

## CARE VALUE POLICY

**POLICY:** Inflammatory Conditions Care Value Policy

<b>Tumor Necrosis Factor Inhibitors</b>
<ul style="list-style-type: none"> <li>Amjevita® (adalimumab-atto subcutaneous injection – Amgen)</li> <li>Cimzia® (certolizumab pegol subcutaneous injection – UCB)</li> <li>Enbrel® (etanercept subcutaneous injection – Amgen)</li> <li>Humira® (adalimumab subcutaneous injection – AbbVie)</li> <li>Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> </ul>
<b>Interleukin-6 Blockers</b>
<ul style="list-style-type: none"> <li>Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)</li> <li>Kevzara™ (sarilumab subcutaneous injection – Regeneron)</li> </ul>
<b>Interleukin-17 Blockers</b>
<ul style="list-style-type: none"> <li>Cosentyx® (secukinumab subcutaneous injection – Novartis)</li> <li>Siliq™ (brodalumab subcutaneous injection – Valeant)</li> <li>Taltz® (ixekizumab subcutaneous injection – Eli Lilly)</li> </ul>
<b>Interleukin-23 Blockers</b>
<ul style="list-style-type: none"> <li>Ilumya™ (tildrakizumab-asmn subcutaneous injection – Sun/Merck)</li> <li>Skyrizi™ (risankizumab-rzaa subcutaneous injection – AbbVie)</li> <li>Tremfya™ (guselkumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> </ul>
<b>Interleukin 12/23 Blocker</b>
<ul style="list-style-type: none"> <li>Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson &amp; Johnson)</li> </ul>
<b>Interleukin-1 Blocker</b>
<ul style="list-style-type: none"> <li>Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)</li> </ul>
<b>T-Cell Costimulation Modulator</b>
<ul style="list-style-type: none"> <li>Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)</li> </ul>
<b>Janus Kinases Inhibitors</b>
<ul style="list-style-type: none"> <li>Olumiant® (baricitinib tablets – Eli Lilly)</li> <li>Rinvoq™ (upadacitinib extended-release tablets – AbbVie)</li> <li>Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer)</li> <li>Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)</li> </ul>
<b>Phosphodiesterase Type 4 Inhibitor</b>
<ul style="list-style-type: none"> <li>Otezla® (apremilast tablets – Celgene)</li> </ul>
<b>Sphingosine 1-Phosphate Receptor Modulator</b>
<ul style="list-style-type: none"> <li>Zeposia® (ozanimod capsules – Celgene)</li> </ul>
<b>Tyrosine Kinase 2 Inhibitor</b>
<ul style="list-style-type: none"> <li>Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)</li> </ul>

**REVIEW DATE:** 12/22/2022; selected revision 01/11/2023, 05/24/2023, 06/07/2023

### 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 [Appendix A](#). For more information on criteria within a Prior Authorization program by specific condition refer to the respective standard *Prior Authorization Policy*.

