PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Inflammatory Conditions Preferred Specialty Management Policy for National Preferred Formularies

Tumor Necrosis Factor Inhibitors

• Adalimumab Products*
  ○ adalimumab-adaz subcutaneous injection (Sandoz/Novartis)
  ○ adalimumab-adbm subcutaneous injection (Boehringer Ingelheim)
  ○ Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)
  ○ Humira® (adalimumab subcutaneous injection – AbbVie)
  ○ Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)
• Cimzia® (certolizumab pegol subcutaneous injection – UCB)
• Enbrel® (etanercept subcutaneous injection – Amgen)
• Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)

Interleukin-6 Blockers
• Actemra® (tocilizumab subcutaneous injection – Genentech/Roche) • 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 Biotech/Johnson & Johnson)
Interleukin 12/23 Blocker
• Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
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) • Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer) • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)
Phosphodiesterase Type 4 Inhibitor
• Otezla® (apremilast 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 Policies for National Preferred, High Performance, and Basic Formularies* or the Choice version of this policy.

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna National Formulary Coverage:

OVERVIEW

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.[1-20] 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.*

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.

Preferred and Non-Preferred Products.¥

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
Step 1 Preferred	• **Enbrel** • **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz**	• **Enbrel** • **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz**	• **Enbrel** • **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz** • **Taltz**	• **Cimzia** • **Taltz**	• **Enbrel** • **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz** • **Otezla** • **Skyrizi SC#** • **Stelara SC** • **Taltz** • **Tremfya**	• **Enbrel** • **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz** • **Otezla** • **Skyrizi SC#** • **Stelara SC** • **Taltz** • **Tremfya**	• **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz** • **Skyrizi SC** (on-body injector) • **Stelara SC**	• **Adalimumab Products^ – Humira, Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz** • **Stelara SC**
Step 2 Non-Preferred (directed to **ONE** Step 1 Product)	• **Actemra SC** *Directed to adalimumab specifically.* • **Rinvoq** • **Xeljanz tablets/ Xeljanz XR tablets**	• **Actemra SC** *Directed to adalimumab specifically. JIA Step for Actemra SC is for PJIA.* • **Xeljanz tablets/ Xeljanz**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets**	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically*	• **Sotyktu**	• **Cimzia** *Directed to adalimumab specifically.* • **Rinvoq** *Directed to adalimumab*	• **Omvoh SC** • **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** *Directed to adalimumab specifically.* • **Xeljanz tablets/**

		oral solution	*Directed specifically to Enbrel or adalimumab .*		*to Enbrel or adalimumab.*		*specifically .*	**Xeljanz/ XR tablets** *Directed to adalimumab specifically.*
Step 3a Non-Preferred (directed to **TWO** Step 1 or 2 Products) **[documentation required]***	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Orencia SC**	• **Cimzia** • **Cosentyx SC** • **Simponi SC**	• **Cosentyx SC**	• **Cimzia** • **Cosentyx SC** • **Orencia SC** • **Simponi SC**	--	--	• **Entyvio SC**
Step 3b Non-Preferred (directed to **TWO** Step 1 Products)	--	--	--	--	--	--	--	• **Zeposia** *Refer to Multiple Sclerosis and Ulcerative Colitis – Zeposia PSM Policy*
Step 3c Non-Preferred (directed to **TWO** Step 1 Products) **[documentation required]***	--	--	--	--	--	• **Bimzelx** • **Cimzia** • **Cosentyx SC** • **Ilumya** • **Siliq**	--	--

Preferred and Non-Preferred Products (continued).[¥]

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
Step 4 Non-Preferred (directed to **TWO** Step 1 or 2 Products AND **ONE** Step 3b Product) **[documentation required]**[*]	--	--	--	--	--	--	--	• **Velsipity**

[¥] For Non-Preferred Adalimumab Products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies* or the Choice version of that policy. Note that adalimumab-adaz and adalimumab-adbm are Non-Preferred for some plans; RA – Rheumatoid arthritis; [^] A trial of more than one adalimumab product counts as ONE Preferred Product; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; 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.

