Drug Coverage Policy

Effective Date.....08/20/2026
Coverage Policy Number.....PSM017
Policy Title.....Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists

Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists

Tumor Necrosis Factor Inhibitors

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

Interleukin-6 Blockers

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

Interleukin-17 Blockers
• Bimzelx® (bimekizumab subcutaneous injection – UCB) • Cosentyx® (secukinumab subcutaneous injection – Novartis) • Siliq™ (brodalumab subcutaneous injection – Valeant) • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
Interleukin-23 Receptor Blocker
• Icotyde® (icotrokinra tablets – Janssen Biotech/Johnson & Johnson)
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
• Ustekinumab Subcutaneous Products*   ○ Imuldosa™ (ustekinumab-srlf subcutaneous injection – Accord BioPharma)

○ Selarsdi™ (ustekinumab-aekn subcutaneous injection – Alvotech/Teva) ○ Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson) ○ ustekinumab-ttwe subcutaneous injection (Quallent) ○ Yesintek™ (ustekinumab-kfce subcutaneous injection – Biocon)
Interleukin-1 Blocker
• Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
T-Cell Costimulation Modulator
• Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
Integrin Receptor Antagonist
• Entyvio® (vedolizumab subcutaneous injection – Takeda)
Janus Kinases Inhibitors
• Olumiant® (baricitinib tablets – Eli Lilly) • Rinvoq™/Rinvoq® LQ (upadacitinib extended-release tablets, oral solution – AbbVie) • Tofacitinib tablets/oral solution, extended-release tablets (Xeljanz®/Xeljanz XR – Pfizer, generics)
Phosphodiesterase Type 4 Inhibitor
• Otezla®/Otezla® XR (apremilast tablets, extended-release tablets – Amgen)
Sphingosine 1-Phosphate Receptor Modulator
• Velsipity™ (etrasimod tablets – Pfizer) • Zeposia® (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor
• Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)

* For Non-Preferred products, refer to the *respective Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists*

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted

for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

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

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

Coverage Policy

Policy Statement

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

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

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

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

	Rheumatology				
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**
Step 1 **Preferred**	• **Enbrel** • **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074)	• **Enbrel** • **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074)	• **Enbrel** • **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074) • **Cosentyx SC** • **Taltz**	• **Cimzia** • **Cosentyx SC** • **Taltz**	• **Enbrel** • **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 00074) • **Cosentyx SC** • **Otezla/Otezla XR** • **Skyrizi SC[#]** • **Sotyktu** • **Ustekinumab SC Products[κ] -** Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SCκ • **Taltz** • **Tremfya SC**
Step 2a **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Tocilizumab SC Products[a] –** Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq Tofacitinib tablets/ Tofacitinib XR tablets**	• **Tocilizumab SC Products[a] -** Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq/Rinvoq LQ** • **Tofacitinib tablets or oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Tofacitinib tablets/ Tofacitinib XR** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq/ Rinvoq LQ** *Directed specifically to Enbrel or adalimumab.* • **Tofacitinib (tablets or oral solution)/ Tofacitinib XR** *Directed specifically to Enbrel or adalimumab.*
Step 2b **Non-Preferred** (directed to **ONE** Step 1 Product)	--	--	• **Bimzelx**	• **Bimzelx**	• **Bimzelx**
Step 3a	• **Cimzia**	• **Cimzia**	• **Cimzia**	•	• **Cimzia**

Non-Preferred (directed to **TWO** Step 1 or 2a Products) **[documentation required]***	• **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Kevzara** • **Orencia SC**	• **Simponi SC**		• **Orencia SC** • **Simponi SC**
Step 3c **Non-Preferred** (directed to ONE Step 1 Product AND generic tofacitinib) **[documentation required]***	• **Xeljanz tablets** • **Xeljanz XR**	• **Xeljanz tablets** • **Xeljanz oral solution**	• **Xeljanz tablets** • **Xeljanz XR**	**--**	• **Xeljanz (tablets or oral solution)** • **Xeljanz XR**

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

	Dermatology		**Gastroenterology**	
	HS	**Psoriasis**	**CD**	**UC**
Step 1 **Preferred**	• **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074) • **Cosentyx SC**	• **Enbrel** • **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074) • **Cosentyx SC** • **Icotyde** • **Otezla/Otezla XR** • **Skyrizi SC#** • **Sotyktu** • **Ustekinumab SC Productsᴷ –** Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Taltz** • **Tremfya SC**	• **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074) • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Tremfya SC** • **Ustekinumab SC Productsᴷ –** Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Zymfentra**	• **Adalimumab Products^ –** adalimumab-aaty, Cyltezo/ adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009), Humira (NDCs starting with 0074) • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Ustekinumab SC Productsᴷ –** Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Tremfya SC** • **Velsipity** • **Zymfentra**
Step 2a **Non-Preferred** (directed to **ONE** Step 1 Product)	**--**	**--**	• **Cimzia** • **Rinvoq** *Directed to adalimumab specifically.*	• **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC**. • **Tofacitinib tablets/ Tofacitinib/ XR tablets**