### Preferred and Non-Preferred Products.

	Rheumatology					Derma- tology	Gastroenterology	
	RA	JIA	AS	nr-axSpA	PsA	Psoriasis	CD	UC
<b>Step 1 Preferred</b>	<ul style="list-style-type: none"> <li>• Enbrel</li> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Enbrel</li> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Enbrel</li> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> <li>• Taltz</li> </ul>	<ul style="list-style-type: none"> <li>• Cimzia</li> <li>• Taltz</li> </ul>	<ul style="list-style-type: none"> <li>• Enbrel</li> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> <li>• Otezla</li> <li>• Skyrizi SC<sup>#</sup></li> <li>• Stelara SC</li> <li>• Taltz</li> <li>• Tremfya</li> </ul>	<ul style="list-style-type: none"> <li>• Enbrel</li> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> <li>• Otezla</li> <li>• Skyrizi SC<sup>#</sup></li> <li>• Stelara SC</li> <li>• Taltz</li> <li>• Tremfya</li> </ul>	<ul style="list-style-type: none"> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> <li>• Skyrizi SC (on-body injector)</li> <li>• Stelara SC</li> </ul>	<ul style="list-style-type: none"> <li>• Adalimumab Products – Humira, Amjevita<sup>^</sup></li> <li>• Stelara SC</li> </ul>
<b>Step 2 Non-Preferred</b> (directed to <b>ONE</b> Step 1 Product)	<ul style="list-style-type: none"> <li>• Actemra SC <i>Directed to adalimumab specifically.</i></li> <li>• Rinvoq</li> <li>• Xeljanz tablets/ Xeljanz XR tablets</li> </ul>	<ul style="list-style-type: none"> <li>• Actemra SC <i>Directed to adalimumab specifically. JIA Step for Actemra SC is for PJIA.</i></li> <li>• Xeljanz tablets/ Xeljanz oral solution</li> </ul>	<ul style="list-style-type: none"> <li>• Rinvoq <i>Directed specifically to Enbrel or adalimumab.</i></li> <li>• Xeljanz tablets/ Xeljanz XR tablets <i>Directed specifically to Enbrel or adalimumab.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Rinvoq <i>Directed specifically to Cimzia.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Rinvoq <i>Directed specifically to Enbrel or adalimumab.</i></li> <li>• Xeljanz tablets/ Xeljanz XR tablets <i>Directed specifically to Enbrel or adalimumab.</i></li> </ul>	--	<ul style="list-style-type: none"> <li>• Cimzia <i>Directed to adalimumab specifically.</i></li> <li>• Rinvoq <i>Directed to adalimumab specifically.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Rinvoq <i>Directed to adalimumab specifically.</i></li> <li>• Simponi SC <i>Directed to adalimumab specifically.</i></li> <li>• Xeljanz tablets/ Xeljanz XR tablets <i>Directed to adalimumab specifically.</i></li> </ul>
<b>Step 3a Non-Preferred</b> (directed to <b>TWO</b> Step 1 or 2 Products) <b>[documentation required]*</b>	<ul style="list-style-type: none"> <li>• Cimzia</li> <li>• Kevzara</li> <li>• Kineret</li> <li>• Olumiant</li> <li>• Orencia SC</li> <li>• Simponi SC</li> </ul>	<ul style="list-style-type: none"> <li>• Orencia SC</li> </ul>	<ul style="list-style-type: none"> <li>• Cimzia</li> <li>• Cosentyx</li> <li>• Simponi SC</li> </ul>	<ul style="list-style-type: none"> <li>• Cosentyx</li> </ul>	<ul style="list-style-type: none"> <li>• Cimzia</li> <li>• Cosentyx</li> <li>• Orencia SC</li> <li>• Simponi SC</li> </ul>	<ul style="list-style-type: none"> <li>• Cimzia</li> <li>• Cosentyx</li> <li>• Ilumya</li> <li>• Siliq</li> </ul>	--	--
<b>Step 3b Non-Preferred</b> (directed to <b>TWO</b> Step 1 Products)	--	--	--	--	--	--	--	<ul style="list-style-type: none"> <li>• Zeposia <i>Refer to Multiple Sclerosis and Ulcerative Colitis – Zeposia Care Value Policy</i></li> </ul>
<b>Step 3c Non-Preferred</b> (directed to <b>THREE</b> Step 1 Products) <b>[documentation required]*</b>	--	--	--	--	•	• Sotyktu	--	--

RA – Rheumatoid arthritis; <sup>^</sup> A trial of Humira and Amjevita 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; <sup>#</sup> 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.

