PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Rinvoq Prior Authorization Policy
- Rinvoq® (upadacitinib extended-release tablets – AbbVie)

REVIEW DATE: 02/15/2023; selected revision 05/24/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Rinvoq, a Janus kinase inhibitor (JAKi), is indicated for the following uses:[1]

- **Ankylosing spondylitis**, for treatment of active disease in adults who have had an inadequate response or intolerance to one or more tumor necrosis factor inhibitors (TNFis).
- **Atopic dermatitis**, for treatment of refractory, moderate to severe atopic dermatitis in patients ≥ 12 years of age, whose disease is not adequately controlled with other systemic drug products (including biologics) or when those therapies are not advisable.
- **Crohn's disease**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.
- **Non-radiographic axial spondyloarthritis**, in adults with objective signs of inflammation who have had an inadequate response or intolerance to one or more TNFis.
- **Psoriatic arthritis**, for treatment of active disease in adults who have had an inadequate response or intolerance to one or more TNFis.
- **Rheumatoid arthritis**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.

- **Ulcerative colitis**, for treatment of moderately to severely active disease in adults who have had an inadequate response or intolerance to one or more TNFis.

Rinvoq is not recommended for use in combination with other JAKis, biologics, or potent immunosuppressants such as azathioprine or cyclosporine.

Guidelines

Guidelines are available for treatment of inflammatory conditions:

- **Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis:** Current guidelines do not address Rinvoq. Guidelines from the American College of Rheumatology (ACR)/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (2019) recommend a TNFi as the initial biologic.[8] In those who are secondary non-responders to a TNFi, a second TNFi is recommended over switching out of the class. Both TNFis and interleukin (IL)-17 blockers are recommended over Xeljanz®/XR (tofacitinib tablets/extended release tablets).
- **Atopic Dermatitis:** US-based atopic dermatitis guidelines do not address Rinvoq.[2-4] Phototherapy, followed by systemic therapy, is generally used if initial topical treatments have failed to adequately control the signs and symptoms of disease.[2,4] A variety of systemic agents have been used off-label for treatment of atopic dermatitis, including cyclosporine, azathioprine, methotrexate, and mycophenolate mofetil. Biologicals guidelines from the European Academy of Allergy and Clinical Immunology (2021) also do not address Rinvoq.[5,6] Dupixent® (dupilumab subcutaneous injection) is recommended for use in patients ≥ 6 years of age with atopic dermatitis not adequately controlled with topical prescription therapies or when those therapies are not advisable (moderate to severe disease in patients ≥ 12 years of age; severe disease in patients 6 to 11 years of age).
- **Crohn's Disease:** Current guidelines do not address Rinvoq. The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).[11] TNFis are listed as an option for disease that is resistant to corticosteroids, severely active disease, perianal fistulizing disease, and maintenance of remission. In post-operative Crohn's disease, a TNFi should be started within 4 weeks of surgery to prevent recurrence. Guidelines from the American Gastroenterological Association (AGA) [2021] include TNFis among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.[12]
- **Psoriatic Arthritis:** Current guidelines do not address Rinvoq. Guidelines from ACR (2018) recommend TNFis over other biologics and Xeljanz for use in treatment-naïve patients with psoriatic arthritis and in those who were previously treated with an oral therapy.[7]
- **Rheumatoid Arthritis:** Guidelines from ACR (2021) recommend addition of a biologic or a targeted synthetic disease-modifying antirheumatic drug (DMARD) for a patient taking the maximum tolerated dose of methotrexate who is not at target.[8]
- **Ulcerative Colitis:** Rinvoq has not yet been addressed in guidelines. Guidelines from the American College of Gastroenterology for ulcerative colitis

(2019) note that the following agents can be used for induction of remission in moderately to severely active disease: budesonide extended-release tablets, oral or intravenous systemic corticosteroids, Entyvio® (vedolizumab intravenous infusion), Xeljanz/XR, or TNFis.[9] Guidelines from the American Gastroenterological Association (2020) recommend Xeljanz only after failure of or intolerance to a TNFi.[10]

POLICY STATEMENT

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

- **Rinvoq® (upadacitinib extended-release tablets – AbbVie) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indications

1. **Ankylosing Spondylitis.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following criteria (i, ii, and iii):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following criteria (a or b):
       - **a)** Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
       - **b)** Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
         Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for rheumatoid arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
     - **iii.** The medication is prescribed by or in consultation with a rheumatologist.
   - **B)** Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):
     - **i.** Patient has been established on therapy for at least 6 months; AND
       Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
     - **ii.** Patient meets at least one of the following criteria (a or b):
       - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Rinvoq); OR

Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

b) Compared with baseline (prior to initiating Rinvoq), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

2. Atopic Dermatitis. Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following criteria (i, ii, and iii):

i. Patient is ≥ 12 years of age; AND

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

a) Patient has had a 3-month trial of at least ONE traditional systemic therapy; OR

b) Patient has tried at least ONE traditional systemic therapy but was unable to tolerate a 3-month trial; AND

Note: Examples of traditional systemic therapies include methotrexate, azathioprine, cyclosporine, and mycophenolate mofetil. A patient who has already tried Dupixent (dupilumab subcutaneous injection) or Adbry (tralokinumab-ldrm subcutaneous injection) is not required to "step back" and try a traditional systemic agent for atopic dermatitis.

iii. The medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist.

