MEDICAL MUTUAL®

Drug Policy

Policy:	**Inflammatory Conditions Care Value Policy**	**Annual Review Date:** **03/20/2025**
Impacted Drugs:	**Actemra (tocilizumab subcutaneous [SC] injection)** **Adalimumab-adaz subcutaneous injection** **Adalimumab-adbm subcutaneous injection** **Adalimumab-ryvk subcutaneous injection** **Bimzelx® (bimekizumab subcutaneous injection)** **Cimzia (certolizumab pegol SC injection [lyophilized] and SC injection [solution])** **Cosentyx (secukinumab SC injection)** **Cyltezo (adalimumab-adbm subcutaneous injection)** **Enbrel (etanercept SC injection)** **Entyvio (vedolizumab SC injection)** **Ilumya (tildrakizumab-asmn for subcutaneous injection)** **Kevzara (sarilumab for subcutaneous injection)** **Kineret (anakinra SC injection)** **Olumiant (baricitinib tablets)** **Omvoh (mirakizumab-mrkz SC injection)** **Orencia (abatacept SC injection)** **Otezla (apremilast tablets)** **Rinvoq (upadacitinib extended release tablets)** **Rinvoq LQ (upadacitinib oral solution)** **Siliq (brodalumab SC injection)** **Simlandi (adalimumab-ryvk SC injection)** **Simponi (golimumab SC injection)** **Skyrizi SC (risankizumab-rzaa) injection** **Sotyktu (deucravacitinib tablets)** **Stelara (ustekinumab SC injection)** **Taltz (ixekizumab SC injection)** **Tremfya (guselkumab for subcutaneous injection)** **Tyenne (tocilizumab-aazg subcutaneous injection)** **Velsipity (etrasimod tablets)** **Xeljanz (tofacitinib tablets)** **Xeljanz XR (tofacitinib extended-release tablets)** **Zeposia (ozanimod capsules)** **Zymfentra (infliximab-dyyb SC injection)**	**Last Revised Date:** **03/20/2025**

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Drug Policy

OVERVIEW

Several products are available for use in inflammatory conditions such as rheumatoid arthritis (RA), ankylosing spondylitis (AS), juvenile idiopathic arthritis (JIA), psoriatic arthritis (PsA), plaque psoriasis, Crohn's disease, and ulcerative colitis (UC).[1-20] 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 (PA) program by specific condition refer to the respective Medical Mutual of Ohio Prior Authorization Policy.

Preferred and Non-Preferred Products– Rheumatology Indications.¥

	Rheumatology				
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**
Step 1 **Preferred**	• **Enbrel** • **Adalimumab Products**^ – Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk	• **Enbrel** • **Adalimumab Products**^ – Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk	• **Enbrel** • **Adalimumab Products**^ – Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Taltz**	• **Cimzia** • **Taltz**	• **Enbrel** • **Adalimumab Products**^ – Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Otezla** • **Skyrizi SC**# • **Stelara SC**ᴷ • **Taltz** • **Tremfya SC**
Step 2a **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Tocilizumab SC Products** – Actemra SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq** **Xeljanz tablets/ Xeljanz XR tablets**	• **Tocilizumab SC Products** - Actemra SC, Tyenne SC *Directed to adalimumab specifically. JIA Step SC is for PJIA.* • **Rinvoq/Rinvoq LQ** • **Xeljanz tablets/ Xeljanz oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq/ Rinvoq LQ** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*
Step 2b **Non-Preferred** (directed to **ONE** Step 1 Product)	--	--	• **Bimzelx**	• **Bimzelx**	• **Bimzelx**
Step 3a **Non-Preferred** (directed to **TWO** Step 1 or 2a Products) **[documentation required]***	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Cimzia** • **Kevzara** • **Orencia SC**	• **Cimzia** • **Cosentyx SC** • **Simponi SC**	**Cosentyx SC**	• **Cimzia** • **Cosentyx SC** • **Orencia SC** • **Simponi SC**

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[¥] For Non-Preferred Products, refer to the MMO *Inflammatory Conditions – Adalimumab Products Care Value Policy*; [Ω] For Non-Preferred Products, refer to the MMO *Inflammatory Conditions – Ustekinumab Subcutaneous Products Care Value Policy;* RA – Rheumatoid arthritis; [^] A trial of more than one adalimumab product counts as ONE Preferred Product; [ᴋ] A trial of more than one ustekinumab product counts as ONE Preferred Product; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; SC – Subcutaneous; [#] Pen and syringe; PJIA – Polyarticular juvenile idiopathic arthritis; [*] 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.