				Directed to adalimumab specifically.
Step 2b **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Bimzelx**	• **Bimzelx**	**--**	**--**
Step 3a **Non-Preferred** (directed to **TWO** Step 1 or 2a Products) **[documentation required]***	**--**	• **Cimzia** • **Ilumya** • **Siliq**	• **Entyvio SC**	• **Entyvio SC**
Step 3b **Non-Preferred** (directed to **TWO** Step 1 Products)	**--**	--	--	• **Zeposia**
Step 3c **Non-Preferred** (directed to ONE Step 1 Product AND generic tofacitanib) **[documentation required]***	**--**	--	--	• **Xeljanz tablets** • **Xeljanz XR**

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

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

Non-Preferred Product	Exception Criteria
Tumor Necrosis Factor Inhibitors	
Cimzia	**1. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**.
Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ankylosing Spondylitis – Initial Therapy.

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

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

ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Rinvoq, Taltz, or tofacitinib/XR **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Rinvoq, Taltz, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenilie Idiopathic Arthritis – Initial Therapy.

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

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

	ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and tofacitinib **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumb products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib tablets and tofacitinib oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions –Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Step 1 or Step 2a Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Humira [NDCs starting with 00074], Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, Tremfya subcutaneous, and tofacitinib/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, generic tofacitinib, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Plaque Psoriasis – Initial Therapy.

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

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

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

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 5Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Crohn's Disease – Initial Therapy.

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

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

ii. Patient has tried one of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, Tremfya subcutaneous, or Zymfentra.

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

B) If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 6Aii is not met: a request for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous [on-body injector], Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

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

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

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

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

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Rinvoq, Taltz, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib

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

	counts as **ONE** product. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. **f)** Patient has Crohn's Disease and has tried one of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, Tremfya subcutaneous, or Zymfentra; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts. **g)** Patient has been established on Cimzia for at least 90 days and prescription claims history indicates at least a 90-day supply of Cimzia was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cimzia for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia). **B)** If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 7Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Rinvoq, Taltz, generic tofacitinib tablets, or generic tofacitinib XR. **iii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo,

	adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution. **iv. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, generic tofacitinib, or generic tofacitinib XR. **v. Plaque Psoriasis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **vi. Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra. **8. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
Enbrel	**All Conditions.** Approve Enbrel (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Enbrel Prior Authorization Policy* criteria.
Humira (NDCs starting with 00074), **Adalimumab-aaty, Adalimumab-adbm, Cyltezo, Simlandi, Adalimumab-ryvk (NDCs starting with 82009)**	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria.
Simponi Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

	ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009] , Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Rinvoq, Taltz, or tofacitinib/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Rinvoq, Taltz, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

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

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous , generic tofacitinib, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Ulcerative Colitis – Initial Therapy.

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

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

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

a) Patient is < 18 years of age; OR

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

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

intravenous, Tremfya intravenous, or ustekinumab intravenous also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

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

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

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

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

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Rinvoq, Taltz, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, Tremfya subcutaneous, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk,

	Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cosentyx intravenous also counts. **d)** Patient is < 18 years of age with Ulcerative Colitis: Approve. **e)** Patient is > 18 years of age with Ulcerative Colitis and has tried one of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), an ustekinumab subcutaneous product, Tremfya subcutaneous, Velsipity, or Zymfentra; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Entyvio, Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts. **f)** According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR **g)** Patient has been established on Simponi subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo,

	adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Rinvoq, Taltz, generic tofacitinib tablets, or generic tofacitinib XR. **iii. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, generic tofacitinib, or generic tofacitinib XR. **iv. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **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.
Zymfentra	**All Conditions.** Approve Zymfentra (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Zymfentra Prior Authorization Policy* criteria.
Interleukin-6 Blockers	
Actemra Subcutaneous Avtozma Subcutaneous, Tyenne Subcutaneous	**1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed 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 BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried one adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Tocilizumab Subcutaneous or Intravenous</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, <u>or</u> e): **a)** Patient has <u>Polyarticular Juvenile Idiopathic Arthritis</u> and has tried one adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **d)** According to the prescriber, the patient has been established on tocilizumab intravenous for at least 90 days; OR

	e) Patient has been established on tocilizumab subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of tocilizumab 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 tocilizumab subcutaneous for at least 90 days AND the patient has been receiving tocilizumab 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 tocilizumab subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Preferred Product may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Polyarticular Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **ii. Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **4. All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve tocilizumab subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria.
Kevzara	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

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

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

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

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

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

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

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions –Kevzara Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.

