

# **CARE VALUE POLICY**

# **POLICY:** Inflammatory Conditions Care Value Policy for National Preferred, High Performance, and Basic Formularies

<ul> <li>Adalimumab Products<sup>*</sup> <ul> <li>adalimumab-adaz subcutaneous injection (Sandoz/Novartis)</li> <li>adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)</li> <li>Cyttezo<sup>®</sup> (adalimumab-adaz subcutaneous injection – AbdVie)</li> <li>Humira<sup>®</sup> (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)</li> </ul> </li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – McDB)</li> </ul> <li>Enbret<sup>®</sup> (cetanercept subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Acterna<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – UCB)</li> <li>Cosentry<sup>®</sup> (secukinumab subcutaneous injection – UCB)</li> <li>Cosentry<sup>®</sup> (secukinumab subcutaneous injection – VCB)</li> <li>Cosentry<sup>®</sup> (secukinumab subcutaneous injection – VCB)</li> <li>Cosentry<sup>®</sup> (secukinumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (tristakizumab-subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (ristankizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (ristankizumab-rza subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (gueikumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1223 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1123 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-123 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-123 Blocker</li> <li>Stelara<sup>®</sup> (ustekininin subcutaneous injection – Ja</li>	Tumor Necrosis Factor Inhibitors
<ul> <li>adalimumab-adbm subcutaneous injection (Boekringer Ingelheim)</li> <li>Cyltezo<sup>®</sup> (adalimumab-adbm subcutaneous injection – Boekringer Ingelheim)</li> <li>Humira<sup>®</sup> (adalimumab subcutaneous injection – AbbVie)</li> <li>Hyrimoz<sup>®</sup> (adalimumab subcutaneous injection – UCB)</li> <li>Enbret<sup>®</sup> (cetancrept subcutaneous injection – Amgen)</li> <li>Simponi<sup>®</sup> (golimumab subcutaneous injection – Genentech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – UCB)</li> <li>Sibiq<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (itel/acumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (itel/acumab subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-zaas subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-zaa subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-123 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1 Blocker</li> <li>Keinere<sup>®</sup> (adakinara subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Jansen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costinunlation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcut</li></ul>	Adalimumab Products*
<ul> <li>Cyltezo<sup>®</sup> (adalimumab-adbm subcutaneous injection – AbbVie)</li> <li>Humira<sup>®</sup> (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – UCB)</li> <li>Enbrel<sup>®</sup> (etanercept subcutaneous injection – Amgen)</li> <li>Simponi<sup>®</sup> (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzekt<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (itakizumab subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-raza subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-raza subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guelkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/3 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (bracitinib tablets – Eli Lilly)</li> <li>Rinveq<sup>™</sup> (toriactinib tablets – Eli Lilly)</li> <li>Rinveq<sup>™</sup> (bracitinib tablets – Eli Lilly)</li></ul>	<ul> <li>adalimumab-adaz subcutaneous injection (Sandoz/Novartis)</li> </ul>
<ul> <li>Humira® (adalimumab subcutaneous injection – AbbVie)</li> <li>Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia® (certolizumab pegol subcutaneous injection – UCB)</li> <li>Enbrel® (etanercept subcutaneous injection – Amgen)</li> <li>Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Biockers</li> <li>Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara™ (sarilumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara™ (sarilumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara™ (sarilumab subcutaneous injection – Genentech/Roche)</li> <li>Cosentyx® (secukinumab subcutaneous injection – UCB)</li> <li>Cosentyx® (secukinumab subcutaneous injection – Valeant)</li> <li>Taltz® (indexizumab subcutaneous injection – Valeant)</li> <li>Taltz® (isckizumab subcutaneous injection – Sun/Merck)</li> <li>Skyrizi™ (risankizumab-zara subcutaneous injection – AbbVie)</li> <li>Tremfya™ (gueslkumab subcutaneous injection – AbbVie)</li> <li>Tremfya™ (gueslkumab subcutaneous injection – AbbVie)</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1120 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1120 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1120 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant® (baricitinib tablets – Eli Lilly)</li> <li>Rinvoq™ (upadacitinib extended-release tablets – AbbVie)</li> <li>Keljanz% Itofacitinib tablets, tofacitinib oral solution – Pfizer</li></ul>	
<ul> <li>Hyrimoz<sup>®</sup> (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)</li> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – UCB)</li> <li>Enbrel<sup>®</sup> (clamercept subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>®</sup> (sarilumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>®</sup> (sarilumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – VOCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – VOCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – VOCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq<sup>™</sup> (biodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (riakaizumab-sasmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risekizumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Iturnya<sup>™</sup> (tildrakizumab-sasu subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 11 Blocker</li> <li>Stelara<sup>®</sup> (astekina subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Ollumina<sup>®</sup> (tofacitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> R (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Yeljanz<sup>®</sup> R (tofacitinib tablets – Amgen)</li> </ul>	
<ul> <li>Cimzia<sup>®</sup> (certolizumab pegol subcutaneous injection – UCB)</li> <li>Enbrel<sup>®</sup> (etanercept subcutaneous injection – Amgen)</li> <li>Simponi<sup>®</sup> (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzelx<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (indexizumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (iterative injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-rzaa subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rzaa subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-123 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-130 Coker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-11 Blocker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Suedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (tofacitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul>	
<ul> <li>Enbrel® (etanercept subcutaneous injection – Amgen)</li> <li>Simpon™ (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara™ (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzelx® (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx® (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq™ (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz® (ixekizumab subcutaneous injection – Valeant)</li> <li>Taltz® (ixekizumab subcutaneous injection – Sun/Merck)</li> <li>Skyriz™ (tilarkizumab-raa subcutaneous injection – AbbVie)</li> <li>Tremfya™ (guselkumab subcutaneous injection – AbbVie)</li> <li>Tremfya™ (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 18/23 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 18/23 Blocker</li> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 18/24 (abacept subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia® (abatacept subcutaneous injection – Bistol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant® (tofacitinib tablets – Eli Lilly)</li> <li>Rinvoq™ (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz® XR (tofacitinib tablets, cofacitinib oral solution – Pfizer)</li> <li>Xeljanz® (tofacitinib tablets – Amgen)</li> </ul>	
<ul> <li>Simponi<sup>®</sup> (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-6 Blockers</li> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzelx<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rzaa subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1 Blocker</li> <li>Kineret<sup>®</sup> (aakinra subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (tofacitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul>	
Interleukin-6 Blockers         • Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)         • Kevzara™ (sarilumab subcutaneous injection – Regeneron)         Interleukin-17 Blockers         • Bimzelx® (bimekizumab subcutaneous injection – UCB)         • Cosentyx® (secukinumab subcutaneous injection – Valeant)         • Taltz® (ixekizumab subcutaneous injection – Valeant)         • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)         Interleukin-23 Blockers         • Ilumya™ (tildrakizumab-asmn subcutaneous injection – Sun/Merck)         • Skyrizi™ (risankizumab-rzaa subcutaneous injection – Sun/Merck)         • Skyrizi™ (risankizumab-rzaa subcutaneous injection – Janssen Biotech/Johnson & Johnson)         Interleukin 12/23 Blocker         • Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)         Interleukin 12/23 Blocker         • Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)         Interleukin 12/23 Blocker         • Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)         Interleukin 12/23 Blocker         • Stelara® (ustakinera subcutaneous injection – Swedish Orphan Biovitrim)         T-Cell Costimulation Modulator         • Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)         Janus Kinases Inhibitors         • Olumiant® (baricitinib tablets	
<ul> <li>Actemra<sup>®</sup> (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzelx<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliqi<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rzaa subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rza subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Oterneia<sup>®</sup> (anakinra subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orrencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (baricitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets</li></ul>	
<ul> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> <li>Interleukin-17 Blockers</li> <li>Bimzelx<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-asm subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/33 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 1 Blocker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 1 Blocker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 1 Blocker</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (baricitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib tablets, Infaictinib cal solution – Pfizer)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib tablets – Relizentiblets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apermilast tablets – Amgen)</li> </ul>	
Interleukin-17 Blockers            Bimzelx® (bimekizumab subcutaneous injection – UCB)         Cosentyx® (secukinumab subcutaneous injection – Novartis)         Siliq™ (brodalumab subcutaneous injection – Valeant)         Taltz® (ixekizumab subcutaneous injection – Eli Lilly)          Interleukin-23 Blockers            Ilumya™ (tildrakizumab-asmn subcutaneous injection – Sun/Merck)         Skyrizi™ (risankizumab-asm subcutaneous injection – AbbVie)             Tremfya™ (guselkumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)          Interleukin 12/23 Blocker             Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)          Interleukin 12/23 Blocker             Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)          Interleukin 12/23 Blocker             Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)          Interleukin 12/23 Blocker             Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)          Interleukin 1 Blocker             Stelara® (ustekinumab subcutaneous injection – Swedish Orphan Biovitrim)             T-Cell Costimulation Modulator             Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)             Janus Kinases Inhibitors             Olumiant <sup>®</sup> (baricitinib tabl	
<ul> <li>Bimzelx<sup>®</sup> (bimekizumab subcutaneous injection – UCB)</li> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rzaa subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1 Blocker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (bracitinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul>	<ul> <li>Kevzara<sup>™</sup> (sarilumab subcutaneous injection – Regeneron)</li> </ul>
<ul> <li>Cosentyx<sup>®</sup> (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq<sup>™</sup> (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz<sup>®</sup> (ixekizumab subcutaneous injection – Eli Lilly)</li> <li>Interleukin-23 Blockers</li> <li>Ilumya<sup>™</sup> (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi<sup>™</sup> (risankizumab-rzaa subcutaneous injection – AbbVie)</li> <li>Tremfya<sup>™</sup> (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin 12/23 Blocker</li> <li>Stelara<sup>®</sup> (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> <li>Interleukin-1 Blocker</li> <li>Kineret<sup>®</sup> (anakinra subcutaneous injection – Swedish Orphan Biovitrim)</li> <li>T-Cell Costimulation Modulator</li> <li>Orencia<sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)</li> <li>Janus Kinases Inhibitors</li> <li>Olumiant<sup>®</sup> (barictinib tablets – Eli Lilly)</li> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> (XR (tofacitinib catended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul>	
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Interleukin 12/23 Blocker         • Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)         Interleukin-1 Blocker         • Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)         T-Cell Costimulation Modulator         • Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)         Janus Kinases Inhibitors         • Olumiant® (baricitinib tablets – Eli Lilly)         • Rinvoq <sup>™</sup> (upadacitinib extended-release tablets – AbbVie)         • Xeljanz® XR (tofacitinib tablets, tofacitinib oral solution – Pfizer)         • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)         • Nesphodiesterase Type 4 Inhibitor         • Otezla® (apremilast tablets – Amgen)	
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Janus Kinases Inhibitors         • Olumiant <sup>®</sup> (baricitinib tablets – Eli Lilly)         • Rinvoq <sup>™</sup> (upadacitinib extended-release tablets – AbbVie)         • Xeljanz <sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)         • Xeljanz <sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)         • Mosphodiesterase Type 4 Inhibitor         • Otezla <sup>®</sup> (apremilast tablets – Amgen)	T-Cell Costimulation Modulator
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<ul> <li>Rinvoq<sup>™</sup> (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz<sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor</li> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul>	
<ul> <li>Xeljanz<sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Xeljanz<sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)</li> <li>Phosphodiesterase Type 4 Inhibitor         <ul> <li>Otezla<sup>®</sup> (apremilast tablets – Amgen)</li> </ul> </li> </ul>	
Xeljanz <sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)      Phosphodiesterase Type 4 Inhibitor      Otezla <sup>®</sup> (apremilast tablets – Amgen)	
Phosphodiesterase Type 4 Inhibitor         • Otezla® (apremilast tablets – Amgen)	
Otezla <sup>®</sup> (apremilast tablets – Amgen)	• Xeljanz <sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)
Sphingosine 1-Phosphate Recentor Modulator	
Springoone i i noophate Receptor mounator	Sphingosine 1-Phosphate Receptor Modulator
• Zeposia <sup>®</sup> (ozanimod capsules – Celgene)	Zeposia <sup>®</sup> (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor	Tyrosine Kinase 2 Inhibitor
	Sotyktu <sup>™</sup> (deucravacitinib tablets – Bristol Myers Squibb)
	Sotyktu <sup>**</sup> (deucravacitinib tablets – Bristol Myers Squibb)