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

	Dermatology		Gastroenterology	
	HS	**Psoriasis**	**CD**	**UC**
Step 1 Preferred	• **Adalimumab Products**[^] – Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Cosentyx SC**	• **Enbrel** • **Adalimumab Products**[^] –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Otezla** • **Skyrizi SC**[#] • **Sotyktu** • **Stelara SC**[ᴋ] • **Taltz** • **Tremfya SC**	• **Adalimumab Products**[^] –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Stelara SC**[ᴋ] • **Zymfentra**	• **Adalimumab Products**[^] –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Stelara SC**[ᴋ] • **Tremfya SC** • **Velsipity** • **Zymfentra**
Step 2a Non-Preferred (directed to **ONE** Step 1 Product)	--	--	• **Cimzia** *Directed to adalimumab specifically.* • **Rinvoq** *Directed to adalimumab specifically.*	• **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** *Directed to adalimumab specifically.* • **Xeljanz tablets/ Xeljanz/ XR tablets** *Directed to adalimumab specifically.*
Step 2b Non-Preferred (directed to **ONE** Step 1 Product)	• **Bimzelx**	• **Bimzelx**	--	--
Step 3a Non-Preferred (directed to **TWO** Step 1 or 2a Products) **[documentation required]**[*]	--	• **Cimzia** • **Cosentyx SC** • **Ilumya** • **Siliq**	• **Entyvio SC**	• **Entyvio SC**
Step 3b Non-Preferred	--	--	--	• **Zeposia**

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(directed to **TWO** Step 1 Products)				*Refer to MS and UC – Zeposia Care Value Policy*

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

RECOMMENDED EXCEPTION CRITERIA

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

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	i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenilie Idiopathic Arthritis – Initial Therapy.** ***A)*** Approve for 6 months if the patient meets BOTH of the following (i and ii)*:* ***i.*** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of both tocilizumb products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz

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	oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, and Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2a Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya

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	subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **6. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous [on-body injector], Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **7. Rheumatoid Arthritis, Ankylosing Spondylitis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Plaque Psoriasis, or Crohn's Disease – Patient is Currently Receiving Cimzia.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **b)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR

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

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	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **f)** Patient has Crohn's Disease and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **g)** Patient has been established on Cimzia for at least 90 days and prescription claims history indicates at least a 90-day supply of Cimzia was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cimzia for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia). **B)** If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 7Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution. **iii. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. **iv. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR.

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	v. **Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous. vi. **Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **8. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
Simponi Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab

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

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	is not met: offer to review for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Simponi Subcutaneous or Aria.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, or f): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **b)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **c)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo,

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	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **d)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR **f)** Patient has been established on Simponi subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. **iii. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR.

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	iv. Ulcerative Colitis: adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **6. Other Conditions.** Approve Simponi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria.
Zymfentra	**All Conditions.** Approve Zymfentra (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Zymfentra Prior Authorization Policy* criteria.
Interleukin-6 Blockers	
Actemra Subcutaneous Tyenne Subcutaneous	**1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of

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	Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Tocilizumab Subcutaneous or Intravenous.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, or e): **a)** Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has Rheumatoid Arthritis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **d)** According to the prescriber, the patient has been established on tocilizumab intravenous for at least 90 days; OR **e)** Patient has been established on tocilizumab subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of tocilizumab subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.

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

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	b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.** ***A)*** Approve for 6 months if the patient meets BOTH of the following (i and ii)*:* ***i.*** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, a tocilizumab intravenous product (Actemra intravenous, biosimilar), Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

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	3. <u>Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Kevzara</u>. **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, <u>or</u> d): **a)** Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR <u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, Rinvoq LQ, or Xeljanz **[documentation required]**; OR <u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a Cimzia, tocilizumab intravenous product (Actemra intravenous, biosimilar), Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR

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	d) Patient has been established on Kevzara for at least 90 days and prescription claims history indicates at least a 90-day supply of Kevzara was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kevzara for at least 90 days AND the patient has been receiving Kevzara via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kevzara). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets. **3. Other Conditions.** Approve Kevzara (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria.
Interleukin-17 Blockers	
Bimzelx	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel, an adalimumab product, or Taltz; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Cyltezo, adalimumab-adbm,

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	adalimumab-adaz, Simlandi, adalimumab-ryvk, or Taltz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Hidradenitis Suppurativa – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for hidradenitis suppurativa; AND **ii.** Patient has tried ONE of an adalimumab product or Cosentyx subcutaneous. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Cosentyx subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria **3. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Authorization Policy* criteria; AND **ii.** Patient has tried one of Cimzia or Taltz. Note: A trial of Enbrel, an adalimumab product, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Cimzia or Taltz) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous.