### 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 above, when clinically appropriate, prior to the approval of the Non-Preferred Products. There are also situations when trials of Non-Preferred Products will be considered; see criteria below. Other details of the program are as follows:

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

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

**Automation:** None.

#### RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
<b>Tumor Necrosis Factor Inhibitors</b>	
Cimzia	<p><b>1. Rheumatoid Arthritis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <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 (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>.</li> </ul> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>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, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>2. Ankylosing Spondylitis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> </ul>

	<p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, and Xeljanz/XR <b>[documentation required]</b>.  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>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 (<u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>3. <b><u>Psoriatic Arthritis – Initial Therapy.</u></b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR <b>[documentation required]</b>.  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>4. <b><u>Plaque Psoriasis – Initial Therapy.</u></b></p> <p>A) Approve for 3 months if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>.  <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>5. <b><u>Crohn’s Disease – Initial Therapy.</u></b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried one adalimumab product (Humira, Amjevita).</p> <p>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (<u>Humira, Amjevita, Skyrizi subcutaneous [on-body injector], or Stelara subcutaneous</u>) using the standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p>
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	<p><b>6. <u>Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Plaque Psoriasis, or Crohn's Disease – Patient is Currently Receiving Cimzia.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a, b, c, d, e, <u>or</u> f): <ul style="list-style-type: none"> <li>a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita) Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> <li>b) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> <li>c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> <li>d) Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>; OR  <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> <li>e) Patient has <u>Crohn's Disease</u> and has tried one adalimumab product (Humira, Amjevita); OR</li> <li>f) Patient has been established on Cimzia for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Cimzia was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.  <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 Cimzia for at least 90 days AND the patient has been receiving Cimzia 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 Cimzia).</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p>
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	<ul style="list-style-type: none"> <li>i. <b>Rheumatoid Arthritis:</b> <u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR.</u></li> <li>ii. <b>Ankylosing Spondylitis:</b> <u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR.</u></li> <li>iii. <b>Psoriatic Arthritis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.</u></li> <li>iv. <b>Plaque Psoriasis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.</u></li> <li>v. <b>Crohn's Disease:</b> <u>Humira, Amjevita, Skyrizi subcutaneous (on-body injector), or Stelara subcutaneous.</u></li> </ul> <p>7. <b>Other Conditions.</b> Approve <u>Cimzia</u> (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria.</p>
<b>Simponi Subcutaneous</b>	<p>1. <b>Rheumatoid Arthritis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR</li> </ul> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous 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, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. <b>Ankylosing Spondylitis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR <b>[documentation required]</b>.</li> </ul> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>3. <b>Psoriatic Arthritis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND</li> </ul>



	<p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR <b>[documentation required]</b>. <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p><b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>4. <u>Ulcerative Colitis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried one adalimumab product (Humira, Amjevita).</p> <p><b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (<u>Humira, Amjevita, or Stelara subcutaneous</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>5. <u>Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Simponi Subcutaneous or Aria.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following conditions (a, b, c, d, e, <u>or</u> f):</p> <p>a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>b) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR <b>[documentation required]</b>; OR <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR <b>[documentation required]</b>; OR <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</p>
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	<p>d) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product (Humira, Amjevita); OR</p> <p>e) According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR</p> <p>f) Patient has been established on Simponi subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</p> <p><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 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).</p> <p><b>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Simponi 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:</p> <p>i. <b>Rheumatoid Arthritis:</b> <u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR.</u></p> <p>ii. <b>Ankylosing Spondylitis:</b> <u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR.</u></p> <p>iii. <b>Psoriatic Arthritis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.</u></p> <p>iv. <b>Ulcerative Colitis:</b> <u>Humira, Amjevita, or Stelara subcutaneous.</u></p> <p><b>6. Other Conditions.</b> Approve <u>Simponi 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 Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria.</p>
<b>Interleukin-6 Blockers</b>	
<b>Actemra Subcutaneous</b>	<p><b>1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following conditions (a <u>or</u> b):</p> <p>a) Patient has tried one adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</p> <p>b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, or Amjevita</u>) using the standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p>