Inflammatory Conditions non-preferred product(s) is(are) covered as medically necessary when the following non-preferred product exception criteria is(are) met. Any other exception is considered not medically necessary.

NON-PREFERRED PRODUCT EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Tumor Necrosis Factor Inhibitors	
Cimzia	**1. 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 – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm,

	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 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, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, 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 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, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, 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 3Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **4. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets 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, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, 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 4Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. 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 – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi subcutaneous [on-body injector], or Stelara subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **6. Rheumatoid Arthritis, Ankylosing Spondylitis, 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 Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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. **c)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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. **d)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **e)** Patient has Crohn's Disease and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **f)** 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 6Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. **iii. Psoriatic Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. **iv. Plaque Psoriasis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **v. Crohn's Disease:** Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi subcutaneous (on-body injector), or Stelara subcutaneous. **7. 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.
Humira **Adalimumab-adaz** **Adalimumab-adbm** **Cyltezo** **Hyrimoz** (NDCs starting with 61314)	**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. Note: Adalimumab-adaz and adalimumab-adbm are Non-Preferred for some plans. Refer to respective *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies Policies* or the Choice version of that policy.
Simponi Subcutaneous	**1. 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 – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR

	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 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, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 2Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, 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 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, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 3Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy*

criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, 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 the following (i and ii):

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

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara 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, or f):

a) Patient has Rheumatoid Arthritis and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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. **c)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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. **d)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR **f)** 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: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR.

	iii. **Psoriatic Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. iv. **Ulcerative Colitis:** Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara 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	**1. Polyarticular 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 – Actemra 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, 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 – Actemra Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) 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 – Actemra 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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 – Actemra Subcutaneous Prior Authorization Policy*

	criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Actemra Subcutaneous or Intravenous.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Actemra Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, or e): **a)** Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has Rheumatoid Arthritis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous for at least 90 days; OR **e)** Patient has been established on Actemra subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Actemra 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 Actemra subcutaneous for at least 90 days AND the patient has been receiving Actemra 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 Actemra subcutaneous).

	B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Polyarticular Juvenile Idiopathic Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz. **ii. Rheumatoid Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz. **4. All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve Actemra subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy* criteria.
Kevzara	**1. 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 – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. 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, or c): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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; OR **c)** 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 2Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. 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. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets 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, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 1Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Bimzelx.** **A)** Approve for 1 year if the patient meets 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 or b): **a)** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **b)** 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 2Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the

	respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Other Conditions</u>.** Approve <u>Bimzelx</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 – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**1. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, an infliximab product (e.g. Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Enbrel, Rinvoq, Taltz, 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 the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Cimzia, Taltz, and Rinvoq **[documentation required]**. <u>Note</u>: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Cimzia, Taltz, or Rinvoq</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	3. Plaque Psoriasis – Initial Therapy. **A)** Approve for 3 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 3Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) 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 – Cosentyx 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, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**; OR **b)** Patient is < 18 years of age AND has tried ONE of Enbrel or Stelara SC **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi **[documentation required]**. For a patient < 18 years of age, a trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or

	Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (SC or IV).** A) Approve for 1 year if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **a)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has nr-axSpA and has tried TWO of Cimzia, Taltz, and Rinvoq **[documentation required]**; OR Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. **c)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **d)** Patient is ≥ 18 years of age with Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

e) Patient is < 18 years of age with Psoriatic Arthritis and has tried ONE of Enbrel or Stelara SC **[documentation required]**; OR
Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**.

f) According to the prescriber, the patient with AS, nr-axSpA, or PsA has been established on Cosentyx intravenous for at least 90 days; OR

g) Patient has been established on Cosentyx subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Cosentyx SC 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 Cosentyx SC for at least 90 days AND the patient has been receiving Cosentyx SC via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cosentyx SC).