B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets ALL of the following criteria (i, ii, and iii):

i. Patient has been established on therapy for at least at least 90 days; AND
Note: A patient who has received < 90 days of therapy or who is restarting therapy with Rinvoq is reviewed under criterion A (Initial Therapy).

ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating Rinvoq) in at least one of the following: estimated body surface area affected, erythema, induration/papulation/edema, excoriations, lichenification, and/or a decreased requirement for other topical or systemic therapies for atopic dermatitis; AND

iii. Compared with baseline (prior to receiving Rinvoq), patient experienced an improvement in at least one symptom, such as decreased itching.

3. Crohn's Disease. Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

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

i. Patient is ≥ 18 years of age; AND
ii. Patient meets ONE of the following (a or b):
a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for Crohn's disease.
iii. The medication is prescribed by or in consultation with a gastroenterologist.

B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):
i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Rinvoq is reviewed under criterion A (Initial Therapy).
ii. Patient meets at least one of the following criteria (a or b):
a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Rinvoq); OR
Note: Examples of objective measures include fecal markers (e.g., fecal lactoferrin, fecal calprotectin), serum markers (e.g., C-reactive protein), imaging studies (magnetic resonance enterography [MRE], computed tomography enterography [CTE]), endoscopic assessment, and/or reduced dose of corticosteroids.
b) Compared with baseline (prior to initiating Rinvoq), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or blood in stool.

4. Non-Radiographic Axial Spondyloarthritis. Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following criteria (i, ii, and iii):
i. Patient has objective signs of inflammation, defined as at least one of the following (a or b):
a) C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory; OR
b) Sacroiliitis reported on magnetic resonance imaging (MRI); AND
ii. Patient meets ONE of the following criteria (a or b):
a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
Note: Cimzia (certolizumab pegol subcutaneous injection) is an example of a tumor necrosis factor inhibitor used for non-radiographic axial spondyloarthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
iii. The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):
- **i.** Patient has been established on the requested drug for at least 6 months; AND
  Note: A patient who has received < 6 months of therapy or who is restarting therapy with the requested drug is reviewed under criterion A (Initial Therapy).
- **ii.** Patient meets at least one of the following criteria (a or b):
  - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
    Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
  - **b)** Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

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

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following criteria (i, ii, and iii):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient meets ONE of the following criteria (a or b):
  - **a)** Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
  - **b)** Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
    Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for psoriatic arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
- **iii.** The medication is prescribed by or in consultation with a rheumatologist or a dermatologist.

B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):
- **i.** Patient has been established on therapy for at least 6 months; AND
  Note: A patient who has received < 6 months of therapy or who is restarting therapy with Rinvoq is reviewed under criterion A (Initial Therapy).
- **ii.** Patient meets at least one of the following criteria (a or b):

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

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

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

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

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

i. Patient is ≥ 18 years of age; AND

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

a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR

b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND

Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for rheumatoid arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.

iii. The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Rinvoq is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least one of the following criteria (a or b):

a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples of objective measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or

activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

7. **Ulcerative Colitis.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):
   A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following criteria (i, ii, and iii):
      i. Patient is ≥ 18 years of age; AND
      ii. Patient meets ONE of the following criteria (a or b):
         a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
         b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
         Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for ulcerative colitis.
      iii. The medication is prescribed by or in consultation with a gastroenterologist.
   B) Patient is Currently Receiving Rinvoq. Approve for 1 year if the patient meets BOTH of the following criteria (i and ii):
      i. Patient has been established on therapy for at least 6 months; AND
      Note: A patient who has received < 6 months of therapy or who is restarting therapy with Rinvoq is reviewed under criterion A (Initial Therapy).
      ii. Patient meets at least one of the following criteria (a or b):
         a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Rinvoq); OR
         Note: Examples of objective measures include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.
         b) Compared with baseline (prior to initiating Rinvoq), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or rectal bleeding.

CONDITIONS NOT COVERED

- **Rinvoq® (upadacitinib extended-release tablets – AbbVie) is(are) considered experimental, investigational, or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **Concurrent Use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** Rinvoq should not be administered in combination with a biologic used for an inflammatory condition (see Appendix for examples).[1] Combination therapy is generally not recommended due to a potential for a higher rate of adverse effects with combination therapies and lack of evidence supporting additive efficacy. There are no data evaluating

combination of Rinvoq with other targeted synthetic DMARDs (e.g., Otezla [apremilast tablets], Xeljanz/XR [tofacitinib tablets/extended-release tablets], Olumiant [baricitinib tablets]); therefore, safety and efficacy of this combination therapy is unknown.