	<p><b>2. <u>Rheumatoid Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a or b): <ul style="list-style-type: none"> <li>a) Patient has tried one adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</li> <li>b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder.</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, or Amjevita</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Actemra Subcutaneous or Intravenous.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Actemra Subcutaneous Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a, b, c, d, or e): <ul style="list-style-type: none"> <li>a) Patient has <u>Polyarticular Juvenile Idiopathic Arthritis</u> and has tried one adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.</li> <li>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</li> <li>c) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR</li> <li>d) According to the prescriber, the patient has been established on Actemra intravenous for at least 90 days; OR</li> <li>e) Patient has been established on Actemra subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Actemra subcutaneous was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>. <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 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).</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria), but criterion 3Aii</p>
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	<p>is not met: offer to review for a Preferred Product using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <ul style="list-style-type: none"> <li>i. <b>Polyarticular Juvenile Idiopathic Arthritis:</b> <u>Enbrel, Humira, or Amjevita.</u></li> <li>ii. <b>Rheumatoid Arthritis:</b> <u>Enbrel, Humira, or Amjevita.</u></li> </ul> <p>4. <b>All Other Conditions</b> (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 Conditions – Actemra Subcutaneous Prior Authorization Policy</i> criteria.</p>
Kevzara	<p>1. <b>Rheumatoid Arthritis – Initial Therapy.</b></p> <p>A) Approve for 6 months if the patient meets the following conditions (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a <u>or</u> b): <ul style="list-style-type: none"> <li>a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products 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 <b>[documentation required]</b>.</li> <li>b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder.</li> </ul> </li> </ul> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Kevzara 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, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. <b>Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.</b></p> <p>A) Approve for 1 year if the patient meets BOTH of the following conditions (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a, b, <u>or</u> c): <ul style="list-style-type: none"> <li>a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products 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 <b>[documentation required]</b>.</li> <li>b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR</li> <li>c) Patient has been established on Kevzara for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of</u></li> </ul> </li> </ul>

	<p>Kevzara was dispensed within the past 130 days <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</p> <p><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 Kevzara for at least 90 days AND the patient has been receiving Kevzara 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 Kevzara).</p> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. Other Conditions.</b> Approve <u>Kevzara</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 – Kevzara Prior Authorization Policy</i> criteria.</p>
<b>Interleukin-17 Blockers</b>	
<b>Cosentyx</b>	<p><b>1. Ankylosing Spondylitis – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR <b>[documentation required]</b>.</li> </ul> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. 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 (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Humira, Amjevita, Enbrel, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried TWO of Cimzia, Taltz, and Rinvoq <b>[documentation required]</b>.</li> </ul> <p><u>Note:</u> A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Cimzia, Taltz, or Rinvoq</u>) using</p>