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. **Ankylosing Spondylitis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR.

ii. **nr-axSpA:** Cimzia, Taltz, or Rinvoq.

iii. **Plaque Psoriasis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.

iv. **Psoriatic Arthritis in a Patient ≥ 18 years of age:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.

v. **Psoriatic Arthritis in a Patient < 18 years of age**: Enbrel, Stelara SC.

6. Other Conditions. Approve Cosentyx SC (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. <u>Plaque Psoriasis – Initial Therapy</u>.** **A)** Approve for 3 months if the patient meets the following (i <u>and</u> 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, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 1Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Plaque Psoriasis – Patient is Currently Receiving Siliq</u>.** **A)** Approve for 1 year if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **b)** Patient has been established on Siliq for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Siliq 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 Siliq for at least 90 days AND the patient has been receiving Siliq 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 Siliq). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii

	is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Siliq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria.
Taltz	**All 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 Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets 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, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) 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, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio,

	Yuflyma, and Yusimry. A trial of multiple adalimumab products 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: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) 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. 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 – 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 or Stelara subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Simponi subcutaneous, or Stelara 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 1Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, or Stelara subcutaneous)

	using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Ulcerative Colitis – Patient is Currently Receiving Omvoh Subcutaneous</u>.** **A)** Approve for 1 year if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried one of an adalimumab product or Stelara subcutaneous; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Simponi subcutaneous, or Stelara intravenous also counts. **b)** Patient has been established on Omvoh subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Omvoh 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 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 <u>Omvoh subcutaneous</u> for at least 90 days AND the patient has been receiving <u>Omvoh subcutaneous</u> 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 <u>Omvoh subcutaneous</u>). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Preferred Product (<u>Humira, adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314] or Stelara subcutaneous</u> 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 – Omvoh Subcutaneous Prior Authorization Policy* criteria.
Skyrizi Subcutaneous	**<u>All Conditions</u>.** Approve <u>Skyrizi subcutaneous</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 – Skyrizi Subcutaneous Prior Authorization Policy* criteria.

Tremfya	**All Conditions.** Approve Tremfya (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	
Stelara Subcutaneous	**All Conditions.** Approve Stelara subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Stelara Subcutaneous Prior Authorization Policy* criteria.
Integrin Receptor Antagonist	
Entyvio SC	**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 – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of an adalimumab product, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Omvoh intravenous, or Stelara 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 Prior Authorization Policy* criteria), but criterion 1Aii is not met, offer to review for a Step 1 or Step 2 Product (Humira, adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.** **A)** Approve for 1 year if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, or c): **a)** Patient has tried TWO of an adalimumab product, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Omvoh intravenous, or Stelara intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has been established on Entyvio intravenous for at least 90 days; OR **c)** 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 2Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2 Product (Humira, adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. 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 Subcutaneous Prior Authorization Policy* criteria.
Interleukin-1 Blocker	
Kineret	**1. 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 – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilars), 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilars), 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm,

	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 the following (i and ii): **ii.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **iii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 the following (i and ii): **ii.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **iii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, and Xeljanz; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, Orencia intravenous, 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 – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 the following (i and ii):

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

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

a) Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

b) Patient is < 18 years of age AND has tried ONE of Enbrel or Stelara SC **[documentation required]; OR**

Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**.

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: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, 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 Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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 Actemra subcutaneous, Enbrel, an adalimumab product, and Xeljanz tablets or oral solution; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **d)** Patient is < 18 years of age with Psoriatic Arthritis AND has tried ONE of Enbrel or Stelara SC **[documentation required]; OR** Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. **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, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **ii. Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR. **iii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Xeljanz tablets, or Xeljanz oral solution. **iv. Psoriatic Arthritis in a Patient ≥ 18 Years of Age:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.

	v. Psoriatic Arthritis in a Patient < 18 Years of Age: Enbrel, Stelara SC. **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 the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Actemra intravenous, 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: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz) 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 Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product.