\* For Non-Preferred adalimumab products, refer to the Inflammatory Conditions – Adalimumab Products Care Value Policies for National Preferred, High Performance, and Basic Formularies or Choice version of this policy.

#### **REVIEW DATE:** 11/22/2023; selected revision 01/03/2024

## **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.<sup>1-20</sup> This policy involves the use of the products listed above.

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

### **POLICY STATEMENT**

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

- Continuation of Therapy: Approval for a patient <u>continuing therapy with a Non-Preferred</u> <u>subcutaneous or oral Product</u> 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 <u>not</u> 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.

Automation: None.

			Rheumatology			Derma- tology	Gastroer	iterology
	RA	JIA	AS	nr-axSpA	PsA	Psoriasis	CD	UC
<u>Step 1</u> Preferred	KA • Enbrel • Adalimumab Products <sup>^</sup> – Humira, Cyltezo/ adalimumab -adbm, Hyrimoz (NDCs starting with <u>61314</u> )/ adalimumab -adaz	• Enbrel • Adalimumab Products <sup>^</sup> – Humira, Cyltezo/ adalimumab- adbm, Hyrimoz (NDCs starting with <u>61314</u> ) adalimumab- adaz	Enbrel     Adalimumab     Products^ –     Humira,     Cyltezo/     adalimumab     -adbm,     Hyrimoz	nr-axspA • Cimzia • Taltz	<ul> <li>FSA</li> <li>Enbrel</li> <li>Adalimumab Products<sup>^</sup> – Humira, Cyltezo/ adalimumab- adbm, Hyrimoz (NDCs starting with <u>61314</u>)/ adalimumab- adaz</li> <li>Otezla</li> <li>Skyrizi SC<sup>#</sup></li> <li>Stelara SC</li> <li>Taltz</li> </ul>	<ul> <li>Fsoriasis</li> <li>Enbrel</li> <li>Adalimumab Products<sup>^</sup> – Humira, Cyltezo/ adalimumab- adbm, Hyrimoz (NDCs starting with <u>61314</u>)/ adalimumab- adaz</li> <li>Otezla</li> <li>Skyrizi SC<sup>#</sup></li> <li>Stelara SC</li> <li>Taltz</li> </ul>	• Adalimumab Products <sup>^</sup> – Humira, Cyltezo/ adalimumab- adbm, Hyrimoz (NDCs starting with <u>61314</u> )/ adalimumab- adaz • Skyrizi SC (on-body injector) • Stelara SC	• Adalimumab Products <sup>^</sup> – Humira, Cyltezo/ adalimumab- adbm, Hyrimoz (NDCs starting with <u>61314</u> )/ adalimumab- adaz • Stelara SC
Step 2 Non-Preferred (directed to <u>ONE</u> Step 1 Product)	• Actemra SC Directed to adalimumab specifically. • Rinvoq • Xeljanz tablets/ Xeljanz XR tablets	<ul> <li>Actemra SC Directed to adalimumab specifically. JIA Step for Actemra SC is for PJIA.</li> <li>Xeljanz tablets/ Xeljanz oral solution</li> </ul>	Rinvoq     Directed     specifically to     Enbrel or     adalimumab.     Xeljanz     tablets/     Xeljanz     XR tablets     Directed     specifically to     Enbrel or     adalimumab.	• Rinvoq Directed specifically to Cimzia.	• Tremfya • Rinvoq Directed specifically to Enbrel or adalimumab. • Xeljanz tablets/ Xeljanz XR tablets Directed specifically to Enbrel or adalimumab.	• Tremfya • Sotyktu	Cimzia     Directed to     adalimumab     specifically.     Rinvoq     Directed to     adalimumab     specifically.	Kinvoq     Directed to     adalimumab     specifically.     Simponi SC     Directed to     adalimumab     specifically.     Xeljanz     tablets/     Xeljanz/     XR tablets     Directed to     adalimumab     specifically.
Step 3a         Non-Preferred         (directed to         TWO         Step 1 or 2         Products)         [documentation         required]*         Step 3b         Non-Preferred         (directed to 1)	• Cimzia • Kevzara • Kineret • Olumiant • Orencia SC • Simponi SC 	• Orencia SC	• Cimzia • Cosentyx SC • Simponi SC	• Cosentyx SC	• Cimzia • Cosentyx SC • Orencia SC • Simponi SC			• Zeposia Refer to Multiple
(directed to <u><b>TWO</b></u> Step 1 Products) <u>Step 3c</u> <u>Non-Preferred</u> (directed to <u><b>TWO</b></u> Step 1 Products) [documentation required]*						• Bimzelx • Cimzia • Cosentyx SC • Ilumya • Siliq	•	Sclerosis and Ulcerative Colitis – Zeposia Care Value Policy 

#### Preferred and Non-Preferred Products.<sup>¥</sup>

\* For Non-Preferred Adalimumab Products, refer to the *Inflammatory Conditions – Adalimumab Products Care Value Policy for National Preferred, High Performance, and Basic Formularies or the Choice version of that policy. Note that adalimumab-adaz and adalimumab-adbm are Non-Preferred for some plans;* RA – Rheumatoid arthritis; ^ A trial of more than one adalimumab product counts as ONE Preferred Product; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; CD – Crohn's disease; UC – Ulcerative colitis; SC – Subcutaneous; # Pen and syringe; PJIA – Polyarticular juvenile idiopathic arthritis; \* The prescriber must provide written documentation supporting the trial of Preferred Products, noted in the criteria as [documentation required]. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts.