	<p>the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Plaque Psoriasis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 3 months if the patient meets the following (i and ii):</p> <ol style="list-style-type: none"> <li>Patient meets the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria; AND</li> <li>Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>. <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> </ol> <p><b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>4. <u>Psoriatic Arthritis in a Patient ≥ 18 Years of Age – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i and ii):</p> <ol style="list-style-type: none"> <li>Patient meets the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria; AND</li> <li>Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR <b>[documentation required]</b>. <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi <b>[documentation required]</b>. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> </ol> <p><b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>5. <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis in a Patient ≥ 18 Years of Age – Patient is Currently Receiving Cosentyx.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets the following (i and ii):</p> <ol style="list-style-type: none"> <li>Patient meets the standard <i>Inflammatory Conditions – Cosentyx Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following conditions (a, b, c, d, or e): <ol style="list-style-type: none"> <li>Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR <b>[documentation required]</b>; OR <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. 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 (Aria or subcutaneous) also counts <b>[documentation required]</b>.</li> <li>Patient has <u>nr-axSpA</u> and has tried TWO of Cimzia, Taltz, and Rinvoq <b>[documentation required]</b>; OR</li> </ol> </li> </ol>
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	<p><u>Note</u>: A trial of Enbrel, an adalimumab product (Humira, Amjevita), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p>c) Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>; OR</p> <p><u>Note</u>: A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>d) Patient is <math>\geq 18</math> years of age with <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR <b>[documentation required]</b>; OR</p> <p><u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and XeljanzXR) collectively counts as <b>ONE</b> product. 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 (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p>e) Patient has been established on Cosentyx for at least 90 days and prescription claims history indicates <u>at least a 90-day supply of Cosentyx was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</p> <p><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 for at least 90 days AND the patient has been receiving Cosentyx 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).</p> <p>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Cosentyx 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:</p> <ul style="list-style-type: none"> <li>i. <b>Ankylosing Spondylitis</b>: <u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR.</u></li> <li>ii. <b>nr-axSpA</b>: <u>Cimzia, Taltz, Rinvoq.</u></li> <li>iii. <b>Plaque Psoriasis</b>: <u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya.</u></li> <li>iv. <b>Psoriatic Arthritis</b>: <u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya.</u></li> </ul> <p>6. <b>Other Conditions</b>. Approve Cosentyx (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 – Cosentyx Prior Authorization Policy</i> criteria.</p> <p><u>Note</u>: This includes a patient <math>&lt; 18</math> years of age with Psoriatic Arthritis.</p>
Siliq	<p>1. <b>Plaque Psoriasis – Initial Therapy</b>.</p> <p>A) Approve for 3 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> </ul>



	<p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>.  <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Plaque Psoriasis – Patient is Currently Receiving Siliq.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following conditions (a or b):</p> <p>a) Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya <b>[documentation required]</b>; OR  <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>b) Patient has been established on Siliq for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Siliq was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.  <u>Note:</u> In cases when 130 days of the patient’s prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Siliq for at least 90 days AND the patient has been receiving Siliq via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Siliq).</p> <p><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, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> Approve <u>Siliq</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria.</p>
<b>Interleukin-23 Blockers</b>	
<b>Ilumya</b>	<p><b>1. <u>Plaque Psoriasis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 3 months if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>.</p>



	<p><b>B)</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 (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, and Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Plaque Psoriasis – Patient is Currently Receiving Ilumya.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient meets ONE of the following conditions (a <u>or</u> b): <ul style="list-style-type: none"> <li><b>a)</b> Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya <b>[documentation required]</b>; OR  <u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</li> <li><b>b)</b> Patient has been established on Ilumya for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Ilumya was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.  <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 <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya).</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> 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 <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria.</p>
<b>Interleukin-1 Blocker</b>	
<b>Kineret</b>	<p><b>1. <u>Rheumatoid Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>.  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of Actemra intravenous, Cimzia,</li> </ul>

	<p>Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Kineret 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, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Kineret.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following conditions (i and ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient meets ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a)</b> Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products 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 <b>[documentation required]</b>.</li> <li><b>b)</b> Patient has been established on Kineret at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Kineret was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.  <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 Kineret for at least 90 days AND the patient has been receiving Kineret 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 Kineret).</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> 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 <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria.  <u>Note:</u> This includes Cryopyrin-Associated Periodic Syndromes [CAPS], Systemic Juvenile Idiopathic Arthritis).</p>
<b>T-Cell Costimulation Modulator</b>	