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

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

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

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

	3Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution. **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. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel, an adalimumab product, Cosentyx subcutaneous, or Taltz; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Cosentyx intravenous also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, Cyltezo, adalimumab-adbm, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, or Taltz) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Hidradenitis Suppurativa – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for hidradenitis suppurativa; AND **ii.** Patient has tried ONE of an adalimumab product or Cosentyx subcutaneous. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (Cyltezo, adalimumab-aaty, adalimumab-adbm, Humira [NDCs starting with 00074], Simlandi, adalimumab-ryvk [NDCs starting with 82009] or Cosentyx subcutaneous) may be reviewed 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 BOTH of the following (i and ii):

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

ii. Patient has tried one of Cimzia, Cosentyx subcutaneous, or Taltz.

B) Note: A trial of Enbrel, an adalimumab product, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Cosentyx intravenous also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (Cimzia, Cosentyx subcutaneous, or Taltz) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Plaque Psoriasis – Initial Therapy.

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

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

ii. Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, Icotyde, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.

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

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Psoriatic Arthritis – Initial Therapy.

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

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions –Bimzelx Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, Cyltezo, adalimumab-adbm, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

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

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
- **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND
- **ii.** Patient meets ONE of the following (a, b, c, d, or e):
  - **a)** Patient has Ankylosing Spondylitis and has tried one of Enbrel, an adalimumab product, Cosentyx subcutaneous, or Taltz; OR
    Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), or Cosentyx intravenous also counts.
  - **b)** Patient has Hidradenitis Suppurativa and has tried one of an adalimumab product or Cosentyx subcutaneous; OR
    Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

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

	may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **i. Ankylosing Spondylitis:** Enbrel, Cyltezo, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk [NDCs starting with 82009], Humira [NDCs starting with 00074], Simlandi, Cosentyx subcutaneous, or Taltz. **ii. Hidradenitis Suppurativa:** Cyltezo, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk [NDCs starting with 82009], Humira [NDCs starting with 00074], Simlandi, or Cosentyx subcutaneous. **iii. nr-axSpA:** Cimzia, Cosentyx subcutaneous, or Taltz. **iv. Plaque Psoriasis:** Enbrel, Cyltezo, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk (NDCs starting with 82009), Humira (NDCs starting with 00074), Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **v. Psoriatic Arthritis:** Enbrel, Cyltezo, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk (NDCs starting with 82009), Humira (NDCs starting with 00074), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous **7. Other Conditions.** Approve Bimzelx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**All Conditions.** Approve Cosentyx subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria.
Siliq	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Icotyde, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE

product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Plaque Psoriasis – Patient is Currently Receiving Siliq.

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

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

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

a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Icotyde, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product.

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

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

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx

	subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed 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 Receptor Blockers	
Icotyde	**All Conditions.** Approve Icotyde (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Icotyde Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Icotyde, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND

	ii. Patient meets ONE of the following (a or b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Icotyde, Otezla/Otezla XR, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. **b)** Patient has been established on Ilumya for at least 90 days and prescription claims history indicates at least a 90-day supply of Ilumya was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Icotyde, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed 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	**All Conditions.** Approve Omvoh subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria.
Skyrizi Subcutaneous	**All Conditions.** Approve Skyrizi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the

	standard *Inflammatory Conditions – Skyrizi Subcutaneous Prior Authorization Policy* criteria.
Tremfya	**All Conditions.** Approve Tremfya subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tremfya Subcutaneous Prior Authorization Policy* criteria.
IL-12/23 Blocker	
Stelara Subcutaneous Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi Subcutaneous Ustekinumab-ttwe Subcutaneous Yesintek Subcutaneous	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ustekinumab Subcutaneous Prior Authorization Policy* criteria.
Integrin Receptor Antagonist	
Entyvio SC	**Applies only when Entyvio SC is requested for coverage under the Prescription Drug Benefit** **1. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – 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, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Zymfentra, Omvoh subcutaneous, Cimzia, or Rinvoq **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, Omvoh intravenous, Tremfya intravenous, or ustekinumab intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria),

but criterion 1Aii is not met, a request for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Rinvoq, Cimzia, Omvoh subcutaneous, Tremfya subcutaneous, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ulcerative Colitis – Initial Therapy.