Non-Preferred	Exception Criteria				
Product					
	mor Necrosis Factor Inhibitors				
Cimzia	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .				
	<ul> <li>A) Approve for 6 months if the patient meets the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required]. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of</li> </ul>				
	<ul> <li>either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product.</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</u></li> </ul>				
	<ol> <li><u>Ankylosing Spondylitis – Initial Therapy</u>.         <ul> <li>A) Approve for 6 months if the patient meets the following (i and ii):                 <ul></ul></li></ul></li></ol>				
	<ul> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, <u>Taltz, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li><b>3.</b> <u>Psoriatic Arthritis – Initial Therapy</u>.</li> <li>A) Approve for 6 months if the patient meets the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR [documentation required].</li> </ul>				

# **Recommended Exception Criteria**

		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of
		either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
		counts as ONE product.
		B) If the patient has met criterion 3Ai (the standard Inflammatory Conditions -
		Cimzia Prior Authorization Policy criteria), but criterion 3Aii is not met: offer
		to review for a Step 1 or Step 2 Product (Enbrel, Humira, adalimumab-adbm,
		Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
		Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz,
		Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard
		Inflammatory Conditions Prior Authorization Policy criteria.
	4.	<u>Plaque Psoriasis – Initial Therapy.</u>
		A) Approve for 3 months if the patient meets the following (i <u>and</u> ii):
		i. Patient meets the standard Inflammatory Conditions - Cimzia Prior
		Authorization Policy criteria; AND
		ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi
		subcutaneous, Stelara subcutaneous, Taltz, and Tremfya [documentation
		required]. Nata: Examples of adaliansmale analysis include Huming Abailada
		<u>Note</u> : Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as <b>ONE</b> product.
		<b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
		<i>Cimzia Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer
		to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
		Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
		Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or
		Tremfya) using the respective standard Inflammatory Conditions Prior
		Authorization Policy criteria.
	5.	<u>Crohn's Disease – Initial Therapy</u> .
		A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):
		i. Patient meets the standard Inflammatory Conditions - Cimzia Prior
		Authorization Policy criteria; AND
		ii. Patient has tried one adalimumab product.
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.
		<b>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
		<i>Cimzia Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer
		to review for a Preferred Product ( <u>Humira, adalimumab-adbm, Cyltezo,</u> Ukrimoz (NDCs, starting, with <u>61214</u> ), adalimumab adag. <u>Skurigi</u>
		<u>Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi</u> subcutaneous [on-body injector], or Stelara subcutaneous) using the respective
		standard Inflammatory Conditions – Prior Authorization Policy criteria.
	6.	Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Plaque
		Psoriasis, or Crohn's Disease – Patient is Currently Receiving Cimzia.
		A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
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i.	Patient meets the standard Inflammatory Conditions - Cimzia Prior
1.	Authorization Policy criteria; AND
ii	Patient meets ONE of the following (a, b, c, d, e, <u>or</u> f):
	a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of Actemra
	subcutaneous, Enbrel, an adalimumab product, Rinvoq, and
	Xeljanz/XR [documentation required]; OR
	<u>Note:</u> Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product.
	<ul><li>b) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li></ul>
	adalimumab product, Rinvoq, Taltz, and Xeljanz/XR [documentation required]; OR
	<u>Note:</u> Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> products (Actioniz and Actioniz ARC)
	c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an
	adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, Tremfya, and Xeljanz/XR [documentation]
	required]; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product.
	d) Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an
	adalimumab product, Otezla, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, and Tremfya [documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-fkjp, adalimumab-adbm, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as ONE product.
	e) Patient has Crohn's Disease and has tried one adalimumab product;
	OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.
	f) Patient has been established on Cimzia for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Cimzia was dispensed within the past 130 days [verification in
	prescription claims history required] if claims history is not
	available, according to the prescriber [verification by prescriber
	required].

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	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Cimzia for at least 90 days AND the patient has
	been receiving Cimzia via paid claims (e.g., patient has not been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Cimzia).
	B) If the patient has met criterion 6Ai (the standard Inflammatory Conditions –
	Cimzia Prior Authorization Policy criteria), but criterion 6Aii is not met: offer
	to review for one of the following Products using the respective standard
	Inflammatory Conditions – Prior Authorization Policy criteria:
	i. Rheumatoid Arthritis: Actemra subcutaneous, Enbrel, Humira,
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR.
	ii. Ankylosing Spondylitis: Enbrel, Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz,
	Xeljanz tablets, or Xeljanz XR.
	iii. Psoriatic Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz,
	Tremfya, Xeljanz tablets, or Xeljanz XR.
	iv. Plaque Psoriasis: Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz
	(NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi
	subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.
	v. Crohn's Disease: <u>Humira</u> , adalimumab-adbm, Cyltezo, Hyrimoz (NDCs
	starting with 61314), adalimumab-adaz, Skyrizi subcutaneous (on-body
	injector), or Stelara subcutaneous.
	7. <u>Other Conditions</u> . Approve <u>Cimzia</u> (initial therapy for a duration as directed or
	$\frac{1}{1 \text{ year}}$ for a patient continuing therapy) if the patient meets the standard
	Inflammatory Conditions – Cimzia Prior Authorization Policy criteria.
Simponi	1. Rheumatoid Arthritis – Initial Therapy.
Subcutaneous	A) Approve for 6 months if the patient meets the following (i and ii):
Subcutancous	i. Patient meets the standard <i>Inflammatory Conditions – Simponi</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	ii. Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab
	product, Rinvoq, and Xeljanz/XR [documentation required]; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
	counts as ONE product.
	<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	Simponi Subcutaneous Prior Authorization Policy criteria), but criterion 1Aii
	is not met: offer to review for a Step 1 or Step 2 Product (Actemra
	subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs
	starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz
	<u>XR</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i> <i>Authorization Policy</i> criteria.

	2. <u>Ar</u>	<u>ıkylosing Spondylitis – Initial Therapy</u> .
	A)	Approve for 6 months if the patient meets the following (i and ii):
	,	i. Patient meets the standard Inflammatory Conditions - Simponi
		Subcutaneous Prior Authorization Policy criteria; AND
		ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz,
		and Xeljanz/XR [documentation required].
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of
		either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
		counts as ONE product.
	D)	If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Б)	
		Simponi Subcutaneous Prior Authorization Policy criteria), but criterion 2Aii
		is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira,
		adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
		adalimumab-adaz, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR) using the
		respective standard Inflammatory Conditions - Prior Authorization Policy
	• •	criteria.
		<u>oriatic Arthritis – Initial Therapy</u> .
	A)	Approve for 6 months if the patient meets the following (i and ii):
		i. Patient meets the standard Inflammatory Conditions - Simponi
		Subcutaneous Prior Authorization Policy criteria; AND
		ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq,
		Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and
		Xeljanz/XR [documentation required].
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as ONE product. A trial of
		either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
		counts as ONE product.
	<b>B</b> )	If the patient has met criterion 3Ai (the standard Inflammatory Conditions -
		Simponi Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
		is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira,
		adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
		adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe],
		Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using
		the respective standard Inflammatory Conditions – Prior Authorization Policy
		criteria.
,	4. <u>Ul</u>	<u>cerative Colitis – Initial Therapy</u> .
	A)	Approve for 6 months if the patient meets the following (i and ii):
	,	i. Patient meets the standard Inflammatory Conditions – Simponi
		Subcutaneous Prior Authorization Policy criteria; AND
		ii. Patient has tried one adalimumab product.
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

	B) If the patient has met criterion 4Ai (the standard Inflammatory Conditions –
	Simponi Subcutaneous Prior Authorization Policy criteria), but criterion 4Aii
	is not met: offer to review for a Preferred Product (Humira, adalimumab-
	adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or
	Stelara subcutaneous) using the respective standard Inflammatory Conditions
	Prior Authorization Policy criteria.
5	•
	Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or
	<u>Ulcerative Colitis – Patient is Currently Receiving Simponi Subcutaneous or</u>
	<u>Aria.</u>
	A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions - Simponi
	Subcutaneous Prior Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a, b, c, d, e, or f):
	a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of Actemra
	subcutaneous, Enbrel, an adalimumab product, Rinvoq, and
	Xeljanz/XR [documentation required]; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as ONE product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product.
	b) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an
	adalimumab product, Rinvoq, Taltz, and Xeljanz/XR
	[documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	· · · ·
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as ONE product.
	c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an
	adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, Tremfya, and Xeljanz/XR [documentation
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product.
	d) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product;
	OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.
	e) According to the prescriber, the patient has been established on
	Simponi Aria for at least 90 days; OR
I	Simponi Aria for at least 20 days, OK

	f) Patient has been established on Simponi subcutaneous for at least 90
	days and prescription claims history indicates at least a 90-day supply
	of Simponi subcutaneous was dispensed within the past 130 days
	[verification in prescription claims history required] 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 <u>not</u> been receiving samples or coupons or other types
	of waivers in order to obtain access to Simponi subcutaneous).
	<b>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
	Simponi Subcutaneous Prior Authorization Policy criteria), but criterion 5Aii
	is not met: offer to review for one of the following Products using the
	respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria:
	i. Rheumatoid Arthritis: <u>Actemra subcutaneous, Enbrel, Humira,</u>
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR.
	ii. Ankylosing Spondylitis: Enbrel, Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz,
	<u>Xeljanz tablets, or Xeljanz XR</u> .
	iii. Psoriatic Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Rinvoq,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz,
	Tremfya, Xeljanz tablets, or Xeljanz XR.
	iv. Ulcerative Colitis: Humira, adalimumab-adbm, Cyltezo, Hyrimoz
	(NDCs starting with 61314), adalimumab-adaz, or Stelara subcutaneous.
	6. Other Conditions. Approve Simponi subcutaneous (initial therapy for a duration
	as directed or 1 year for a patient continuing therapy) if the patient meets the
	standard Inflammatory Conditions – Simponi Subcutaneous Prior Authorization
	Policy criteria.
Interleukin-6 B	
Actemra	1. <u>Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy</u> .
Subcutaneous	A) Approve for 6 months if the patient meets the following (i and ii):
Subcutuneous	i. Patient meets the standard Inflammatory Conditions – Actemra
	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
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or
	Simponi Aria also counts.
	b) According to the prescriber, the patient has heart failure or a
1	previously treated lymphoproliferative disorder.