	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi subcutaneous [on-body injector], or Stelara subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Cimzia or Taltz) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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 – Rinvoq Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **6. 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 Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts. **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **7. 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 Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **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-adaz, adalimumab-adbm, adalimumab-fkjp, 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **d)** Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts. **g)** 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 Prior Authorization Policy* criteria), but criterion 7Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz. **ii. Crohn's Disease:** Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi subcutaneous (on-body injector), or Stelara subcutaneous. **iii. nr-axSpA:** Cimzia or Taltz. **iv. Rheumatoid Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz. **v. Psoriatic Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **vi. Ulcerative Colitis**: Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara subcutaneous. **8. 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 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

	2. <u>Rheumatoid Arthritis – Initial Therapy</u>. **A)** Approve for 6 months if the patient meets the following (i <u>and</u> 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 <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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: offer to review for a Preferred Product (<u>Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> 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 <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of 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: offer to review for a Preferred Product (<u>Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> 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 <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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: offer to review for a Step 1 Product (<u>Enbrel,</u>

	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) 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: offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of 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-adaz, adalimumab-adbm, adalimumab-fkjp, 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) 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: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz. **ii. Rheumatoid Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz. **iii. Juvenile Idiopathic Arthritis:** Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz.

	iv. Psoriatic Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **v. Ulcerative Colitis**: Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara 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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of 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: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Juvenile Idiopathic 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 or b): **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-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **b)** 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 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. 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	**All Conditions.** Approve Otezla (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Otezla 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, ii, and iii): **i.** Patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of an adalimumab product, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Xeljanz/XR **[documentation required]**; AND Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous, or Stelara intravenous also counts **[documentation required]**. **iii.** Patient has tried Zeposia **[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, offer to review for a Step 1 or Step 2 Product (Humira, adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR), or Zeposia 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 meets BOTH of the following [(1) and (2)]:

(1) Patient has tried TWO of an adalimumab product, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Xeljanz/XR **[documentation required]**; AND

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 an infliximab product (e.g., Remicade, biosimilars; Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous, or Stelara intravenous also counts **[documentation required]**.

(2) Patient has tried Zeposia **[documentation required]**; OR

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, offer to review for a Step 1 or Step 2 Product (Humira, adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR) or Zeposia using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. 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 – Velsipity Prior Authorization Policy* criteria.
Zeposia	**All Conditions.** Approve Zeposia if the patient meets the standard *Multiple Sclerosis and Ulcerative Colitis – Zeposia Preferred Specialty Management Policy* criteria.
Tyrosine Kinase 2 Inhibitor	
Sotyktu	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 1Ai (the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Sotyktu.** **A)** Approve for 1 year if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **b)** Patient has been established on Sotyktu for at least 90 days and prescription claims history indicates at least a 90-day supply of Sotyktu 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 Sotyktu for at least 90 days AND

	the patient has been receiving Sotyktu via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Sotyktu). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** 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.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Effective 01/01/2024:** **Adalimumab Products:** Amjevita was removed and adalimumab-adbm was added to the Preferred Adalimumab Products. It was clarified that the Preferred Hyrimoz Product is specific for NDCs starting with 61314. A Note was added stating that Adalimumab-adaz and Adalimumab-adbm are Non-Preferred for some plans. Refer to respective *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies Policies* for more information. **Bimzelx:** Bimzelx was added as a Non-Preferred Product for Plaque Psoriasis. A patient is directed to try two Preferred Products prior to Bimzelx (documentation required). **Cosentyx Subcutaneous:** Throughout the policy, it was clarified that this is the subcutaneous formulation. For a patient with Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis, and Psoriatic Arthritis currently taking Cosentyx, an exception was added if, according to the prescriber, the patient has been established on Cosentyx intravenous for at least 90 days. For a patient < 18 years of age with Psoriatic Arthritis, a patient is directed to a trial of Enbrel or Stelara subcutaneous (documentation required). A Note was added that a previous trial of another tumor necrosis factor inhibitor counts towards a trial of Enbrel. Previously, a patient < 18 years of age was not required to try a Preferred Product prior to Cosentyx. **Orencia Subcutaneous:** A patient < 18 years of age is directed to a trial of Enbrel or Stelara SC (documentation required). A Note was added that a previous trial of another tumor necrosis factor inhibitor counts towards a trial of Enbrel. Previously, Orencia subcutaneous was not indicated in a patient < 18 years of age.	11/22/2023
Selected Revision	**Effective 01/15/2024** **Sotyktu:** For Plaque Psoriasis, Sotyktu was moved from Step 3c to Step 2. The requirement for previous therapy was changed from three Preferred Products to one Preferred Product. Documentation supporting the previous trial is not required. **Bimzelx:** For Plaque Psoriasis, Bimzelx was moved from Step 3a to Step 3c. A trial of two Step 1 Products is required (previously was two Step 1 or Step 2 Products). Documentation of the previous trials is required. **Cimzia:** For Plaque Psoriasis, Cimzia was moved from Step 3a to Step 3c. A trial of two Step 1 Products is required (previously was two Step 1 or Step 2 Products). Documentation of the previous trials is required. **Cosentyx Subcutaneous:** For Plaque Psoriasis, Cosentyx subcutaneous was moved from Step 3a to Step 3c. A trial of two Step 1 Products is required (previously was two Step 1 or Step 2 Products). Documentation of the previous trials is required.	01/03/2024

