VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Rituximab Intravenous Products Utilization Management Medical Policy
- Riabni™ (rituximab-arrx intravenous infusion – Amgen)
- Rituxan® (rituximab intravenous infusion – Genentech)
- Ruxience™ (rituximab-pvvr intravenous infusion – Pfizer)
- Truxima® (rituximab-abbs intravenous infusion – Celltrion/Teva)

REVIEW DATE: 06/23/2021; selected revision 07/21/2021

OVERVIEW

Rituximab products are CD20-directed cytolytic antibodies. All approved rituximab intravenous products are indicated for treatment of the following conditions:

- **Chronic lymphocytic leukemia** (CLL), in combination with fludarabine and cyclophosphamide (FC) for the treatment of patients with previously untreated and previously treated CD20-positive disease.
- **Granulomatosis with polyangiitis** (Wegener's granulomatosis) and **microscopic polyangiitis** in adults, in combination with glucocorticoids.
- **Non-Hodgkin lymphoma** (NHL), for the following uses:
  - previously untreated follicular, CD20-positive disease, in combination with first-line chemotherapy, and in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as a single-agent maintenance therapy.
  - for relapsed or refractory, low-grade or follicular, CD20-positive, B-cell disease.
  - for non-progressing (including stable disease) low-grade, CD20-positive, B-cell disease as a single agent after first-line cyclophosphamide/vincristine/prednisone (CVP) chemotherapy.
  - for previously untreated diffuse large B-cell, CD20-positive disease, in combination with cyclophosphamide/doxorubicin/vincristine/prednisone (CHOP) or other anthracycline-based chemotherapy regimens.

In addition to the above indications, Rituxan intravenous and Truxima are also indicated for treatment of the following condition:

- **Rheumatoid arthritis**, in adult patients with moderately to severely active disease, in combination with methotrexate for patients who have had an inadequate response to one or more tumor necrosis factor inhibitors (TNFis).

In addition to the above indications, Rituxan intravenous is also indicated for treatment of the following conditions:

- **Granulomatosis with polyangitis** (Wegener's granulomatosis) and **microscopic polyangiitis** in patients ≥ 2 years of age, in combination with glucocorticoids.
- **Pemphigus vulgaris**, for adults with moderate to severe disease.

Riabni, Ruxience, and Truxima are approved as biosimilar to Rituxan intravenous, indicating no clinically meaningful differences in safety and effectiveness and the same mechanism of action, route of administration, dosage form, and strength as Rituxan intravenous. However, minor differences in clinically inactive components are allowed. At this time, the biosimilars have only demonstrated biosimilarity, not interchangeability.

Guidelines

The use of rituximab is supported in clinical guidelines in numerous situations, both as first-line therapy and in patients who are refractory or have relapsed following treatment with other therapies.[4-21]