B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions –
Actemra Subcutaneous Prior Authorization Policy criteria), but criterion 1Aii
is not met: offer to review for a Preferred Product (Enbrel, Humira,
adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or
adalimumab-adaz) using the respective standard Inflammatory Conditions -
Prior Authorization Policy criteria.
2. <u>Rheumatoid Arthritis – Initial Therapy</u> .
A) Approve for 6 months if the patient meets the following (i and ii):
i. Patient meets the standard Inflammatory Conditions - Actemra
Subcutaneous Prior Authorization Policy criteria; AND
ii. Patient meets ONE of the following (a <u>or</u> b):
a) Patient has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade,
biosimilars), or Simponi (Aria or subcutaneous) also counts.
b) According to the prescriber, the patient has heart failure or a
previously treated lymphoproliferative disorder.
<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
Actemra Subcutaneous Prior Authorization Policy criteria), but criterion 2Aii
is not met: offer to review for a Preferred Product (Enbrel, Humira,
adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or
adalimumab-adaz) using the respective standard Inflammatory Conditions
Prior Authorization Policy criteria.
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3. Polvarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient
is Currently Receiving Actemra Subcutaneous or Intravenous.
<ul><li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li><li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Actemra</i></li> </ul> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> </ol> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):</li> </ol> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried</li> </ol> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Actemra Subcutaneous Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):                 <ul></ul></li></ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab products include Humira, Abrilada,</li> </ol> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Actemra Subcutaneous Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):                 <ul></ul></li></ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):                 <ul></ul></li></ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or</li> </ol> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR</li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR <ul> <li>Note: Examples of adalimumab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ul> </li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab product include Humira, Abrilada, adalimumab-adaz, adalimumab, ada product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol></li></ul> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab product, OR</li>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):</li> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab-receive and has tried one adalimumab</li> </ol> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrels of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab products include Humira, Abrilada, adalimumab product; OR</li> </ol></li></ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e):</li> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product include Humira, Abrilada, adalimumab-adaz, adalimumab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</li> </ol> </li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product include Humira, Abrilada, adalimumab-adaz, adalimumab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>Cheve the Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</li> </ol> </li> <li>c) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR</li> </ul>
<ul> <li>is Currently Receiving Actemra Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Actemra Subcutaneous Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, or e): <ol> <li>Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR</li> <li>Note: Examples of adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> </ol> </li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab-adaz, adalimumab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</li> </ol> </li> </ul>

	e) Patient has been established on Actemra subcutaneous for at least 90
	days and prescription claims history indicates at least a 90-day supply
	of Actemra subcutaneous was dispensed within the past 130 days
	[verification in prescription claims history required] if claims
	history is not available, according to the prescriber [verification by
	prescriber required].
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Actemra subcutaneous for at least 90 days AND
	the patient has been receiving Actemra subcutaneous via paid claims
	(e.g., patient has <u>not</u> been receiving samples or coupons or other types
	of waivers in order to obtain access to Actemra subcutaneous).
	<b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	Actemra Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
	is not met: offer to review for a Preferred Product using the respective
	standard Inflammatory Conditions – Prior Authorization Policy criteria:
	i. Polyarticular Juvenile Idiopathic Arthritis: Enbrel, Humira,
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or
	adalimumab-adaz.
	ii. Rheumatoid Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), or adalimumab-adaz.
	4. <u>All Other Conditions</u> (including systemic juvenile idiopathic arthritis). Approve
	<u>Actemra subcutaneous</u> (initial therapy for a duration as directed or <u>1 year</u> for a
	patient continuing therapy) if the patient meets the standard <i>Inflammatory</i>
	Conditions – Actemra Subcutaneous Prior Authorization Policy criteria.
Kevzara	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Kevzara Prior
	Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a or b):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an
	adalimumab product, Rinvoq, and Xeljanz/XR [documentation]
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product. A trial of Actemra intravenous,
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia
	(intravenous or subcutaneous), or Simponi (Aria or subcutaneous)
	also counts [documentation required].
	b) According to the prescriber, the patient has heart failure or a
	previously treated lymphoproliferative disorder.
	B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions –
	Kevzara Prior Authorization Policy criteria), but criterion 1Aii is not met:
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel,
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),

	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using th
	respective standard Inflammatory Conditions Prior Authorization Polic
	criteria.
	2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Kevzara</u> .
	A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions - Kevzara Prio
	Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a, b, <u>or</u> c):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, and
	adalimumab product, Rinvoq, and Xeljanz/XR [documentation
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A tria
	of either or both Xeljanz products (Xeljanz and Xeljanz XR
	collectively counts as <b>ONE</b> products (Xerjanz and Aerjanz Are
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orenci
	(intravenous or subcutaneous), or Simponi (Aria or subcutaneous
	also counts [documentation required].
	<b>b)</b> According to the prescriber, the patient has heart failure or provident by treated hyperbolic force of the patient of the
	previously treated lymphoproliferative disorder; OR
	c) Patient has been established on Kevzara for at least 90 days and
	prescription claims history indicates at least a 90-day supply o
	Kevzara was dispensed within the past 130 days [verification in
	prescription claims history required] if claims history is no
	available, according to the prescriber [verification by prescribe
	required].
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to thi
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Kevzara for at least 90 days AND the patient ha
	been receiving Kevzara via paid claims (e.g., patient has not been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Kevzara).
	B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> -
	<i>Kevzara Prior Authorization Policy</i> criteria), but criterion 2Aii is not met
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbred
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314)
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using th
	respective standard Inflammatory Conditions – Prior Authorization Polic
	criteria.
	3. <u>Other Conditions</u> . Approve <u>Kevzara</u> (initial therapy for a duration as directed o
	<u>1 year</u> for a patient continuing therapy) if the patient meets the standard
	<i><u>I year</u> for a patient continuing therapy) if the patient meets the standard Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria.
Interleukin-17	
Bimzelx	1. <u>Plaque Psoriasis – Initial Therapy</u> .
	A) Approve for 3 months if the patient meets the following (i and ii):

i. Patient meets the standard Inflammatory Conditions -
Bimzelx Prior Authorization Policy criteria for plaque psoriasis; AND
ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi
subcutaneous, Stelara subcutaneous, Taltz, and Tremfya [documentation]
required].
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of multiple adalimumab products counts as <b>ONE</b> product.
B) If the patient has met criterion 1Åi (the standard Inflammatory Conditions –
Bimzelx Prior Authorization Policy criteria), but criterion 1Aii is not met:
offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
Tremfya) using the respective standard Inflammatory Conditions - Prior
Authorization Policy criteria.
2. <u>Plaque Psoriasis – Patient is Currently Receiving Bimzelx</u> .
A) Approve for 1 year if the patient meets the following (i <u>and</u> ii):
i. Patient meets the standard Inflammatory Conditions - Bimzelx Prior
Authorization Policy criteria; AND
ii. Patient meets ONE of the following (a <u>or</u> b):
a) Patient has tried TWO of Enbrel, an adalimumab product, Otezla,
Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya
[documentation required]; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
<ul><li>trial of multiple adalimumab products counts as ONE product.</li><li>b) Patient has been established on Bimzelx for at least 90 days and</li></ul>
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 if claims history is not
available, according to the prescriber [verification by prescriber
required].
<u>Note</u> : In cases when 130 days of the patient's prescription claim
history file is unavailable to be verified, an exception to this
requirement is allowed if the prescriber has verified that the patient
has been receiving Bimzelx for at least 90 days AND the patient has
been receiving Bimzelx via paid claims (e.g., patient has not been
receiving samples or coupons or other types of waivers in order to
obtain access to Bimzelx).
B) If the patient has met criterion 2Ai (the standard Inflammatory Conditions –
Bimzelx Prior Authorization Policy criteria), but criterion 2Aii is not met:
offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
Tremfya) using the respective standard Inflammatory Conditions - Prior
Authorization Policy criteria.