	Ilumya: For Plaque Psoriasis, Ilumya was moved from Step 3a to Step 3c. A trial of two Step 1 Products is required (previously was two Step 1 or Step 2 Products). Documentation of the previous trials is required. **Siliq:** For Plaque Psoriasis, Siliq was moved from Step 3a to Step 3c. A trial of two Step 1 Products is required (previously was two Step 1 or Step 2 Products). Documentation of the previous trials is required.	
Selected Revision	**Effective 03/01/2024** **Omvoh Subcutaneous:** For Ulcerative Colitis, Omvoh subcutaneous was added to Step 2. A trial of one Step 1 Product is required. An infliximab product, Simponi subcutaneous, and Stelara intravenous counts towards a trial of a Preferred Product. An exception was added for a patient who had already received induction with Omvoh intravenous who is not required to try a Preferred Product. **Entyvio Subcutaneous:** For Ulcerative Colitis, Entyvio subcutaneous was added to Step 3a. A trial of two Step 1 or Step 2 Products is required (documentation required). An infliximab product, Omvoh intravenous, and Stelara intravenous counts towards a trial of a Preferred Product. An exception was added for a patient currently receiving Entyvio intravenous who is not required to try the Preferred Products. **Velsipity:** For Ulcerative Colitis, Velsipity was added to Step 4. A trial of two Step 1 or Step 2 Products plus Zeposia is required (documentation required). An infliximab product, Entyvio intravenous or subcutaneous, Omvoh intravenous, and Stelara intravenous counts towards a trial of a Preferred Product.	01/24/2024

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**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; 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**	**Plaque Psoriasis**	**Crohn's Disease**	**Ulcerative Colitis**
Interleukin-17 Blockers						
Cosentyx Subcutaneous	√	√	√	√	--	--
Cosentyx Intravenous	√	√	√	--	--	--
Siliq	--	--	--	√	--	--
Taltz	√	√	√	√	--	--
Interleukin-23 Blockers						
Ilumya	--	--	--	√	√	--
Omvoh Intravenous	--	--	--	--	--	√#
Omvoh Subcutaneous	--	--	--	--	--	√^
Skyrizi Intravenous	--	--	--	--	√#	--
Skyrizi Subcutaneous	--	--	√	√	√^	--
Tremfya	--	--	√	√	--	--
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; ^ Maintenance dosing only; # Induction dosing only.

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	√	--	√	√	√	--	√	√
Xeljanz tablets	√	√#	√	--	√	--	--	√
Xeljanz oral solution	--	√#	--	--	--	--	--	--
Xeljanz XR	√	--	√	--	√	--	--	√
Phosphodiesterase Type 4 Inhibitor								
Otezla	--	--	--	--	√	√	--	--
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					
Actemra Intravenous	√	√^	--	--	--
Actemra Subcutaneous	√	√^	--	--	--
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.