<p><b>Orencia Subcutaneous</b></p>	<ol style="list-style-type: none"> <li>1. <b><u>Rheumatoid Arthritis – Initial Therapy.</u></b> <ol style="list-style-type: none"> <li>A) Approve for 6 months if the patient meets the following (i and ii):               <ol style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a or b):                   <ol style="list-style-type: none"> <li>a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, or Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products 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 <b>[documentation required]</b>.</li> <li>b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.</li> </ol> </li> </ol> </li> <li>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 (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> </ol> </li> <li>2. <b><u>Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.</u></b> <ol style="list-style-type: none"> <li>A) Approve for 6 months if the patient meets the following (i and ii):               <ol style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a or b):                   <ol style="list-style-type: none"> <li>a) Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), and Xeljanz; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of Actemra intravenous, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts <b>[documentation required]</b>.</li> <li>b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.</li> </ol> </li> </ol> </li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Xeljanz tablets, or Xeljanz oral solution</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> </ol> </li> <li>3. <b><u>Psoriatic Arthritis – Initial Therapy.</u></b> <ol style="list-style-type: none"> <li>A) Approve for 6 months if the patient meets the following (i and ii):               <ol style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria; AND</li> </ol> </li> </ol> </li> </ol>
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	<p>ii. Patient meets ONE of the following conditions (a or b):</p> <p>a) Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR <b>[documentation required]</b>; OR</p> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. 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 (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p>b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.</p> <p>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>4. <b><u>Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis – Patient is Currently Receiving Orencia (Subcutaneous or Intravenous).</u></b></p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following (a, b, c, d, e, or f):</p> <p>a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, or Xeljanz/XR <b>[documentation required]</b>; OR</p> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products 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 <b>[documentation required]</b>.</p> <p>b) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), and Xeljanz tablets or oral solution; OR</p> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of Actemra intravenous, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts <b>[documentation required]</b>.</p> <p>c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR <b>[documentation required]</b>; OR</p> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple</p>
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	<p>adalimumab products counts as <b>ONE</b> product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <ul style="list-style-type: none"> <li>d) According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR</li> <li>e) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR</li> <li>f) Patient has been established on Orencia subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</li> </ul> <p><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 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).</p> <p><b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 4Aii is not met, offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <ul style="list-style-type: none"> <li>i. <b>Rheumatoid Arthritis:</b> <u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR.</u></li> <li>ii. <b>Juvenile Idiopathic Arthritis:</b> <u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Xeljanz tablets, or Xeljanz oral solution.</u></li> <li>iii. <b>Psoriatic Arthritis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.</u></li> </ul> <p><b>5. Other Conditions.</b> 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 <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria.</p>
<b>Janus Kinases Inhibitors</b>	
<b>Olumiant</b>	<p><b>1. Rheumatoid Arthritis – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Olumiant Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>.</li> </ul> <p><u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of Actemra intravenous, Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia</p>

	<p>(intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts <b>[documentation required]</b>.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Olumiant 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, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Olumiant.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ol style="list-style-type: none"> <li>Patient meets the standard <i>Inflammatory Conditions – Olumiant Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following conditions (a <u>or</u> b): <ol style="list-style-type: none"> <li>Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR <b>[documentation required]</b>; OR  <u>Note:</u> A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of multiple adalimumab products counts as <b>ONE</b> 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 <b>[documentation required]</b>.</li> <li>Patient has been established on Olumiant for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Olumiant was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.  <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 Olumiant for at least 90 days AND the patient has been receiving Olumiant 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 Olumiant).</li> </ol> </li> </ol> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Olumiant Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> Approve <u>Olumiant</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 – Olumiant Prior Authorization Policy</i> criteria.</p>
Rinvoq	<p><b>1. <u>Ankylosing Spondylitis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ol style="list-style-type: none"> <li>Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</li> </ol>