	3.	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	1.	Ankylosing Spondylitis – Initial Therapy.
cosentyxse		A) Approve for 6 months if the patient meets the following (i and ii):
		i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx</i>
		Subcutaneous Prior Authorization Policy criteria; AND
		ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz,
		and Xeljanz/XR [documentation required].
		<u>Note:</u> Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of
		either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
		counts as <b>ONE</b> product. A trial of Cimzia, an infliximab product (e.g.
		Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts
		[documentation required]
		<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
		Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 1Aii
		is not met: offer to review for a Step 1 or Step 2 Product ( <u>Humira</u> ,
		adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
		adalimumab-adaz, Enbrel, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR)
		using the respective standard Inflammatory Conditions – Prior Authorization
		<i>Policy</i> criteria.
	2.	<u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy</u> .
		A) Approve for 6 months if the patient meets the following (i and ii):
		i. Patient meets the standard Inflammatory Conditions - Cosentyx
		Subcutaneous Prior Authorization Policy criteria; AND
		ii. Patient has tried TWO of Cimzia, Taltz, and Rinvoq [documentation
		required].
		Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an
		infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or
		subcutaneous) also counts [documentation required]. A trial of multiple
		adalimumab products counts as ONE product.
		<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
		Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 2Aii
		is not met: offer to review for a Step 1 or Step 2 Product (Cimzia, Taltz, or
		<u>Rinvoq</u> ) using the respective standard Inflammatory Conditions - Prior
		Authorization Policy criteria.
	3.	<u> Plaque Psoriasis – Initial Therapy</u> .
	1	A) Approve for 3 months if the patient meets the following (i <u>and</u> ii):
	1	i. Patient meets the standard Inflammatory Conditions - Cosentyx
	1	Subcutaneous Prior Authorization Policy criteria; AND
	1	ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi
	1	subcutaneous, Stelara subcutaneous, Taltz, and Tremfya [documentation
		required].
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	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product.
	B) If the patient has met criterion 3Ai (the standard Inflammatory Conditions -
	Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
	is not met: offer to review for a Preferred Product (Enbrel, Humira,
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara
	subcutaneous, Taltz, or Tremfya) using the respective standard Inflammatory
	Conditions – Prior Authorization Policy criteria.
4.	Psoriatic Arthritis – Initial Therapy.
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Cosentyx
	Subcutaneous Prior Authorization Policy criteria; AND
	ii. Patient meets one of the following (a <u>or</u> b):
	a) Patient is $\geq 18$ years of age AND has tried TWO of Enbrel, an
	adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, Tremfya, and Xeljanz/XR [documentation]
	required]; OR
	b) Patient is < 18 years of age AND has tried ONE of Enbrel or Stelara
	SC [documentation required].
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi
	(subcutaneous or Aria) also counts toward a trial of a TNFi
	[documentation required]. For a patient < 18 years of age, a trial of
	another TNFi counts towards a trial of Enbrel [documentation required].
	A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> products.
	<b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
	Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 4Aii
	is not met: offer to review for a Preferred Product (Enbrel, Humira,
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara
	subcutaneous, Taltz, or Tremfya) using the respective standard Inflammatory
	Conditions – Prior Authorization Policy criteria.
5.	Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis –
	Patient is Currently Receiving Cosentyx (SC or IV).
	A) Approve for 1 year if the patient meets the following (i and ii):
	i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g):
	<ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
	adalimumab product, Rinvoq, Taltz, and Xeljanz/XR
	[documentation required]; OR
L	[uocumentation requireu], OK

	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> products (Aerjanz and Aerjanz AR)
	product (e.g., Remicade, biosimilars), or Simponi (Aria or
	subcutaneous) also counts [documentation required].
b)	Patient has <u>nr-axSpA</u> and has tried TWO of Cimzia, Taltz, and Rinvoq
~,	[documentation required]; OR
	Note: A trial of Enbrel, an adalimumab product (e.g., Humira,
	Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
	Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma,
	Yusimry), an infliximab product (e.g., Remicade, biosimilars), or
	Simponi (Aria or subcutaneous) also counts [documentation
	required]. A trial of multiple adalimumab products counts as ONE
	product.
c)	Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, and Tremfya [documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as ONE product.
d)	Patient is $\geq$ 18 years of age with <u>Psoriatic Arthritis</u> and has tried TWO
	of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi
	subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR
	[documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product. A trial of Cimzia, an infliximab
	product (e.g., Remicade, biosimilars), or Simponi (Aria or
	subcutaneous) also counts [documentation required].
e)	Patient is < 18 years of age with <u>Psoriatic Arthritis</u> and has tried ONE
	of Enbrel or Stelara SC [documentation required]; OR
	<u>Note</u> : A trial of another TNFi counts towards a trial of Enbrel
	[documentation required].
f)	According to the prescriber, the patient with AS, nr-axSpA, or PsA has been established on Cosentyx intravenous for at least 90 days; OR
g)	Patient has been established on Cosentyx subcutaneous for at least 90 days, OK
g)	days and prescription claims history indicates at least a 90-day supply
	of Cosentyx SC was dispensed within the past 130 days [verification]
	in prescription claims history required if claims history is not
	available, according to the prescriber [verification by prescriber
	required].

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	<ul> <li><u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cosentyx SC for at least 90 days AND the patient has been receiving cosentyx SC via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Cosentyx SC).</li> <li>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:         <ol> <li>Ankylosing Spondylitis: Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR.</li> <li>nr-axSpA: Cimzia, Taltz, or Rinvoq.</li> <li>Plaque Psoriasis: Enbrel, Humira, adalimumab-adaz, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.</li> <li>Psoriatic Arthritis in a Patient ≥ 18 years of age: Enbrel, Humira, adalimumab-adaz, Otezla, Skyrizi subcutaneous, Taltz, or Tremfya.</li> <li>Psoriatic Arthritis in a Patient &lt; 18 years of age: Enbrel, Stelara SC.</li> </ol> </li> </ul>
	directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy
	criteria.
Siliq	<ol> <li>Plaque Psoriasis – Initial Therapy.         <ul> <li>A) Approve for 3 months if the patient meets the following (i and ii):                 <ul></ul></li></ul></li></ol>
	2. <u>Plaque Psoriasis – Patient is Currently Receiving Siliq</u> .
	A) Approve for 1 year if the patient meets the following (i and ii):

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		i. Patient meets the standard Inflammatory Conditions – Siliq Prior
		Authorization Policy criteria; AND
		ii. Patient meets ONE of the following (a <u>or</u> b):
		a) Patient has tried TWO of Enbrel, an adalimumab product, Otezla,
		Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya
		[documentation required]; OR
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
		trial of multiple adalimumab products counts as <b>ONE</b> 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] 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 <u>not</u> been receiving
		samples or coupons or other types of waivers in order to obtain access
		to Siliq). <b>P</b> ) If the national has mot aritarian 2Ai (the standard <i>Inflammatara Conditions</i>
		<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer
		to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
		Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
		Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
		<u>Tremfya</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i>
		Authorization Policy criteria.
	3.	Other Conditions. Approve Siliq (initial therapy for a duration as directed or 1
		<u>year</u> for a patient continuing therapy) if the patient meets the standard
		Inflammatory Conditions – Siliq Prior Authorization Policy criteria.
Interleukin-23 H	Bloc	
Ilumya	r	Plaque Psoriasis – Initial Therapy.
· ·		A) Approve for 3 months if the patient meets the following (i and ii):
		i. Patient meets the standard Inflammatory Conditions – Ilumya Prior
		Authorization Policy criteria; AND
		ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi
		subcutaneous, Stelara subcutaneous, Taltz, and Tremfya [documentation
		required]
	•	Note: Examples of adaliansmall and deate in shade Humains Abrilade
		Note: Examples of adalimumab products include Humira, Abrilada,
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		· ·
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
		<ul> <li>adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –</li> </ul>
		<ul> <li>adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer</li> </ul>
		<ul> <li>adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,</li> </ul>
		<ul> <li>adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer</li> </ul>

	<u>Tremfya</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i>
	<ul> <li>Authorization Policy criteria.</li> <li>2. <u>Plaque Psoriasis – Patient is Currently Receiving Ilumya</u>.</li> </ul>
	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 <u>or</u> b):
	a) Patient has plaque psoriasis and has tried TWO of Enbrel, an
	adalimumab product, Otezla, Skyrizi subcutaneous, Stelara
	subcutaneous, Taltz, or Tremfya [documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> 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
	<u>Ilumya was dispensed within the past 130 days</u> [verification in prescription claims history required] if claims history is not
	available, according to the prescriber [verification by prescriber
	required].
	<u>Note</u> : In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving 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>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Ilumya Prior Authorization Policy criteria), but criterion 2Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
	<u>Tremfya</u> ) using the respective standard Inflammatory Conditions – Prior
	Authorization Policy criteria.
	3. <u>Other Conditions</u> . Approve <u>Ilumya</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 – Ilumya Prior Authorization Policy criteria.
Interleukin-1 B	locker
Kineret	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Kineret Prior
	<i>Authorization Policy</i> criteria; AND <b>ii.</b> Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab
	product, Rinvoq, and Xeljanz/XR [documentation required].
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as ONE product. A trial of
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively

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	counts as ONE product. A trial of Actemra intravenous, Cimzia, Orencia
	(subcutaneous or intravenous), an infliximab product (e.g., Remicade,
	biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts
	[documentation required].
	B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions –
	Kineret Prior Authorization Policy criteria), but criterion 1Aii is not met:
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel,
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the
	respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria.
2.	<u>Rheumatoid Arthritis – Patient is Currently Receiving Kineret.</u>
	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 <u>or</u> b):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an
	adalimumab product, Rinvoq, and Xeljanz/XR [documentation
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product. A trial of Actemra intravenous,
	Cimzia, Orencia (subcutaneous or intravenous), an infliximab product
	(e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or
	subcutaneous) also counts [documentation required].
	<b>b)</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 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>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Kineret Prior Authorization Policy</i> criteria), but criterion 2Aii is not met:
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel,
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the
	respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria.
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	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.
	Note: This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic
TONO	Juvenile Idiopathic Arthritis.
	ation Modulator
Orencia	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .
Subcutaneous	A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):
	ii. Patient meets the standard Inflammatory Conditions - Orencia
	Subcutaneous Prior Authorization Policy criteria; AND
	iii. Patient meets ONE of the following (a <u>or</u> b):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an
	adalimumab product, Rinvoq, or Xeljanz/XR [documentation
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as <b>ONE</b> product. A trial of Actemra intravenous,
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara,
	or Simponi (Aria or subcutaneous) also counts [documentation
	required].
	<b>b)</b> According to the prescriber, the patient has heart failure, a previously
	treated lymphoproliferative disorder, a previous serious infection, OR
	a demyelinating disorder.
	<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii
	is not met: offer to review for a Step 1 or Step 2 Product (Actemra
	subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs
	starting with 61314), adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz
	<u>XR</u> ) using the respective standard <i>Inflammatory Conditions Prior</i>
	Authorization Policy criteria.
	2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial
	Therapy.
	A) Approve for 6 months if the patient meets the following (i and ii):
	ii. Patient meets the standard <i>Inflammatory Conditions – Orencia</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	iii. Patient meets ONE of the following (a <u>or</u> b):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an
	adalimumab product, and Xeljanz; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral
	solution) collectively counts as ONE product. A trial of Actemra
	intravenous, Orencia intravenous, an infliximab product (e.g.,
	,,