- **ANCA-Associated Vasculitis:** Guidelines from the American College of Rheumatology (ACR) [2021] list rituximab among the alternatives for induction or maintenance of remission. Various regimens are recommended with a typical maximum of 1,000 mg/infusion. For maintenance dosing, at least 4 months should separate doses. The optimal dose of rituximab for remission maintenance remains uncertain. Although scheduled maintenance is conditionally recommended over use of CD19+ B-cell counts and/or ANCA titers to guide retreatment, there are data to support both approaches.
- **Immune Thrombocytopenia (ITP):** Guidelines from the American Society of Hematology (ASH) for ITP (2019) mention rituximab as an alternative for children and adults with ITP who do not respond to first-line treatment, and for adults who are corticosteroid-dependent..[17]
- **Multiple Sclerosis (MS):** In June 2019, a consensus paper was updated by the MS Coalition that discusses the use of disease-modifying therapies in MS.[18] Rituximab is listed among various options, involving different mechanisms of action and modes of administration, which have shown benefits in patients with MS. The American Academy of Neurology has practice guidelines regarding disease-modifying therapies for adults with MS.[19] The guidelines mention rituximab for use in MS.
- **Neuromyelitis Optica Spectrum Disorders:** A review article lists rituximab as an effective treatment for neuromyelitis optica.[20]
- Oncology indications covered in National Comprehensive Cancer Network (NCCN) guidelines:[6]
  - **Acute Lymphoblastic Leukemia (ALL):** Guidelines (version 1.2021 – April 6, 2021) list rituximab in multiple regimens for Philadelphia chromosome (Ph)-negative disease.[11] In those with Ph-positive disease, rituximab should be considered in addition to chemotherapy for those with CD20-positive disease, especially in those < 60 years of age.
  - **B-Cell Lymphomas:** In the guidelines (version 4.2021 – May 5, 2021), rituximab is included in multiple treatment regimens across the spectrum of disease.[8] Guidelines for pediatric aggressive mature B-cell lymphomas (version 2.2021 – June 7, 2021) include rituximab intravenous as a component of treatment regimens for induction therapy/initial treatment and as subsequent therapy for relapsed or refractory disease.[9] For primary cutaneous B-cell lymphomas (version 2.2021 – March 4, 2021), rituximab is a treatment option for patients with primary cutaneous B-cell lymphoma.[10]
  - **CLL/Small Lymphocytic Lymphoma:** Rituximab features prominently in the guidelines (version 4.2021 – April 29, 2021) and is included in multiple treatment regimens across the spectrum of disease.[7]
  - **Graft-Versus-Host Disease (GVHD):** Guidelines (version 2.2021 – April 21, 2021) list rituximab among the agents used for steroid-refractory chronic GVHD.[15]
  - **Hairy Cell Leukemia:** Guidelines (version 2.2021 – March 11, 2021) recommend rituximab as a component in a preferred primary regimen, and in multiple regimens for relapsed/refractory disease (including in patients with progressive disease after relapsed/refractory therapy).[12]
  - **Hodgkin Disease:** Guidelines (version 4.2021 – April 20, 2021) recommend rituximab ± chemotherapy and/or radiation (depending on the clinical presentation) in the first-line setting for nodular lymphocyte-predominant disease.[13] Rituximab is also used for relapsed/refractory disease and for maintenance.
  - **Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma:** Guidelines (version 1.2020 – September 1, 2020) include rituximab in regimens across the spectrum of disease (primary therapy, previously treated disease, and maintenance).[14]
- **Pemphigus Vulgaris:** British guidelines (2017) list rituximab in combination with corticosteroids as a first-line therapy.[23]

- **Rheumatoid Arthritis:** Guidelines from ACR (2021) recommend addition of a biologic or a targeted synthetic DMARD for a patient taking the maximum tolerated dose of methotrexate who is not at target.[16]
- **Systemic Lupus Erythematous (SLE):** European League Against Rheumatism (EULAR) recommendations for the management of SLE (2019) mention rituximab as a therapeutic option for patients who are refractory to standard immunosuppressive therapies.[21]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of rituximab IV products. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with rituximab products as well as the monitoring required for adverse events and long-term efficacy, initial approval requires rituximab to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of rituximab intravenous products is recommended in those who meet the following criteria:

FDA-Approved Indications

1. Antineutrophil Cytoplasmic Antibody (ANCA)-Associated Vasculitis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Induction Treatment. Approve for 1 month if the patient meets ALL of the following (i, ii, and iii):
- **i.** Patient has an ANCA-associated vasculotide; AND
  Note: Examples of ANCA-associated vasculitis include granulomatosis with polyangiitis (GPA) [Wegener's granulomatosis] or microscopic polyangiitis (MPA).
- **ii.** The medication is being administered in combination with glucocorticoids; AND
- **iii.** The medication is prescribed by or in consultation with a rheumatologist, nephrologist, or immunologist.

B) Follow-Up Treatment of Patients Who Have Received Induction Treatment for ANCA-Associated Vasculitis. Approve for 1 year if the patient meets BOTH of the following (i and ii):
Note: This includes a patient who received induction treatment using a rituximab product or other standard of care immunosuppressants.
- **i.** According to the prescriber, the patient achieved disease control with induction treatment; AND
- **ii.** If the patient previously received a course of therapy, at least 16 weeks will elapse between courses.

Dosing. Approve one of the following (A or B):

A) Initial Therapy: Approve one of the following (i or ii):
- **i.** 375 mg/m^2 per dose administered intravenously with doses separated by at least 7 days; OR
- **ii.** Up to two 1,000-mg intravenous doses separated by at least 2 weeks.

B) Follow-Up Treatment of a Patient Who Has Received Induction Treatment for ANCA-Associated Vasculitis: Approve one of the following (i or ii):

i. ≥ 18 years of age: Up to 1,000 mg administered by intravenous infusion; OR
ii. < 18 Years of age: Up to 250 mg/m^2 administered by intravenous infusion.