2. **Concurrent Use with a Biologic Immunomodulator.** Rinvoq is not recommended in combination with biologic immunomodulators.[1]
   Note: Examples include Adbry (tralokinumab-ldrm subcutaneous injection), Cinqair (reslizumab intravenous), Dupixent (dupilumab subcutaneous injection), Fasenra (benralizumab subcutaneous injection), Nucala (mepolizumab subcutaneous injection), Tezspire (tezepelumab-ekko subcutaneous injection), and Xolair (omalizumab subcutaneous injection).

3. **Concurrent Use with Other Janus Kinase Inhibitors (JAKis).** Rinvoq is not recommended in combination with other JAKis, such as Cibinqo, Xeljanz/XR, Olumiant.[1]

4. **Concurrent Use with Other Potent Immunosuppressants** (e.g., azathioprine, cyclosporine).[1] Co-administration with other potent immunosuppressive drugs has the risk of added immunosuppression and has not been evaluated in rheumatoid arthritis. Note: This does NOT exclude use of Rinvoq with methotrexate. In rheumatoid arthritis, Rinvoq has been evaluated with background methotrexate and other conventional synthetic disease-modifying antirheumatic drugs (DMARDs).

5. **COVID-19 (Coronavirus Disease 2019).**
   Note: This includes requests for cytokine release syndrome associated with COVID-19.

REFERENCES

1. Rinvoq® tablets [prescribing information]. North Chicago, IL: AbbVie; October 2022.
2. Schneider L, Tilles S, Lio P, et al. Atopic dermatitis: a practice parameter update 2012. *J Allergy Clin Immunol*. 2013;131:295-299.
3. Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis. Section 2: management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71(1):116-132.
4. Sidbury R, et al. Guidelines of care for the management of atopic dermatitis Section 3. Management and treatment with phototherapy and systemic agents. *J Am Acad Dermatol*. 2014;71(2):327-349.
5. Agache I, Akdis CA, Akdis M, et al. EAACI biologicals guidelines-dupilumab for children and adults with moderate to severe atopic dermatitis. *Allergy*. 2021;76(4):988-1009.
6. Wollenberg A, Christen-Zach S, Taieb A, et al. ETFAD/EADV eczema task force 2020 position paper on diagnosis and treatment of atopic dermatitis in adults and children. *J Eur Acad Dermatol Venereol*. 2020;34(12):2717-2744.
7. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Care Res (Hoboken).* 2019;71(1):2-29.
8. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*. 2021;73(7):1108-1123.
9. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol*. 2019;114(3):384-413.

10. Feuerstein JD, Isaac s KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterology*. 2020;158:1450-1461.
11. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2018;113(4):481-517.
12. Feuerstein JD, Ho EY, Shmidt E, et al. AGA clinical practice guidelines on the medical management of moderate to severe luminal and perianal fistulizing Crohn's disease. *Gastroenterology*. 2021;160(7):2496-2508.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	**Atopic Dermatitis:** This newly approved indication was added to the policy. **Conditions Not Covered :** Concomitant use with an **Anti-Interleukin Monoclonal Antibody,** other **Janus kinase inhibitors**, and **Xolair** (omalizumab subcutaneous injection) were added as Conditions Not Covered.	01/26/2022
Selected Revision	**Atopic Dermatitis:** The requirement that a patient has had a previous trial of a conventional systemic therapy for atopic dermatitis was changed from a 4-month trial to a 3-month trial. The exception for a patient who was unable to tolerate a 4-month trial of a traditional systemic therapy was changed to an intolerance to a 3-month trial. **Ulcerative Colitis:** This newly approved indication was added to the policy.	03/23/2022
Selected Revision	**Ankylosing Spondylitis:** This newly approved indication was added to the policy.	05/04/2022
Selected Revision	**Non-Radiographic Axial Spondyloarthritis:** This newly approved indication was added to the policy.	11/02/2022
Annual Revision	**Conditions Not Covered :** Concurrent Use with a Biologic Immunomodulator was added as a Condition Not Recommended for Approval. Concurrent Use with Xolair (omalizumab subcutaneous injection) and Concurrent Use with an Anti-Interleukin Monoclonal Antibody were removed (not needed).	02/15/2023
Selected Revision	**Crohn's Disease:** This newly approved indication was added to the policy.	05/24/2023

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Simponi®, Simponi® Aria™ (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Actemra® (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya™ (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO
		IV formulation: CD
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23	PsO
Entyvio™ (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic DMARDs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, CD, nr-axSpA, RA, PsA, UC
Sotyktu™ (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid

arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.