Remicade, biosimilars), or Simponi Aria also counts [documentation
required].
<b>b)</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 <i>Inflammatory Conditions</i> –
Orencia Subcutaneous Prior Authorization Policy criteria), but criterion 2Aii
is not met: offer to review for a Step 1 or Step 2 Product (Actemra
subcutaneous, Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs
starting with 61314), adalimumab-adaz, Xeljanz tablets, or Xeljanz oral
solution) using the respective standard Inflammatory Conditions - Prior
Authorization Policy criteria.
3. <u>Psoriatic Arthritis – Initial Therapy</u> .
A) Approve for 6 months if the patient meets the following (i and ii):
ii. Patient meets the standard Inflammatory Conditions - Orencia
Subcutaneous Prior Authorization Policy criteria; AND
iii. Patient meets ONE of the following $(a, b, \underline{or} c)$ :
a) Patient is $\geq 18$ years of age AND has tried TWO of Enbrel, an
adalimumab product, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara
subcutaneous, Taltz, Tremfya, or Xeljanz/XR [documentation
required]; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
of either or both Xeljanz products (Xeljanz and Xeljanz XR)
collectively counts as <b>ONE</b> product. A trial of Cimzia, an infliximab
product (e.g., Remicade, biosimilars), or Simponi (Aria or
subcutaneous) also counts [documentation required].
<ul> <li>b) Patient is &lt; 18 years of age AND has tried ONE of Enbrel or Stelara SC [documentation required]; OR</li> </ul>
Note: A trial of another TNFi counts towards a trial of Enbrel
[documentation required].
c) According to the prescriber, the patient has heart failure, a previously
treated lymphoproliferative disorder, a previous serious infection, OR
a demyelinating disorder.
B) If the patient has met criterion 3Ai (the standard Inflammatory Conditions –
Orencia Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira,
adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe),
Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using
the respective standard Inflammatory Conditions – Prior Authorization Policy
criteria.
4. <u>Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis –</u> <u>Patient is Currently Pageiving Orongia (Subautaneous or Intravaneus)</u>
<ul><li><u>Patient is Currently Receiving Orencia (Subcutaneous or Intravenous)</u>.</li><li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li></ul>
<b>ii.</b> Patient meets the standard <i>Inflammatory Conditions – Orencia</i>
Subcutaneous Policy criteria; AND
Subcultureous I olicy cineria, AND

iii. Pat	ient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g):
	Patient has Rheumatoid Arthritis and has tried TWO of Actemra
	subcutaneous, Enbrel, an adalimumab product, Rinvoq, or
	Xeljanz/XR [documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as ONE product. A trial of Actemra intravenous,
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara,
	or Simponi (Aria or subcutaneous) also counts [documentation
	required].
b)	Patient has Juvenile Idiopathic Arthritis and has tried TWO of
	Actemra subcutaneous, Enbrel, an adalimumab product, and Xeljanz
	tablets or oral solution; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral
	solution) collectively counts as ONE product. A trial of Actemra
	intravenous, Orencia intravenous, an infliximab product (e.g.,
	Remicade, biosimilars), or Simponi Aria also counts [documentation
	required].
c)	Patient is $\geq$ 18 years of age with <u>Psoriatic Arthritis</u> AND has tried
	TWO of Enbrel, an adalimumab product, Otezla, Rinvoq, Skyrizi
	subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR
	[documentation required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of Cimzia, an infliximab
	product (e.g., Remicade, biosimilars), or Simponi (Aria or
	subcutaneous) also counts [documentation required].
հ	Patient is $< 18$ years of age with <u>Psoriatic Arthritis</u> AND has tried
u)	ONE of Enbrel or Stelara SC [documentation required]; OR
	Note: A trial of another TNFi counts towards a trial of Enbrel
	[documentation required].
e)	According to the prescriber, the patient has been established on
- /	Orencia intravenous for at least 90 days; OR
f)	According to the prescriber, the patient has heart failure, a previously
,	treated lymphoproliferative disorder, a previous serious infection, OR
	a demyelinating disorder; OR
g)	Patient has been established on Orencia subcutaneous for at least 90
	days and prescription claims history indicates at least a 90-day supply
	of Orencia subcutaneous was dispensed within the past 130 days

	[verification in prescription claims history required] 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 <u>not</u> been receiving samples or coupons or other types of		
	waivers in order to obtain access to Orencia subcutaneous).		
	B) If the patient has met criterion 4Ai (the standard Inflammatory Conditions –		
	Orencia Subcutaneous Prior Authorization Policy criteria), but criterion 4Aii		
	is not met, offer to review for one of the following Products using the		
	respective standard Inflammatory Conditions Prior Authorization Policy		
	criteria.		
	ii. Rheumatoid Arthritis: Actemra subcutaneous, Enbrel, Humira,		
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),		
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR.		
	iii. Juvenile Idiopathic Arthritis: Actemra subcutaneous, Enbrel, Humira,		
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),		
	adalimumab-adaz, Xeljanz tablets, or Xeljanz oral solution.		
	iv. Psoriatic Arthritis in a Patient $\geq$ 18 Years of Age: Enbrel, Humira,		
	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),		
	adalimumab-adaz, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe),		
	Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.		
	v. Psoriatic Arthritis in a Patient < 18 Years of Age: Enbrel, Stelara SC.		
	5. <u>Other Conditions</u> . Approve <u>Orencia subcutaneous</u> (initial therapy for a duration		
	as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the		
	standard Inflammatory Conditions – Orencia Subcutaneous Prior Authorization		
	<i>Policy</i> criteria.		
Janus Kinases I	nhibitors		
Olumiant	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .		
	A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):		
	i. Patient meets the standard Inflammatory Conditions - Olumiant Prior		
	Authorization Policy criteria; AND		
	ii. Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab		
	product, Rinvoq, and Xeljanz/XR [documentation required].		
	Note: Examples of adalimumab products include Humira, Abrilada,		
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,		
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A		
	trial of multiple adalimumab products counts as ONE product. A trial of		
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively		
	counts as ONE product. A trial of Actemra intravenous, Cimzia, an		
	infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia		
	(intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also		
	counts [documentation required].		
	<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –		
	Olumiant Prior Authorization Policy criteria), but criterion 1Aii is not met:		
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel,		

	Huming addition of the Caltere Harings (NDCs starting with (1214)
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the
	respective standard Inflammatory Conditions Prior Authorization Policy
	criteria.
	2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Olumiant</u> .
	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 <u>or</u> b):
	a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an
	adalimumab product, Rinvoq, and Xeljanz/XR [documentation
	required]; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product. A trial
	of either or both Xeljanz products (Xeljanz and Xeljanz XR)
	collectively counts as ONE product. A trial of Actemra intravenous,
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara,
	Orencia (intravenous or subcutaneous), or Simponi (Aria or
	subcutaneous) also counts [documentation required].
	b) Patient has been established on Olumiant for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Olumiant was dispensed within the past 130 days [verification in
	prescription claims history required] if claims history is not
	available, according to the prescriber [verification by prescriber
	required].
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Olumiant for at least 90 days AND the patient has
	been receiving Olumiant via paid claims (e.g., patient has not been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Olumiant).
	B) If the patient has met criterion 2Ai (the standard Inflammatory Conditions –
	Olumiant Prior Authorization Policy criteria), but criterion 2Aii is not met:
	offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel,
	Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),
	adalimumab-adaz, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the
	respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria.
	3. <u>Other Conditions</u> . Approve <u>Olumiant</u> (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 the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions - Rinvoq Prior
	Authorization Policy criteria; AND
	ii. Patient has tried one of Enbrel or an adalimumab product; OR