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

i. Patient meets the standard *Inflammatory Conditions – 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, Skyrizi subcutaneous, an ustekinumab subcutaneous product, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Tremfya subcutaneous, Velsipity, or tofacitinib/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts **[documentation required]**.

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

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, a request for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), generic tofacitinib/XR, Tremfya subcutaneous, Velsipity, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.

A) Approve for 1 year if the patient meets BOTH of 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, c, or d): **a)** Patient has Crohn's Disease and has tried TWO of an adalimumab product, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Zymfentra, Omvoh subcutaneous, Cimzia, or Rinvoq **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, Omvoh intravenous, Tremfya intravenous, or ustekinumab intravenous also counts **[documentation required]**. **b)** Patient has Ulcerative Colitis and has tried TWO of an adalimumab product, Skyrizi subcutaneous, an ustekinumab subcutaneous product, Tremfya subcutaneous, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Velsipity, or tofacitinib/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, ustekinumabintravenous, or Tremfya intravenous also counts **[documentation required]**. **c)** According to the prescriber, the patient has been established on Entyvio intravenous for at least 90 days; OR **d)** Patient has been established on Entyvio subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Entyvio subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the

	patient has been receiving Entyvio subcutaneous for at least 90 days AND the patient has been receiving Entyvio subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Entyvio subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met, a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Rinvoq, Cimzia, Omvoh subcutaneous, Tremfya subcutaneous, or Zymfentra. **ii. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, generic tofacitinib/XR, Velsipity, or Zymfentra. **4. Other Conditions.** Approve Entyvio subcutaneous (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 BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Rheumatoid Arthritis – Patient is Currently Receiving Kineret.

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

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

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

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

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

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

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

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	3. <u>Other Conditions</u>. Approve <u>Kineret</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 – Kineret Prior Authorization Policy* criteria. <u>Note</u>: This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic Juvenile Idiopathic Arthritis.
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR <u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2a Product (<u>Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or tofacitinib **[documentation required]**; OR

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

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

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Psoriatic Arthritis – Initial Therapy.

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

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

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

a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, Tremfya subcutaneous, or tofacitinib/XR **[documentation required]**; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia,

an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx intravenous, or Bimzelx 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 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Step 1 or Step 2a Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, generic tofacitinib, or generic tofacitinib XR) may be reviewed 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):

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

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

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**; OR

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

b) Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or tofacitinib tablets or oral solution **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita,

	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib tablets and tofacitinib oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** Patient has Psoriatic Arthritis AND has tried TWO of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla/Otezla XR, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, Tremfya subcutaneous, or tofacitinib/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as ONE product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx intravenous, or Bimzelx also counts **[documentation required]**. **d)** According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR **e)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR **f)** Patient has been established on Orencia subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Orencia subcutaneous for at least 90 days AND the patient has been receiving Orencia subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Orencia subcutaneous). **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria),

	but criterion 4Aii is not met, a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Rinvoq, Rinvoq LQ, generic tofacitinib tablets, or generic tofacitinib oral solution. **iii. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, generic tofacitinib, or generic tofacitinib XR. **5. Other Conditions.** Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or tofacitinib/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel,

	Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Olumiant.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and tofacitinib/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra, Avtozma, and Tyenne. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both tofacitinib products (tofacitinib and tofacitinib XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Olumiant for at least 90 days and prescription claims history indicates at least a 90-day supply of Olumiant was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Olumiant for at least 90 days AND the patient has been receiving Olumiant via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Olumiant). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 or Step 2 Product (Actemra subcutaneous, Avtozma subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Rinvoq, generic tofacitinib tablets, or generic tofacitinib XR) may be reviewed 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. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ 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-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, or Taltz</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Crohn's Disease – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE adalimumab product. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts. If a TNF inhibitor is not clinically advisable according to the prescriber, a trial of adalimumab is not required. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (<u>Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous [on-body injector], Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra</u>) may be reviewed 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 BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi,

Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.

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

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

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

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Preferred Product (Cimzia, Cosentyx subcutaneous, or Taltz) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Rheumatoid Arthritis – Initial Therapy.

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

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

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

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 5Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Psoriatic Arthritis – Initial Therapy.