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2. B-Cell Lymphoma. Approve for 1 year if prescribed by or in consultation with an oncologist.
Note: Examples of B-Cell Lymphomas include Follicular Lymphoma, Diffuse Large B-Cell Lymphoma, Acquired Immune Deficiency (AIDS)-Related B-Cell Lymphoma, Burkitt Lymphoma, Castleman's Disease, Marginal Zone Lymphoma (e.g., extranodal or MALT [gastric or nongastric], nodal, or splenic marginal zone lymphoma), Primary Mediastinal Large B-Cell Lymphoma, Mantle Cell Lymphoma, Post-Transplant Lymphoproliferative Disorders, Gray Zone Lymphoma, Primary Cutaneous B-Cell Lymphoma, Pediatric Aggressive Mature B-cell Lymphomas.

Dosing. Approve up to 375 mg/m^2 per dose administered intravenously with doses separated by at least 7 days.

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3. Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma. Approve for 1 year if prescribed by or in consultation with an oncologist.

Dosing. Approve up to 500 mg/m^2 administered as an intravenous infusion on 1 day of each cycle.

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4. Pemphigus Vulgaris. Approve for the duration noted if the patient meets ONE of the following (A or B):
A) Initial Treatment. Approve for 1 month (which is adequate duration to administer one course of therapy) if the patient meets BOTH of the following (i and ii):
i. Therapy is initiated in combination with a corticosteroid unless contraindicated; AND
Note: An example of a corticosteroid is prednisone.
ii. The medication is prescribed by or in consultation with a dermatologist.
B) Patient is Being Treated for a Relapse or for Maintenance of Pemphigus Vulgaris. Approve for 1 year if the patient meets BOTH of the following (i and ii):
i. Subsequent infusions will be administered no sooner than 16 weeks following the previous infusion of a rituximab product; AND
ii. The medication is prescribed by or in consultation with a dermatologist.

Dosing. Approve one of the following (A or B):
A) Initial Treatment or Treatment of a Relapse. Approve one course of therapy, which consists of up to two 1,000-mg doses administered as an intravenous infusion separated by at least 2 weeks; OR
B) Maintenance Therapy. Approve up to 500 mg per dose administered intravenously.

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5. Rheumatoid Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):
A) Initial Therapy. Approve for 1 month (which is adequate duration to administer one course of therapy) if the patient meets ALL of the following conditions (i, ii, and iii):
i. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND
Note: Examples of conventional synthetic DMARDs include methotrexate [oral or injectable], leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient already has a 3-month trial of at least one biologic. Refer to Appendix for examples of biologics used for rheumatoid

arthritis. A patient who has already tried a biologic is not required to "step back" and try a conventional synthetic DMARD.

ii. The medication will not be used concurrently with another biologic or with a targeted synthetic DMARD; AND
Note: Refer to Appendix for examples of biologics and targeted synthetic DMARDs.

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

B) Patient has already Received One or More Courses of a Rituximab Product for Rheumatoid Arthritis. Approve for 1 month (which is adequate duration to administer one course of therapy) if the patient meets BOTH of the following conditions (i, ii, and iii):

i. 16 weeks or greater will elapse between treatment courses; AND
Note: For example, there will be a minimum of 16 weeks since the first dose of the previous course and the first dose of the next course of a rituximab product.

ii. The medication will not be used concurrently with another biologic or with a targeted synthetic DMARD; AND
Note: Refer to Appendix for examples of biologics and targeted synthetic DMARDs.

iii. If the patient has already received two or more courses of therapy, the patient has responded to therapy as determined by the prescriber.
Note: Examples of a response include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids).

Dosing. Approve one course of therapy, which consists of up to two 1,000-mg intravenous doses separated by at least 2 weeks.

Other Uses with Supportive Evidence

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6. Acute Lymphoblastic Leukemia. Approve for 1 year if the patient meets ALL of the following (A and B):

A) Patient has CD20-positive disease; AND

B) The medication is prescribed by or in consultation with an oncologist.

Dosing: Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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7. Graft-Versus-Host Disease. Approve for 1 year if the patient meets BOTH of the following (A and B):

A) Patient has tried at least one conventional systemic treatment for graft versus host disease; AND
Note: Examples include systemic corticosteroids (methylprednisolone, prednisone), cyclosporine, tacrolimus, mycophenolate mofetil, Imbruvica (ibrutinib capsules and tablets), imatinib. antithymocyte globulin, Nipent (pentostatin infusion), or an infliximab product.

B) The medication is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center.

Dosing. Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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8. Hairy Cell Leukemia. Approve for 1 year if the medication is prescribed by or in consultation with an oncologist.

