00074) and Hyrimoz (NDC's starting with 61314) were removed from the Preferred Products and it was clarified that Tremfya is the subcutaneous formulation.	
Selected Revision	**Hidradenitis Suppurativa** was added as a targeted indication in this policy. Adalimumab products (adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk) and Cosentyx subcutaneous are Preferred Products for Hidradenitis Suppurativa; Bimzelx was added to Step 3b and is directed to a trial of two Preferred Products.	2/1/2025
Selected Revision	**Sotyktu:** For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Bimzelx**: For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Cimzia**: For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Ilumya**: For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Siliq**: For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Taltz**: For **Plaque Psoriasis**, Sotyktu was added as a Preferred Product. **Omvoh Subcutaneous:** For **Crohn's Disease**, Omvoh subcutaneous was added as a Step 2 Non-	03/15/2025

	Preferred Product and is directed to a trial of one Step 1 Product. **Entyvio Subcutaneous:** For **Ulcerative Colitis**, Omvoh subcutaneous was added as a Step 2 Product. For **Crohn's Disease**, Omvoh subcutaneous was added as a Step 2 Product.	
Selected Revision	**For Psoriatic Arthritis, Plaque Psoriasis, Crohn's Disease**, and Ulcerative Colitis, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, and Yesintek subcutaneous were added as Preferred ustekinumab subcutaneous products. The criteria for the following Non-Preferred Products were updated to include these Preferred ustekinumab products: Ilumya, Siliq, Entyvio subcutaneous, Rinvoq LQ, Rinvoq, Xeljanz, Bimzelx, Cimzia, Simponi subcutaneous, Omvoh, Velsipity, Taltz, and Orencia subcutaneous. Throughout the policy, a note was added indicating that a trial of multiple ustekinumab products counts as one product and examples of ustekinumab products were added including Stelara, Wezlana, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, and Yesintek. For Crohn's Disease and Ulcerative Colitis, the note that refers to a previous trial of Stelara intravenous was changed to more generally refer to an intravenous ustekinumab product.	04/15/2025
Selected Revision	**Tremfya subcutaneous (SC)** was added as a Preferred Product for Crohn's Disease. Criteria for Cimzia, Rinvoq, Omvoh SC, and Entyvio SC were updated to include Tremfya SC as a Preferred Product. For Omvoh SC and Entyvio SC, a previous trial of Tremfya intravenous also counts.	05/15/2025
Selected Revision	Throughout the policy, the note was updated for the examples of ustekinumab products which include Stelara, ustekinumab (unbranded Stelara), Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek.	09/01/2025
Annual Revision	**Cimzia:** For **Crohn's Disease**, a patient is directed to one Step 1 Product; previously, a patient was directed to adalimumab specifically. A previous trial of an infliximab intravenous product, Skyrizi intravenous, Tremfya intravenous, or an ustekinumab intravenous product also counts. **Simponi Subcutaneous:** For **Ulcerative Colitis**, a patient is directed to one Step 1 Product; previously, a patient was directed to adalimumab specifically. A previous trial of an infliximab intravenous product, Skyrizi intravenous, Tremfya intravenous, or an ustekinumab intravenous product also counts.	11/01/2025