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

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

ii. Patient has tried one of Enbrel or an adalimumab product; OR

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

B) If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 6Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

7. Ulcerative Colitis – Initial Therapy.

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

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

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. If a TNF inhibitor is not clinically advisable according to the prescriber, a trial of adalimumab is not required.

B) If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 7Aii is not met: a request for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

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

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

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

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

a) Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-

	adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** Patient has Crohn's Disease and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts. If a TNF inhibitor is not clinically advisable according to the prescriber, a trial of adalimumab is not required. **c)** Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has nr-axSpA and has tried Cimzia; OR Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **f)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **g)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. If a TNF inhibitor is not clinically advisable according to the prescriber, a trial of adalimumab is not required.

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

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

B) If the patient has met criterion 8Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 8Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. **Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, or Taltz.

ii. **Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra.

iii. **Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi.

iv. **nr-axSpA:** Cimzia, Cosentyx subcutaneous, or Taltz.

v. **Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi.

vi. **Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous.

vii. **Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk

	(NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **9. <u>All Other Conditions</u>.** Approve <u>Rinvoq</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 – Rinvoq/LQ Prior Authorization Policy* criteria.
Rinvoq LQ	**1. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ 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-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi</u>) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ 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-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutanous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Rinvoq/LQ</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):

	i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, or c): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **b)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** Patient has been established on Rinvoq/LQ for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq/LQ was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq/LQ for at least 90 days AND the patient has been receiving Rinvoq/LQ via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq/LQ). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria but criterion 3Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **ii. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutanous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **4. Other Conditions.** Approve Rinvoq LQ (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.

Generic Tofacitinib Products	**All Conditions.** Approve if the patient meets the standard *Inflammatory Conditions – Tofacitinib Products Preferred Specialty Management Policy for Legacy Prescription Drug List Plans* criteria.
Brand Xeljanz Products	**1. All Conditions.** Approve if the patient meets the standard *Inflammatory Conditions – Tofacitinib Products Preferred Specialty Management Policy for Legacy Prescription Drug List Plans* criteria.
Phosphodiesterase Type 4 Inhibitor	
Otezla/Otezla XR	**All Conditions.** Approve Otezla/Otezla XR (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Otezla/Otezla XR Prior Authorization Policy* criteria.
Sphingosine 1-Phosphate Receptor Modulator	
Velsipity	**1. All Conditions.** Approve Velsipity 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: Standard/ Performance, Value/Advantage, Total Savings Prescription Drug Lists Policy* criteria.
Tyrosine Kinase 2 Inhibitor	
Sotyktu	**All 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.

References

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

14. Stelara® intravenous infusion and subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; June 2025.
15. Taltz® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; August 2024.
16. Tremfya™ intravenous infusion and subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2025.
17. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer; February 2025.
18. Ilumya™ subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; November 2024.
19. Rinvoq® tablets/Rinvoq LQ oral solution [prescribing information]. North Chicago, IL: AbbVie; April 2025.
20. Zeposia® capsules [prescribing information]. Summit, NJ: Celgene; August 2024.
21. Sotyktu™ tablets [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022.
22. Velsipity® tablets [prescribing information]. New York, NY: Pfizer; August 2025.
23. Omvoh™ intravenous infusion and subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; January 2025.
24. Entyvio® intravenous infusion and subcutaneous injection [prescribing information]. Lexington, MA: Takeda; May 2024.
25. Zymfentra™ subcutaneous injection [prescribing information]. Yeonsu-gu, Incheon: Celltrion; May 2025.
26. Icotyde™ tablets [prescribing information]. Horsham, PA: Janssen Biotech/Johnson & Johnson; March 2026.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy Legacy Drug List Plans criteria were relocated to a new policy. The criteria were previously located within Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans (PSM001). The following updates were made to the previous criteria. **Hyrimoz:** Throughout the policy, NDCs starting with 61314 were removed from the Preferred Products. A previous trial of these NDCs counts towards a trial of an adalimumab product. **Tremfya Subcutaneous:** For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Cimzia:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Plaque Psoriasis,** and **Crohn's Disease**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added to Step 3a. Documentation of a trial of two Step 1 or 2a Products is required. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. For	11/25/2024	01/01/2025