	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial
	of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi
	(Aria or subcutaneous) also counts.
	B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions –
	Rinvoq Prior Authorization Policy criteria), but criterion 1Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz)
	using the respective standard Inflammatory Conditions Prior Authorization
	Policy criteria.
2.	<u> Crohn's Disease – Initial Therapy.</u>
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions - Rinvoq Prior
	Authorization Policy criteria; AND
	ii. Patient has tried one adalimumab product.
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of an infliximab product (e.g., Remicade, biosimilars) or Cimzia also
	counts.
	B) If the patient has met criterion 2Ai (the standard Inflammatory Conditions –
	Rinvoq Prior Authorization Policy criteria), but criterion 2Aii is not met: offer
	to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo,
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Skyrizi
	subcutaneous [on-body injector], or Stelara subcutaneous) using the respective
	standard Inflammatory Conditions Prior Authorization Policy criteria.
3.	Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Rinvog Prior
	Authorization Policy criteria; AND
	ii. Patient has tried Cimzia.
	Note: A trial of Enbrel, an adalimumab product, an infliximab product
	(Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.
	Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.
	<b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer
	to review for a Preferred Product ( <u>Cimzia or Taltz</u> ) using the respective
	standard Inflammatory Conditions – Prior Authorization Policy criteria.
4.	Rheumatoid Arthritis – Initial Therapy.
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Rinvog Prior
	Authorization Policy criteria; AND
	ii. Patient has tried one of Enbrel or an adalimumab product; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial
	3.

	of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi
	(Aria or subcutaneous) also counts.
	<b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	·
	<u>Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz</u> ) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i>
	criteria.
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5.	<u>Psoriatic Arthritis – Initial Therapy</u> .
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Rinvoq Prior
	Authorization Policy criteria; AND
	ii. Patient has tried one of Enbrel or an adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial
	of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi
	(Aria or subcutaneous) also counts.
	<b>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
	Rinvoq Prior Authorization Policy criteria), but criterion 5Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
	Tremfya) using the respective standard Inflammatory Conditions Prior
	Authorization Policy criteria.
6.	<u>Ulcerative Colitis – Initial Therapy.</u>
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Rinvoq Prior
	Authorization Policy criteria; AND
	ii. Patient has tried one adalimumab product.
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi
	subcutaneous also counts.
	<b>B)</b> If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions</i> –
	Rinvoq Prior Authorization Policy criteria), but criterion 6Aii is not met: offer
	to review for a Preferred Product ( <u>Humira, adalimumab-adbm, Cyltezo,</u>
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara
	subcutaneous) using the respective standard Inflammatory Conditions Prior
7	Authorization Policy criteria.
7.	Ankylosing Spondylitis, Crohn's Disease, nr-axSpA, Rheumatoid Arthritis,
	<u>Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving</u>
	<b><u>Rinvoq.</u></b> A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
	Authorization Policy criteria; AND
	<b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g):

<ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or adalimumab product; OR</li> </ul>	an
<u>Note</u> : Examples of adalimumab products include Humira, Abrila	da
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjev	
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.	
trial of Cimzia, an infliximab product (e.g., Remicade, biosimilat	rs),
or Simponi (Aria or subcutaneous) also counts.	
b) Patient has Crohn's Disease and has tried one adalimumab produ	ict:
OR	,
Note: Examples of adalimumab products include Humira, Abrila	da
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjev	
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.	
trial of an infliximab product (e.g., Remicade, biosimilars) or Cim	zia
also counts.	
c) Patient has <u>nr-axSpA</u> and has tried Cimzia; OR	
Note: A trial of Enbrel, an adalimumab product, an inflixin	nab
product (Remicade, biosimilars), or Simponi (Aria or subcutaneo	us)
also counts. Examples of adalimumab products include Hum	ira,
Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fk	cip,
Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, a	
Yusimry.	
d) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or	an
adalimumab product; OR	un
<u>Note</u> : Examples of adalimumab products include Humira, Abrila	da
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjev	
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.	
trial of Cimzia, an infliximab product (e.g., Remicade, biosimila	rs),
or Simponi (Aria or subcutaneous) also counts.	
e) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or	an
adalimumab product; OR	
Note: Examples of adalimumab products include Humira, Abrila	da,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjev	ita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.	A
trial of Cimzia, an infliximab product (e.g., Remicade, biosimila	
or Simponi (Aria or subcutaneous) also counts.	,,
f) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab produ	ıct.
OR	,
Note: Examples of adalimumab products include Humira, Abrila	da
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjev	
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.	
trial of an infliximab product (e.g., Remicade, biosimilars) or Simp	onı
subcutaneous also counts.	
g) Patient has been established on Rinvoq for at least 90 days a	
prescription claims history indicates at least a 90-day supply	
Rinvoq was dispensed within the past 130 days [verification	
prescription claims history required] if claims history is	not
available, according to the prescriber [verification by prescril	ber
required].	

	<ul> <li><u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND the patient has been receiving Rinvoq via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq).</li> <li><b>B)</b> If the patient has met criterion 7Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 7Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</li> <li><b>i.</b> Ankylosing Spondylitis: Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz.</li> <li><b>ii.</b> Crohn's Disease: Humira, adalimumab-adam, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz.</li> <li><b>v.</b> Psoriatic Arthritis: Enbrel, Humira, adalimumab-adaz.</li> <li><b>v.</b> Ulcerative Colitis: Humira, adalimumab-adaz, Otezla, Skyrizi</li></ul>
	8. <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 <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria.
Xeljanz	1. Ankylosing Spondylitis – Initial Therapy.
tablets,	<ul> <li>A) Approve for 6 months if the patient meets the following (i and ii):</li> </ul>
Xeljanz XR	i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior
tablets	Authorization Policy criteria; AND
tablets	ii. Patient has tried one of Enbrel or an adalimumab product; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.
	<ul> <li>B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz) using the respective standard Inflammatory Conditions Prior Authorization Policy criteria.</li> </ul>
	2. <u>Rheumatoid Arthritis – Initial Therapy</u> .
	A) Approve for 6 months if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior
	<ul><li><i>Authorization Policy</i> criteria; AND</li><li>ii. Patient has tried one of Enbrel or an adalimumab product; OR</li></ul>
	ii. Patient has tried one of Enbrel or an adalimumab product; OR

<u>Note</u> : Examples of adalimumab products include Humira, Abrilad adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevit
Cultore Hadima Hulia Humman Linia Vullema and Vullema Adult
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A tri
of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simpor
(Aria or subcutaneous) also counts.
<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i>
Xeljanz/XR Prior Authorization Policy criteria), but criterion 2Aii is not me
offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbr
Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) usir
the respective standard Inflammatory Conditions Prior Authorization Police
criteria.
3. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u> .
A) Approve for 6 months if the patient meets the following (i and ii):
i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prid
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, Abrilad adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevit
51 5
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A tri
of an infliximab product (e.g., Remicade, biosimilars) or Simponi Ar
also counts.
<b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i>
Xeljanz/XR Prior Authorization Policy criteria), but criterion 3Aii is not me
offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbr
Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) usir
the respective standard Inflammatory Conditions – Prior Authorization Police
criteria.
4. <u>Psoriatic Arthritis – Initial Therapy</u> .
A) Approve for 6 months if the patient meets the following (i and ii):
i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Price
Authorization Policy criteria; AND
ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilad
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevit
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A tri
of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simpor
(Aria or subcutaneous) also counts.
B) If the patient has met criterion 4Ai (the standard Inflammatory Conditions
Xeljanz/XR Prior Authorization Policy criteria), but criterion 4Aii is not me
offer to review for a Step 1 Product (Enbrel, Humira, adalimumab-adbr
Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezl
Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, o
Tremfya) using the respective standard Inflammatory Conditions Price
Authorization Policy criteria.
5. <u>Ulcerative Colitis – Initial Therapy.</u>
A) Approve for 6 months if the patient meets the following (i and ii):
i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Price
Authorization Policy criteria; AND
ii. Patient has tried one adalimumab product.

Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi
subcutaneous also counts.
B) If the patient has met criterion 5Ai (the standard Inflammatory Conditions –
<i>Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 5Aii is not met:
offer to review for a Preferred Product (Humira, adalimumab-adbm, Cyltezo,
Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Stelara
subcutaneous) using the respective standard Inflammatory Conditions Prior
Authorization Policy criteria.
6. Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis,
Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving
<u>Xeljanz/XR</u> .
A) Approve for 1 year if the patient meets the following (i <u>and</u> ii):
i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior
Authorization Policy criteria; AND
ii. Patient meets ONE of the following (a, b, c, d, e, <u>or</u> f):
a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or an
adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars),
or Simponi (Aria or subcutaneous) also counts.
b) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or an
adalimumab product; OR <u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars),
or Simponi (Aria or subcutaneous) also counts.
c) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or
an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi
Aria also counts.
d) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or an
adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada,
adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars),
or Simponi (Aria or subcutaneous) also counts.
e) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product;
OR