	Orencia SC: For **Psoriatic Arthritis**, Otezla was added as an agent that counts towards a trial of a Preferred Product for patients < 18 years of age.	
Selected Revision	**Adalimumab-adaz** was removed as a Preferred Product throughout the policy. Throughout the policy, adalimumab-aacf was added as an example of an adalimumab product. For all **rheumatology, dermatology,** and **gastroenterology** it was specified that adalimumab-ryvk NDCs starting with 82009 are the Preferred product. For **Psoriatic Arthritis, Plaque Psoriasis, Crohn's Disease,** and **Ulcerative Colitis,** Stelara SC was removed as a Preferred ustekinumab SC product. **Otezla XR:** For **Psoriatic Arthritis** and **Plaque Psoriasis**, Otezla XR was added amongst the Step 1 Preferred Products. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as one product. For **Ankylosing Spondylitis, Non-radiographic Axial Spondyloarthritis, and Psoriatic Arthritis,** Bimzelx was added as an agent that counts towards a trial of a Preferred Product. **Orencia SC**: For **Psoriatic Arthritis,** Tremfya SC was added as an agent that counts towards a trial of a Preferred Product for a patient < 18 years of age. **Cimzia:** For **Crohn's disease**, Entyvio and Omvoh were added as agents that counts towards a trial of a Preferred Product. **Simponi SC:** For **Ulcerative colitis**, Entyvio and Omvoh were added as agents that count towards a trial of a Preferred Product. **Bimzelx:** For **Ankylosing Spondylitis, Non-radiographic Axial Spondyloarthritis, and Psoriatic Arthritis,** Cosentyx was added as an agent that counts towards a trial of a Preferred Product.	01/01/2026
Selected Revision	**Xeljanz oral solution**: For Psoriatic Arthritis, Xeljanz oral solution was added as a Step 2 agent. Criteria for Cimzia, Orencia, and Simponi were updated to remove "tablets" from Xeljanz in the preferred products.	03/01/2026
Selected Revision	For **Psoriatic Arthritis, Plaque Psoriasis, Crohn's Disease,** and **Ulcerative Colitis,** Imuldosa subcutaneous (SC) (NDCs starting with 69448) was added as a Preferred ustekinumab SC product. The criteria for the following Non-Preferred Products were updated to include Imuldosa SC as a Preferred product: Cimzia,	04/15/2026

	Simponi SC, Bimzelx, Siliq, Ilumya, Entyvio SC, Omvoh SC, Orencia SC, Rinvoq, Rinvoq LQ, Xeljanz/XR, Taltz and Velsipity.	
Selected Revision	**Sotyktu:** For **Psoriatic Arthritis**, Sotyktu was added as a Step 1 Preferred agent. Criteria for Bimzelx, Cimzia, Orencia, Rinvoq/LQ, Simponi, Taltz, and Xeljanz/XR were updated to include Sotyktu as a Preferred Product. **Simponi SC:** For **Ulcerative Colitis**, an exception was added for a patient < 18 years of age. **Avtozma SC:** For **Rheumatoid Arthritis** and **Juvenile Idiopathic Arthritis** Avtozma was added as a Step 2 product.	05/01/2026

The policy effective date is in force until updated or retired.

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

	Rheumatology					Dermatology		Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**HS**	**PsO**	**CD**	**UC**
Tumor Necrosis Factor Inhibitors									
Cimzia	√	√	√	√	√	--	√	√	--
Enbrel	√	√	√	--	√	--	√	--	--
Adalimumab Products (Humira, biosimilars)	√	√	√	--	√	√	√	√	√
Infliximab Intravenous Products	√	--	√	--	√	--	√	√	√
Zymfentra	--	--	--	--	--	--	--	√^	√^
Simponi Subcutaneous	√	--	√	--	√	--	--	--	√
Simponi Aria	√	√	√	--	√	--	--	--	--

TNFis – Tumor necrosis factor inhibitors; * Refer to the selected standard *Inflammatory Conditions Prior Authorization Policies* for the specific patient population approved for each indication; RA – Rheumatoid arthritis; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Non-radiographic spondyloarthritis; PsA – Psoriatic arthritis; HS – Hidradenitis suppurativa; PsO – Plaque psoriasis; CD – Crohn's disease; UC – Ulcerative colitis; ^ Maintenance dosing only.