Dosing. Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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9. Hodgkin Lymphoma. Approve for 1 year if the patient meets BOTH of the following (A and B):
- **A)** Patient has nodular lymphocyte-predominant disease; AND
- **B)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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10. Immune Thrombocytopenia (ITP). Approve if the patient meets ONE of the following (A or B):
- **A)** Initial Therapy. Approve for 1 month if the patient meets BOTH of the following (i and ii):
  - **i.** Patient has tried one other therapy; AND
    Note: Examples of therapies for ITP include intravenous immunoglobulin (IVIG), anti-D (RHO) immunoglobulin, corticosteroids, and splenectomy.
  - **ii.** The agent is prescribed by or in consultation with a hematologist.
- **B)** Patient has Already Received a Course of a Rituximab Product for ITP. Approve for 1 month if the patient meets ALL of the following (i, ii, and iii):
  - **i.** At least 6 months will elapse between treatment courses; AND
    Note: For example, there will be a minimum of 6 months separating the first dose of the previous course and the first dose of the requested course of a rituximab product.
  - **ii.** Patient responded to therapy as determined by the prescriber; AND
    Note: Examples of a response include a platelet count increase from baseline following treatment with a rituximab product.
  - **iii.** The prescriber has determined that the patient has relapsed.
    Note: Examples of a relapse include the patient experiences thrombocytopenia after achievement of a remission.

Dosing. Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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11. Multiple Sclerosis. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient has had an inadequate response or was unable to tolerate at least ONE other disease-modifying agent for multiple sclerosis; AND
- **B)** The medication will not be used concurrently with another disease-modifying agent used for multiple sclerosis; AND
  Note: Examples of disease-modifying agents for multiple sclerosis include Ocrevus (ocrelizumab intravenous infusion), Avonex (interferon beta-1a intramuscular injection), Rebif (interferon beta-1a subcutaneous injection), Betaseron (interferon beta-1b subcutaneous injection), Extavia (interferon beta-1b subcutaneous injection), Copaxone (glatiramer acetate subcutaneous injection), Glatopa (glatiramer acetate subcutaneous injection), Plegridy (peginterferon beta-1a subcutaneous injection), Gilenya (fingolimod capsules), Aubagio (teriflunomide tablets), dimethyl fumarate delayed-release capsules, Ponvory (ponesimod tablets), or Lemtrada (alemtuzumab intravenous infusion), Tysabri (natalizumab intravenous infusion), Mavenclad (cladribine tablets), Kesimpta (ofatumumab subcutaneous injection), Vumerity (diroximel fumarate delayed-release capsules), Zeposia (ozanimod capsules), Ocrevus (ocrelizumab intravenous infusion), Bafiertam (monomethyl fumarate delayed-release capsules), or Mayzent (siponimod tablets).
- **C)** The medication is prescribed by or in consultation with a physician who specializes in the treatment of multiple sclerosis and/or a neurologist; AND
- **D)** At least 6 months will elapse between treatment courses.

Note: For example, if the patient has already received a course of therapy there will be a minimum of 6 months separating the first dose of the previous course and the first dose of the requested course of therapy.

Dosing. Approve up to 2,000 mg (total) administered as one or two intravenous infusions administered over 1 month.

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12. Neuromyelitis Optica Spectrum Disorder. Approve for 1 month if prescribed by or in consultation with a neurologist.

Dosing. Approve ONE of the following (A or B):
A) Up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days; OR
B) Up to two 1,000-mg doses administered as an intravenous infusion separated by at least 2 weeks.

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13. Primary Central Nervous System Lymphoma. Approve for 1 year if prescribed by or in consultation with an oncologist.

Dosing: Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

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14. Systemic Lupus Erythematous (SLE) [Lupus]. Approve for the duration noted if the patient meets ONE of the following (A or B):
Note: This includes nephrotic syndrome in a patient with SLE.
A) Initial Therapy. Approve for 1 month (adequate duration to receive one course) if the patient meets BOTH of the following (i and ii):
  i. Patient has tried at least ONE standard immunomodulating or immunosuppressant agent; AND
  Note: Examples of standard immunomodulating or immunosuppressant agents include hydroxychloroquine, corticosteroids (e.g., prednisone, methylprednisolone), methotrexate, azathioprine, mycophenolate, and cyclophosphamide.
  ii. The medication is prescribed by or in consultation with a rheumatologist, nephrologist, or neurologist.
B) Patient has Already Received a Course of a Rituximab Product for SLE. Approve for 1 month (adequate duration to receive one course) if 6 months or greater will elapse between treatment courses (i.e., there will be a minimum of 6 months separating the first dose of the previous rituximab course and the first dose of the requested course of rituximab).

Dosing. Approve the requested dose.

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15. Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma. Approve for 1 year if prescribed by or in consultation with an oncologist.