	<p>ii. Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Taltz</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Crohn’s Disease – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried one adalimumab product (Humira, Amjevita).  <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Cimzia also counts.</p> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Humira, Amjevita, Skyrizi subcutaneous [on-body injector], or Stelara subcutaneous</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried Cimzia.  <u>Note:</u> A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – 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 <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria.</p> <p><b>4. <u>Rheumatoid Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, or Amjevita</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>5. <u>Psoriatic Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p>
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	<p>ii. Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>6. <b><u>Ulcerative Colitis – Initial Therapy.</u></b></p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried one adalimumab product (Humira, Amjevita).  <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.</p> <p>B) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria), but criterion 6Aii is not met: offer to review for a Preferred Product (<u>Humira, Amjevita, or Stelara subcutaneous</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>7. <b><u>Ankylosing Spondylitis, Crohn’s Disease, nr-axSpA, Rheumatoid Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Rinvoq.</u></b></p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following conditions (a, b, c, d, e, f, or g):</p> <p>a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>b) Patient has <u>Crohn’s Disease</u> and has tried one adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.</p> <p>c) Patient has <u>nr-axSpA</u> and has tried Cimzia; OR  <u>Note:</u> A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>d) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>e) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>f) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product (Humira, Amjevita); OR</p>
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	<p><u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.</p> <p><b>g)</b> Patient has been established on Rinvoq for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Rinvoq was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</p> <p><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).</p> <p><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:</p> <ul style="list-style-type: none"> <li><b>i. Ankylosing Spondylitis:</b> <u>Enbrel, Humira, Amjevita, Taltz.</u></li> <li><b>ii. Crohn's Disease:</b> <u>Humira, Amjevita, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous.</u></li> <li><b>iii. nr-axSpA:</b> <u>Cimzia, Taltz.</u></li> <li><b>iv. Rheumatoid Arthritis:</b> <u>Enbrel, Humira, Amjevita.</u></li> <li><b>v. Psoriatic Arthritis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya.</u></li> <li><b>vi. Ulcerative Colitis:</b> <u>Humira, Amjevita, Stelara subcutaneous.</u></li> </ul> <p><b>8. All Other Conditions.</b> 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.</p>
<p><b>Xeljanz tablets, Xeljanz XR tablets</b></p>	<p><b>1. Ankylosing Spondylitis – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR</li> </ul> <p><u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Taltz</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>2. Rheumatoid Arthritis – Initial Therapy.</b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR</li> </ul>

	<p><u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Juvenile Idiopathic Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR</li> </ul> <p><u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.</p> <p><b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita</u>) using the standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>4. <u>Psoriatic Arthritis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR</li> </ul> <p><u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p><b>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Step 1 Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>5. <u>Ulcerative Colitis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient has tried one adalimumab product (Humira, Amjevita).</li> </ul> <p><u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.</p> <p><b>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (<u>Humira, Amjevita, or Stelara subcutaneous</u>) using the standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p><b>6. <u>Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Xeljanz/XR.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li><b>ii.</b> Patient meets ONE of the following conditions (a, b, c, d, e, <u>or</u> f):</li> </ul>
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	<p>a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>b) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>c) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.</p> <p>d) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>e) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product (Humira, Amjevita); OR  <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.</p> <p>f) Patient has been established on Xeljanz/XR for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>; OR  <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 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).</p> <p>B) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions – 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 <i>Inflammatory Conditions Prior Authorization Policy</i> criteria:</p> <ol style="list-style-type: none"> <li><b>Ankylosing Spondylitis:</b> <u>Enbrel, Humira, Amjevita, Taltz.</u></li> <li><b>Rheumatoid Arthritis:</b> <u>Enbrel, Humira, Amjevita.</u></li> <li><b>Juvenile Idiopathic Arthritis:</b> <u>Enbrel, Humira, Amjevita.</u></li> <li><b>Psoriatic Arthritis:</b> <u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya.</u></li> <li><b>Ulcerative Colitis:</b> <u>Humira, Amjevita, Stelara subcutaneous.</u></li> </ol> <p>7. <b>Other Conditions.</b> 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 <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria.</p>
Xeljanz oral solution	<p>1. <b>Juvenile Idiopathic Arthritis – Initial Therapy.</b>  A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p>