Psoriatic Arthritis and **Plaque Psoriasis**, it was clarified that Tremfya is the subcutaneous formulation. **Simponi Subcutaneous:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Ulcerative Colitis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as Preferred Products. **Actemra Subcutaneous and Tyenne Subcutaneous:** For **Rheumatoid Arthritis** and **Polyarticular Juvenile Idiopathic Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Polyarticular Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Kevzara:** For **Rheumatoid Arthritis** and **Juvenile Idiopathic Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Bimzelx:** For **Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis,** and **Psoriatic Arthritis**, Bimzelx was added to Step 2a and requests are directed to a trial of one Step 1 Product. For **Plaque Psoriasis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. **Cosentyx Subcutaneous:** For **Ankylosing Spondylitis, Psoriatic Arthritis,** and **Plaque Psoriasis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Psoriatic Arthritis** and **Plaque Psoriasis**, it was clarified that Tremfya is the subcutaneous formulation. **Siliq:** For **Plaque Psoriasis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products, and it was clarified that Tremfya is the subcutaneous formulation. **Ilumya:** For **Plaque Psoriasis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products, and it was clarified that Tremfya is the subcutaneous formulation. **Entyvio Subcutaneous:** For **Crohn's Disease** and **Ulcerative Colitis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product; a previous trial of Tremfya intravenous also counts. **Kineret:** For **Rheumatoid Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. **Orencia Subcutaneous:** For **Rheumatoid Arthritis, Juvenile Idiopathic Arthritis**, and **Psoriatic Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified		

that Tremfya is the subcutaneous formulation; for a patient ≥ 18 years of age, Cosentyx and Bimzelx were added as agents that count towards a trial of a Preferred Product. **Olumiant:** For **Rheumatoid Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. **Rinvoq:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Crohn's Disease,** and **Ulcerative Colitis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Rinvoq LQ:** For **Juvenile Idiopathic Arthritis** and **Psoriatic Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. **Xeljanz/Xeljanz XR:** For **Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis** (Xeljanz tablets only), **Psoriatic Arthritis,** and **Ulcerative Colitis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. For **Psoriatic Arthritis**, it was clarified that Tremfya is the subcutaneous formulation. For **Ulcerative Colitis**, Tremfya subcutaneous was added as a Preferred Product. **Xeljanz Oral Solution:** For **Juvenile Idiopathic Arthritis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products. For **Juvenile Idiopathic Arthritis**, Cimzia was added as an agent that counts towards a trial of a Preferred Product. **Velsipity:** For **Ulcerative Colitis**, Hyrimoz (NDCs starting with 61314) was removed from the Preferred Products; Tremfya subcutaneous was added as a Preferred Product; a previous trial of Tremfya intravenous also counts.		
Hidradenitis Suppurativa was added as a targeted indication in this policy. Adalimumab products (Humira [NDCs starting with 00074], Cyltezo/adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk) and Cosentyx subcutaneous are Preferred Products for Hidradenitis Suppurativa; Bimzelx was added to Step 2b and is directed to a trial of one Preferred Product.	01/16/2025	02/01/2025
Velsipity: For **Ulcerative Colitis**, Velsipity was added as a Preferred Product. **Simponi Subcutaneous:** For **Ulcerative Colitis**, Velsipity was added as a Preferred Product.	02/13/2025	03/15/2025

Rinvoq: For **Ulcerative Colitis**, Velsipity was added as a Preferred Product. **Xeljanz/XR:** For **Ulcerative Colitis**, Velsipity was added as a Preferred Product. **Omvoh Subcutaneous:** For **Ulcerative Colitis**, Velsipity was added as a Preferred Product. **For Crohn's Disease**, Omvoh subcutaneous was added as a Step 2a Non-Preferred Product and is directed to a trial of one Step 1 Product. **Entyvio Subcutaneous:** For **Ulcerative Colitis**, Velsipity was added as a Preferred Product. For **Crohn's Disease**, Omvoh subcutaneous was added as a Step 2a Non-Preferred Product.		
Omvoh Subcutaneous: For **Crohn's Disease** and **Ulcerative Colitis**, Omvoh subcutaneous was moved from Step 2a to Preferred (Step 1). **Cimzia:** For **Crohn's Disease**, Omvoh subcutaneous was added as a Preferred Product. **Simponi Subcutaneous:** For **Ulcerative Colitis**, Omvoh subcutaneous was added as a Preferred Product. **Rinvoq:** For **Crohn's Disease** and **Ulcerative Colitis**, Omvoh subcutaneous was added as a Preferred Product. **Xeljanz/Xeljanz XR:** For **Ulcerative Colitis**, Omvoh subcutaneous was added as a Preferred Product.	02/27/2025	04/01/2025
For Psoriatic Arthritis, Plaque Psoriasis, Crohn's Disease, and Ulcerative Colitis, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, and Yesintek subcutaneous were added as Preferred ustekinumab subcutaneous products. The criteria for the following Non-Preferred Products were updated to include these Preferred ustekinumab products: Ilumya, Siliq, Entyvio subcutaneous, Rinvoq LQ, Rinvoq, Xeljanz, Bimzelx, Cimzia, Simponi subcutaneous, Cosentyx subcutaneous, and Orencia subcutaneous. Throughout the policy, a note was added indicating that a trial of multiple ustekinumab products counts as one product and examples of ustekinumab products were added including Stelara, Wezlana, Otufli, Pyzchiva, ustekinumab-ttwe, Selarsdi, Steqeyma, and Yesintek. For Crohn's Disease and Ulcerative Colitis, the note that refers to a previous trial of Stelara intravenous was changed to more generally refer to an intravenous ustekinumab product.	03/20/2025	04/15/2025
Tremfya subcutaneous (SC) was added as a Preferred Product for Crohn's Disease. Criteria for Cimzia, Rinvoq, and Entyvio SC were updated to include Tremfya SC as a Preferred Product. For Entyvio SC, a previous trial of Tremfya intravenous also counts.	04/17/2025	05/15/2025