Table 2. Approved IL-17, IL-23, and IL-12/23 Blockers for Targeted Indications.*

	Rheumatology			Dermatology		Gastroenterology	
	Ankylosing Spondylitis	**nr-axSpA**	**Psoriatic Arthritis**	**HS**	**Plaque Psoriasis**	**Crohn's Disease**	**Ulcerative Colitis**
Interleukin-17 Blockers							
Bimzelx	√	√	√	√	√	--	--
Cosentyx Subcutaneous	√	√	√	√	√	--	--
Cosentyx Intravenous	√	√	√	--	--	--	--
Siliq	--	--	--	--	√	--	--
Taltz	√	√	√	--	√	--	--

Interleukin-23 Blockers							
Ilumya	--	--	--	--	√	√	--
Omvoh Intravenous	--	--	--	--	--	√#	√#
Omvoh Subcutaneous	--	--	--	--	--	√^	√^
Skyrizi Intravenous	--	--	--	--	--	√#	√#
Skyrizi Subcutaneous	--	--	√	--	√	√^	√^
Tremfya Intravenous	--	--	--	--	--	√#	√#
Tremfya Subcutaneous	--	--	√	--	√	√μ	√μ
Interleukin-12/23 Blockers							
Stelara Subcutaneous	--	--	√	--	√	√^	√^
Stelara Intravenous	--	--	--	--	--	√#	√#

IL – Interleukin; * Refer to the selected standard *Prior Authorization Policies* for the specific patient population approved for each indication; nr-axSpA – Non-radiographic spondyloarthritis; HS – Hidradenitis suppurativa; ^ Maintenance dosing only; # Induction dosing only; μ Induction and maintenance dosing.

Table 3. Approved Oral tsDMARDs for Targeted Indications.*

	Rheumatology					**Dermatology**	**Gastroenterology**	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**PsO**	**CD**	**UC**
Janus Kinases Inhibitors								
Olumiant	√	--	--	--	--	--	--	--
Rinvoq	√	√	√	√	√	--	√	√
Rinvoq LQ	--	√	--	√	--	--	--	--
Xeljanz tablets	√	√#	√	--	√	--	--	√
Xeljanz oral solution	--	√#	--	--	√	--	--	--
Xeljanz XR	√	--	√	--	√	--	--	√
Phosphodiesterase Type 4 Inhibitor								
Otezla/ Otezla XR	--	--	--	--	√	√	--	--
Sphingosine 1-Phosphate Receptor Modulator								
Velsipity	--	--	--	--	--	--	--	√
Zeposia	--	--	--	--	--	--	--	√
Tyrosine Kinase 2 Inhibitor								
Sotyktu	--	--	--	--	√	√	--	--

tsDMARDs – Targeted synthetic disease-modifying antirheumatic drugs; * Refer to the selected standard *Prior Authorization Policies* for the specific patient population approved for each indication; RA – Rheumatoid arthritis; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; PsO – Plaque psoriasis; CD – Crohn's disease; UC – Ulcerative colitis; # Indicated in polyarticular JIA.

Table 4. Other Approved Biologics for Targeted Indications.*

	Rheumatology			Gastroenterology	
	Rheumatoid Arthritis	**Juvenile Idiopathic Arthritis**	**Psoriatic Arthritis**	**Crohn's Disease**	**Ulcerative Colitis**
Integrin Receptor Antagonist					
Entyvio Intravenous	--	--	--	√	√
Entyvio Subcutaneous	--	--	--	√[¥]	√[¥]
Interleukin-6 Blockers					
Tocilizumab Intravenous Products (Actemra, biosimilar)	√	√[^]	--	--	--
Tocilizumab Subcutaneous Products (Actemra, biosimilar)	√	√[^]	--	--	--
Kevzara	√	√	--	--	--
Interleukin-1 Blocker					
Kineret	√	--	--	--	--
T-Cell Costimulation Modulator					
Orencia Intravenous	√	√[#]	√	--	--
Orencia Subcutaneous	√	√[#]	√	--	--
CD20-Directed Cytolytic Antibody					
Rituximab Intravenous Products	√	--	--	--	--

[*] Refer to the selected standard *Prior Authorization Policies* for the specific patient population approved for each indication; ^ Indicated in polyarticular and systemic JIA; [#] Indicated in polyarticular JIA; [¥] Maintenance dosing only.