	<ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.</li> </ul> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following conditions (a <u>or</u> b): <ul style="list-style-type: none"> <li>a) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR <u>Note:</u> A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.</li> <li>b) Patient has been established on Xeljanz for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Xeljanz was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>; OR <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 Xeljanz for at least 90 days AND the patient has been receiving Xeljanz 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).</li> </ul> </li> </ul> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> 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 <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria.</p>
<b>Sphingosine 1-Phosphate Receptor Modulator</b>	
<b>Zeposia</b>	<b><u>All Conditions.</u></b> Approve <u>Zeposia</u> if the patient meets the standard <i>Multiple Sclerosis and Ulcerative Colitis – Zeposia Care Value Policy</i> criteria.
<b>Tyrosine Kinase 2 Inhibitor</b>	
<b>Sotyktu</b>	<p><b>1. <u>Plaque Psoriasis – Initial Therapy.</u></b></p> <p><b>A)</b> Approve for 3 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li>i. Patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria; AND</li> </ul>



	<p>ii. Patient has tried THREE of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya <b>[documentation required]</b>.</p> <p><b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>2. <u>Plaque Psoriasis – Patient is Currently Receiving Sotyktu.</u></b></p> <p><b>A)</b> Approve for 1 year if the patient meets the following (i and ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient meets ONE of the following conditions (a or b):</p> <p>a) Patient has tried THREE of Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya <b>[documentation required]</b>; OR</p> <p><u>Note:</u> A trial of multiple adalimumab products counts as <b>ONE</b> product.</p> <p>b) Patient has been established on Sotyktu for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Sotyktu was dispensed within the past 130 days</u> <b>[verification in prescription claims history required]</b> if claims history is not available, according to the prescriber <b>[verification by prescriber required]</b>.</p> <p><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 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).</p> <p><b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p><b>3. <u>Other Conditions.</u></b> Approve <u>Sotyktu</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 – Sotyktu Prior Authorization Policy</i> criteria.</p>
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## APPENDIX A

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

	Rheumatology					Dermatology	Gastroenterology	
	RA	JIA	AS	nr-axSpA	PsA	PsO	CD	UC
<b>Tumor Necrosis Factor Inhibitors</b>								
Cimzia	√	--	√	√	√	√	√	--
Enbrel	√	√	√	--	√	√	--	--
Adalimumab products (Humira, biosimilars)	√	√	√	--	√	√	√	√
Infliximab Products	√	--	√	--	√	√	√	√
Simponi Subcutaneous	√	--	√	--	√	--	--	√
Simponi Aria	√	√	√	--	√	--	--	--

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

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

	Rheumatology			Dermatology	Gastroenterology	
	Ankylosing Spondylitis	nr-axSpA	Psoriatic Arthritis	Plaque Psoriasis	Crohn’s Disease	Ulcerative Colitis
<b>Interleukin-17 Blockers</b>						
Cosentyx	√	√	√	√	--	--
Siliq	--	--	--	√	--	--
Taltz	√	√	√	√	--	--
<b>Interleukin-23 Blockers</b>						
Ilumya	--	--	--	√	√	--
Skyrizi Intravenous	--	--	--	--	√ <sup>#</sup>	--
Skyrizi Subcutaneous	--	--	√	√	√ <sup>^</sup>	--
Tremfya	--	--	√	√	--	--
<b>Interleukin-12/23 Blockers</b>						
Stelara Subcutaneous	--	--	√	√	√ <sup>^</sup>	√ <sup>^</sup>
Stelara Intravenous	--	--	--	--	√ <sup>#</sup>	√ <sup>#</sup>

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

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

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

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

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

	Rheumatology		
	Rheumatoid Arthritis	Juvenile Idiopathic Arthritis	Psoriatic Arthritis
<b>Interleukin-6 Blockers</b>			
Actemra Intravenous	√	√ <sup>^</sup>	--
Actemra Subcutaneous	√	√ <sup>^</sup>	--
Kevzara	√	--	--
<b>Interleukin-1 Blocker</b>			
Kineret	√	--	--
<b>T-Cell Costimulation Modulator</b>			
Orencia Intravenous	√	√ <sup>#</sup>	√
Orencia Subcutaneous	√	√ <sup>#</sup>	√
<b>CD20-Directed Cytolytic Antibody</b>			
Rituximab Intravenous Products	√	--	--

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