Adalimumab-adaz was removed as a Preferred Product throughout the policy. Throughout the policy, the note was updated for the examples of ustekinumab products which include Stelara, ustekinumab (unbranded Stelara), Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek.	07/17/2025	09/01/2025
Cimzia: For **Crohn's Disease**, a patient is directed to one Step 1 Product; previously, a patient was directed to adalimumab specifically. A previous trial of an infliximab intravenous product, Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or an ustekinumab intravenous product also counts. **Simponi Subcutaneous:** For **Ulcerative Colitis**, a patient is directed to one Step 1 Product; previously, a patient was directed to adalimumab specifically. A previous trial of an infliximab intravenous product, Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or an ustekinumab intravenous product also counts. **Cosentyx SC:** For **Psoriatic Arthritis**, Otezla was added as an agent that counts towards a trial of a Preferred Product for patients < 18 years of age. **Orencia SC:** For **Psoriatic Arthritis**, Otezla was added as an agent that counts towards a trial of a Preferred Product for patients < 18 years of age.	09/25/2025	11/01/2025
Throughout the policy, adalimumab-aacf was added as an example of an adalimumab product. For all **rheumatology, dermatology,** and **gastroenterology** it was specified that adalimumab-ryvk NDCs starting with 82009 are the Preferred product. **Otezla XR:** For **Psoriatic Arthritis** and **Plaque Psoriasis**, Otezla XR was added amongst the Step 1 Preferred Products. A trial of either or both Otezla products (Otezla and Otezla XR) collectively counts as one product. **Cosentyx SC**: • For **Psoriatic Arthritis,** Tremfya SC was added as an agent that counts towards a trial of a Preferred Product for a patient < 18 years of age. • For **Ankylosing Spondylitis, Non-radiographic Axial Spondyloarthritis, and Psoriatic Arthritis,** Bimzelx was added as an agent that counts towards a trial of a Preferred Product. **Orencia SC**: For **Psoriatic Arthritis,** Tremfya SC was added as an agent that counts towards a trial of a Preferred Product for a patient < 18 years of age. **Cimzia:** For **Crohn's disease**, Entyvio was added as an agent that counts towards a trial of a Preferred Product. **Simponi SC:** For **Ulcerative colitis**, Entyvio was added as an agent that counts towards a trial of a Preferred Product. **Bimzelx:** For **Ankylosing Spondylitis, Non-radiographic Axial Spondyloarthritis, and Psoriatic Arthritis,**	11/13/2025	01/01/2026