Dosing. Approve up to 375 mg/m^2 administered intravenously with doses separated by at least 7 days.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of rituximab intravenous products is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date

Early Annual Revision	**Antineutrophil Cytoplasmic Antibody (ANCA)-Associated Vasculitis:** For follow-up treatment of patients who have received induction treatment for ANCA-associated vasculitis, the maintenance dose was changed to be up to 1,000 mg per dose (previously was up to 500 mg). For the criterion applying to patients who achieved disease control, wording was updated to more generally allow this determination by the prescriber (criteria previously specified this was according to the prescribing physician). For patients who have already received rituximab for induction therapy, criteria were clarified to note this applies to those receiving any rituximab product (previously listed as rituximab). **B-Cell Lymphoma:** Pediatric Aggressive Mature B-cell Lymphoma was added as an example of a B-cell lymphoma. **Rheumatoid Arthritis:** For the criterion applying to patients who responded to therapy, wording was updated to more generally allow this determination by the prescriber (criteria previously specified this was according to the prescribing physician). For patients who have already received one or more courses of therapy, criteria were clarified to note this applies to those receiving any rituximab product (previously listed as rituximab). **Pemphigus Vulgaris:** An example of a corticosteroid (prednisone) was moved to a note in the policy (previously listed as an example within the criteria). For the criterion that refers to subsequent infusions, criteria were clarified to note this applies to those receiving any rituximab product (previously listed as rituximab). **Acute Lymphoblastic Leukemia (ALL):** To align with updated National Comprehensive Cancer Network (NCCN) guidelines, the requirement that patients who are Philadelphia-chromosome-positive try a tyrosine kinase inhibitor prior to rituximab was removed from the policy. **Graft-Versus-Host Disease:** To align with updated NCCN guidelines and other policies, criteria were changed to require at least one conventional systemic treatment prior to a rituximab product. Previously, criteria required that the patient had tried at least one other immunosuppressant or be concurrently receiving an immunosuppressant in combination with rituximab. **Immune Thrombocytopenia:** For the criteria applying to patients who responded to therapy and patients who relapsed, wording was updated to more generally allow this determination by the prescriber (criteria previously specified this was according to the prescribing physician). For patients who have already received one or more courses of therapy, criteria were clarified to note this applies to those receiving any rituximab product (previously listed as rituximab). **Multiple Sclerosis:** An example of the time required between courses of therapy was moved to a note (previously listed as an example within the criteria). **Systemic Lupus Erythematous (SLE) [Lupus]:** For patients who have already received one or more courses of therapy, criteria were clarified to note this applies to those receiving any rituximab product (previously listed as rituximab).	06/03/2020
Selected Revision	**Riabni:** This newly approved biosimilar was added to the policy. There are no changes to the criteria, which apply to all rituximab products included in this policy.	01/06/2021
Annual Revision	**Antineutrophil Cytoplasmic Antibody-Associated Vasculitis:** An alternative dosing regimen (up to 250 mg/m^2 for two doses, then up to 250 mg/m^2 not more frequently than once every 6 months) was added. **Rheumatoid Arthritis:** For a patient who has already received ≥ one course of a rituximab product, a requirement was added that the medication will not be used concurrently with another biologic or with a targeted synthetic disease-modifying antirheumatic drug. **Acute Lymphoblastic Leukemia:** The Dosing was updated to require a minimum of 7 days between doses (previously was 14 days). **Hairy Cell Leukemia:** The requirement of relapsed or refractory disease was removed. **Primary Central Nervous System Lymphoma:** This condition of approval was added. **Systemic Lupus Erythematous (SLE) [Lupus]:** A note was added to clarify this includes nephrotic syndrome in a patient with SLE.	06/23/2021
Selected Revision	**Antineutrophil Cytoplasmic Antibody-Associated Vasculitis:** The minimum amount of time required between doses was removed from the **Dosing** (not needed since addressed in clinical criteria). For initial therapy, up to two 1,000-mg intravenous doses separated by at least 2 weeks was added as an alternative induction dose. For follow-up treatment of a patient who has received induction treatment, the dosing was separated by age (≥ 18 or < 18 years of age); previously, dosing applied to all patients regardless of age. For a patient ≥ 18 years of age, the dose is up to 1,000 mg intravenously, whereas the dose is based on body surface area (250 mg/m^2) if < 18 years of age. Alternative induction doses were removed from the criteria (not needed).	07/21/2021

APPENDIX

	Mechanism of Action	Examples of

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

* Not an all-inclusive list of indication (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; IV – Intravenous, IL – Interleukin; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; ^ Off-label use of Kineret in JIA supported in guidelines; DMARDs – Disease-modifying antirheumatic drug.