	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,					
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi					
	subcutaneous also counts.					
	f) Patient has been established on Xeljanz/XR for at least 90 days and					
	prescription claims history indicates at least a 90-day supply of					
	Xeljanz/XR was dispensed within the past 130 days [verification in					
	prescription claims history required] if claims history is not					
	available, according to the prescriber [verification by prescriber					
	required]; OR					
	Note: In cases when 130 days of the patient's prescription claim					
	history file is unavailable to be verified, an exception to this					
	requirement is allowed if the prescriber has verified that the patient					
	has been receiving Xeljanz/XR for at least 90 days AND the patient					
	has been receiving Xeljanz/XR via paid claims (e.g., patient has <u>not</u>					
	been receiving samples or coupons or other types of waivers in order					
	to obtain access to Xeljanz/XR). <b>B)</b> If the national has mot evidenian $(A_i)$ (the standard half sum stars Conditions					
	<b>B)</b> If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions</i> –					
	<i>Xeljanz/XR Prior Authorization Policy</i> criteria but criterion 6Aii is not met:					
	offer to review for one of the following Products using the respective standard					
	Inflammatory Conditions Prior Authorization Policy criteria: i. Ankylosing Spondylitis: Enbrel, Humira, adalimumab-adbm, Cyltezo,					
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, or Taltz.					
	• • •					
	ii. Rheumatoid Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab adaz					
	<u>Hyrimoz (NDCs starting with 61314), or adalimumab-adaz</u> . iii. Juvenile Idiopathic Arthritis: Enbrel, Humira, adalimumab-adbm,					
	Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz.					
	iv. Psoriatic Arthritis: Enbrel, Humira, adalimumab-adbm, Cyltezo,					
	Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla, Skyrizi					
	subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.					
	v. Ulcerative Colitis: <u>Humira</u> , adalimumab-adbm, Cyltezo, Hyrimoz					
	(NDCs starting with 61314), adalimumab-adaz, or Stelara subcutaneous.					
	7. <u>Other Conditions</u> . Approve the requested medication (initial therapy for a					
	duration as directed or $\underline{1 \text{ year}}$ for a patient continuing therapy) if the patient meets					
	the standard Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy					
	criteria.					
Xeljanz oral	1. Juvenile Idiopathic Arthritis – Initial Therapy.					
solution	A) Approve for 6 months if the patient meets the following (i and ii):					
	i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior					
	Authorization Policy criteria; AND					
	ii. Patient has tried one of Enbrel or an adalimumab product; OR					
	Note: Examples of adalimumab products include Humira, Abrilada,					
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,					
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial					
	of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria					
	also counts.					
	B) If the patient has met criterion 1Ai (the standard Inflammatory Conditions –					
	Xeljanz/XR Prior Authorization Policy criteria), but criterion 1Aii is not met:					

	offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using
	the respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria.
	2. <u>Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz</u> .
	A) Approve for 1 year if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior
	Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a <u>or</u> b):
	a) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or
	an adalimumab product; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi
	Aria also counts.
	b) Patient has been established on Xeljanz for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Xeljanz was dispensed within the past 130 days [verification in
	prescription claims history required if claims history is not
	available, according to the prescriber [verification by prescriber
	required]; OR
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Xeljanz for at least 90 days AND the patient has
	been receiving Xeljanz via paid claims (e.g., patient has not been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Xeljanz).
	B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Xeljanz/XR Prior Authorization Policy criteria but criterion 2Aii is not met:
	offer to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz) using
	the respective standard Inflammatory Conditions – Prior Authorization Policy
	criteria.
	3. <u>Other Conditions</u> . Approve the requested medication (initial therapy for a
	duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets
	the standard Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy criteria.
Sphingosine 1_P	Phosphate Receptor Modulator
Zeposia	All Conditions. Approve Zeposia if the patient meets the standard <i>Multiple Sclerosis</i>
P	and Ulcerative Colitis – Zeposia Care Value Policy criteria.
Tyrosine Kinase	
Sotyktu	
1	1. <u>Plaque Psoriasis – Initial Therapy</u> .
	<ol> <li><u>Plaque Psoriasis – Initial Therapy</u>.</li> <li>A) Approve for 3 months if the patient meets the following (i and ii):</li> </ol>
	<ul> <li>A) Approve for 3 months if the patient meets the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions</i> –</li> </ul>
	<ul> <li>A) Approve for 3 months if the patient meets the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria; AND</li> </ul>
	<ul> <li>A) Approve for 3 months if the patient meets the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions</i> –</li> </ul>

	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product.
	<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	Sotyktu Prior Authorization Policy criteria), but criterion 1Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
	Tremfya) using the respective standard Inflammatory Conditions - Prior
	Authorization Policy criteria.
2.	Plaque Psoriasis – Patient is Currently Receiving Sotyktu.
	A) Approve for 1 year if the patient meets the following (i and ii):
	i. Patient meets the standard Inflammatory Conditions – Sotyktu Prior
	Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a <u>or</u> b):
	a) Patient has tried ONE of Enbrel, an adalimumab product, Otezla,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
	Tremfya; OR
	•
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, Amjevita,
	Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A
	trial of multiple adalimumab products counts as <b>ONE</b> product.
	b) Patient has been established on Sotyktu for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Sotyktu was dispensed within the past 130 days [verification in
	prescription claims history required if claims history is not
	available, according to the prescriber [verification by prescriber
	required].
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Sotyktu for at least 90 days AND the patient has
	been receiving Sotyktu via paid claims (e.g., patient has <u>not</u> been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Sotyktu).
	<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Sotyktu Prior Authorization Policy criteria), but criterion 2Aii is not met: offer
	to review for a Preferred Product (Enbrel, Humira, adalimumab-adbm,
	Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, Otezla,
	Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or
	<u>Tremfya</u> ) using the respective standard Inflammatory Conditions - Prior
	Authorization Policy criteria.
3.	Other Conditions. Approve Sotyktu (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 – Sotyktu Prior Authorization Policy criteria.

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- 20. Xeljanz<sup>®</sup>/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer; October 2020.
- 21. Ilumya<sup>™</sup> subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; April 2021.
- 22. Rinvoq<sup>™</sup> tablets [prescribing information]. North Chicago, IL: AbbVie; October 2022.
- 23. Zeposia<sup>®</sup> capsules [prescribing information]. Summit, NJ: Celgene; May 2021.
- 24. Sotyktu<sup>™</sup> tablets [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022.

### **APPENDIX A**

		J	Rheumatolo	gy		Dermatology	Gastroen	terology
	RA	JIA	AS	nr-axSpA	PsA	PsO	CD	UC
<b>Tumor Necrosis</b>	Tumor Necrosis Factor Inhibitors							
Cimzia								
Enbrel								
Adalimumab Products (Humira, biosimilars)	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Infliximab Intravenous Products	$\checkmark$		$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Zymfentra								
Simponi Subcutaneous	V							
Simponi Aria		√	$\checkmark$		V		 D: 4.4	

#### Table 1. Approved TNFis for Targeted Indications.\*

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

Table 2.	Approved IL-17, IL-23	, and IL-12/23 Blockers for	Targeted Indications.*
I UNIC II		, und IL 12/20 Diochers for	I al Secon Indications.

	Rheumatology			Dermatology	Gastroenterology			
	Ankylosing Spondylitis	nr-axSpA	Psoriatic Arthritis	Plaque Psoriasis	Crohn's Disease	Ulcerative Colitis		
Interleukin-17 Blockers								
Cosentyx	$\checkmark$		$\checkmark$	$\checkmark$				
Subcutaneous								
Cosentyx Intravenous			$\checkmark$					
Siliq								
Taltz			$\checkmark$					
Interleukin-23 Blockers	5							
Ilumya								
Omvoh Intravenous						$\sqrt{\#}$		
Omvoh Subcutaneous								
Skyrizi Intravenous					$\sqrt{\#}$			
Skyrizi Subcutaneous			$\checkmark$					
Tremfya								
Interleukin-12/23 Block	kers							
Stelara Subcutaneous				$\checkmark$				
Stelara Intravenous					$\sqrt{\#}$	$\sqrt{\#}$		

IL - Interleukin; \* Refer to the selected standard Prior Authorization Policies for the specific patient population approved for each indication; nr-axSpA – Non-radiographic spondyloarthritis; <sup>^</sup>Maintenance dosing only; <sup>#</sup>Induction dosing only.

	Rheumatology					Dermatology	Gastroenterology		
	RA	JIA	AS	nr-axSpA	PsA	PsO	CD	UC	
Janus Kinases Inhibitors									
Olumiant	$\checkmark$								
Rinvoq	$\checkmark$			$\checkmark$			$\checkmark$	$\checkmark$	
Xeljanz tablets	$\checkmark$	$\sqrt{\#}$	$\checkmark$		$\checkmark$			$\checkmark$	
Xeljanz oral solution		$\sqrt{\#}$							
Xeljanz XR	$\checkmark$		$\checkmark$		$\checkmark$			$\checkmark$	
Phosphodi	esterase Type	4 Inhibitor							
Otezla									
Sphingosin	e 1-Phosphat	e Receptor M	odulator						
Velsipity									
Zeposia									
Tyrosine Kinase 2 Inhibitor									
Sotyktu									

#### Table 3. Approved Oral tsDMARDs for Targeted Indications.\*

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; <sup>#</sup> Indicated in polyarticular JIA.

#### Table 4. Other Approved Biologics for Targeted Indications.\*

	F	Gastroenterology			
	Rheumatoid Arthritis	Juvenile Idiopathic Arthritis	Psoriatic Arthritis	Crohn's Disease	Ulcerative Colitis
Integrin Receptor Antagonist					
Entyvio Intravenous				$\checkmark$	
Entyvio Subcutaneous					$\sqrt{Y}$
Interleukin-6 Blockers					
Actemra Intravenous					
Actemra Subcutaneous					
Kevzara					
Interleukin-1 Blocker					
Kineret					
<b>T-Cell Costimulation Modulator</b>					
Orencia Intravenous		$\sqrt{\#}$			
Orencia Subcutaneous		$\sqrt{\#}$			
CD20-Directed Cytolytic Antibody					
Rituximab Intravenous Products					

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