Cosentyx was added as an agent that counts towards a trial of a Preferred Product.		
Xeljanz oral solution: For Psoriatic Arthritis, Xeljanz oral solution was added as a Step 2a agent. Criteria for Cimzia, Cosentyx, Orencia, and Simponi were updated to remove "tablets" from Xeljanz in the preferred products.	01/22/2026	03/01/2026
For **Psoriatic Arthritis, Plaque Psoriasis, Crohn's Disease,** and **Ulcerative Colitis,** Imuldosa subcutaneous (SC) (NDCs starting with 69448) was added as a Preferred ustekinumab SC product. The criteria for the following Non-Preferred Products were updated to include Imuldosa SC as a Preferred product: Cimzia, Simponi SC, Bimzelx, Cosentyx SC, Siliq, Ilumya, Entyvio SC, Orencia SC, Rinvoq, Rinvoq LQ, and Xeljanz/XR.	03/05/2026	04/15/2026
Sotyktu: For **Psoriatic Arthritis**, Sotyktu was added as a Step 1 Preferred agent. Criteria for Bimzelx, Cimzia, Cosentyx, Orencia, Rinvoq/LQ, Simponi, and Xeljanz/XR were updated to include Sotyktu as a Preferred Product. **Simponi SC:** For **Ulcerative Colitis**, an exception was added for a patient < 18 years of age. **Avtozma SC:** For **Rheumatoid Arthritis** and **Juvenile Idiopathic Arthritis** Avtozma was added as a Step 2a product.	04/02/2026	05/01/2026
Adalimumab-aaty was added as a Preferred Product throughout the policy.	06/04/2026	06/04/2026
Icotyde: For **Plaque Psoriasis**, Icotyde was added as a Step 1 Preferred agent. Criteria for Bimzelx, Cimzia, Cosentyx, Ilumya, and Siliq were updated to include Icotyde as a Preferred Product. Icotyde was added to Appendix A, Table 2.	05/14/2026	07/01/2026
Generic Tofacitinib/XR: For **Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis,** and **Ulcerative Colitis,** reference to Xeljanz was modified to the generic product, tofacitinib. Criteria for Cimzia, Simponi, Kevzara, Orencia, Cosentyx, Kineret, Entyvio, and Olumiant were updated to replace Xeljanz with generic tofacitinib amongst the preferreds. Referral to the respective standard Inflammatory Conditions – Tofacitinib Products PSM Policy for exception criteria was also noted. **Brand Xeljanz/XR:** For **Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis,** and **Ulcerative Colitis**, brand Xeljanz products were updated to Step 3c Non-Preferred Products. A patient requesting the brand is directed to a Step 1 tumor necrosis factor inhibitor and generic tofacitinib with documentation requirements. Existing criteria were removed and referral to the respective standard Inflammatory Conditions – Tofacitinib Products PSM Policy for exception criteria was also noted.	07/09/2026	08/01/2026

Cosentyx SC and Orencia SC: For **Psoriatic Arthritis** removed the exceptions based on age. All patients are directed to two preferred products. **Appendix:** Updated Xeljanz to refer to Tofacitinib (Xeljanz, generics)		
Cosentyx SC: For **Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis**, and **Plaque Psoriasis,** moved Cosentyx SC from Step 3a to Step 1. For all indications except plaque psoriasis, a trial of Cosentyx intravenous also counts. Criteria for Cimzia, Bimzelx, Simponi, Orencia, Ilumya, Siliq, and Rinvoq/LQ were updated to include Cosentyx SC as a Preferred Product. **Rinvoq:** For **Crohn's disease** and **Ulcerative Colitis,** added a note stating if a TNF inhibitor is not clinically advisable according to the prescriber, a trial of adalimumab is not required. **Xeljanz/XR**: The step was modified so that a patient is directed to one Step 1 agent and generic tofacitinib. Previously, a patient was directed to one Step 1 TNF inhibitor and generic tofacitinib.	08/06/2026	08/20/2026

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

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

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

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

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

	Rheumatology			Dermatology		Gastroenterology	
	Ankylosing	**nr-axSpA**	**Psoriatic**	**HS**	**Plaque Psoriasis**	**Crohn's Disease**	**Ulcerative Colitis**

	Spondylitis		Arthritis				
Interleukin-17 Blockers							
Bimzelx	√	√	√	√	√	--	--
Cosentyx IV	√	√	√	--	--	--	--
Cosentyx SC	√	√	√	√	√	--	--
Siliq	--	--	--	--	√	--	--
Taltz	√	√	√	--	√	--	--
Interleukin-23 Receptor Blockers							
Icotyde	--	--	--	--	√		--
Interleukin-23 Blockers							
Ilumya	--	--	--	--	√		--
Omvoh IV	--	--	--	--	--	√#	√#
Omvoh SC	--	--	--	--	--	√^	√^
Skyrizi IV	--	--	--	--	--	√#	√#
Skyrizi SC	--	--	√	--	√	√^	√^
Tremfya IV	--	--	--	--	--	√#	√#
Tremfya SC	--	--	√	--	√	√μ	√μ
Interleukin-12/23 Blockers							
Ustekinumab SC Products (Stelara, biosimilars)	--	--	√	--	√	√^	√^
Ustekinumab IV Products (Stelara, biosimilars)	--	--	--	--	--	√#	√#

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

Table 3. Approved Oral tsDMARDs for Targeted Indications.*

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

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

Table 4. Other Approved Biologics for Targeted Indications.*

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

IV – Intravenous; SC – Subcutaneous; * 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.

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