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	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **5. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Enbrel, Cyltezo, adalimumab-adbm, adalimumab-adaz, Simlandi, adalimumab-ryvk, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **6. Ankylosing Spondylitis, Hidradenitis Suppurativa, nr-axSpA, Plaque Psoriasis, or Psoriatic Arthritis – Patient is Currently Receiving Bimzelx.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, or f): **a)** Patient has Ankylosing Spondylitis and has tried one of Enbrel, an adalimumab product, or Taltz; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and

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	Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** Patient has Hidradenitis Suppurativa and has tried one of an adalimumab product or Cosentyx subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **c)** Patient has nr-axSpA and has tried one of Cimzia or Taltz; OR Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry **d)** Patient has Plaque Psoriasis and has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** Patient has Psoriatic Arthritis and has tried one of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **f)** Patient has been established on Bimzelx for at least 90 days and prescription claims history indicates at least a 90-day supply of Bimzelx was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient

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	has been receiving Bimzelx for at least 90 days AND the patient has been receiving Bimzelx via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Bimzelx). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for one of the following Preferred Products (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **i. Ankylosing Spondylitis:** Enbrel, Cyltezo, adalimumab-adbm, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz. **ii. Hidradenitis Suppurativa:** Cyltezo, adalimumab-adbm, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Cosentyx subcutaneous. **iii. nr-axSpA:** Cimzia or Taltz. **iv. Plaque Psoriasis:** Enbrel, Cyltezo, adalimumab-adbm, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous. **v. Psoriatic Arthritis:** Enbrel, Cyltezo, adalimumab-adbm, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya subcutaneous **7. Other Conditions.** Approve Bimzelx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g. Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2a Product (adalimumab-adbm,

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	Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Enbrel, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Cimzia, Taltz, or Rinvoq **[documentation required]**. Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Cimzia, Taltz, or Rinvoq) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii):

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	i. Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR **b)** Patient is < 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi **[documentation required]**. For a patient < 18 years of age, a trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **a)** Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of

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	multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has nr-axSpA and has tried TWO of Cimzia, Taltz, or Rinvoq **[documentation required]**; OR Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. **c)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **d)** Patient is ≥ 18 years of age with Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **e)** Patient is < 18 years of age with Psoriatic Arthritis and has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara subcutaneous **[documentation required]**; OR

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	Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **f)** According to the prescriber, the patient with Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis, or Psoriatic Arthritis has been established on Cosentyx intravenous for at least 90 days; OR **g)** Patient has been established on Cosentyx subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Cosentyx SC was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cosentyx SC for at least 90 days AND the patient has been receiving Cosentyx SC via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cosentyx SC). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. **ii. nr-axSpA:** Cimzia, Taltz, or Rinvoq. **iii. Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous. **iv. Psoriatic Arthritis in a Patient ≥ 18 years of age:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR. **v. Psoriatic Arthritis in a Patient < 18 years of age:** Enbrel, Rinvoq, Rinvoq LQ, or Stelara SC. **6. Other Conditions.** Approve Cosentyx subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria.
Siliq	**1. Plaque Psoriasis – Initial Therapy.**

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

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	samples or coupons or other types of waivers in order to obtain access to Siliq). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Siliq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria.
Taltz	**All Conditions.** Approve Taltz (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Taltz Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara

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	subcutaneous, Taltz, or Tremfya subcutaneous **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **b)** Patient has been established on Ilumya for at least 90 days and prescription claims history indicates at least a 90-day supply of Ilumya was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Ilumya (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria.
Omvoh SC	**All Conditions.** Approve Omvoh subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria.
Skyrizi Subcutaneous	**All Conditions.** Approve Skyrizi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Skyrizi Subcutaneous Prior Authorization Policy* criteria.
Tremfya	**All Conditions.** Approve Tremfya subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tremfya Subcutaneous Prior Authorization Policy* criteria.
IL-12/23 Blocker	

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Stelara Subcutaneous	**All Conditions.** Approve Stelara subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Stelara Subcutaneous Prior Authorization Policy* criteria.
Integrin Receptor Antagonist	
Entyvio SC	**1. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Cimzia, or Rinvoq **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met, offer to review for a Step 1 or Step 2a Product (adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Rinvoq, Cimzia, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Tremfya subcutaneous, Velsipity, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi,

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	Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, Stelara intravenous, or Tremfya intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2a Product (adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, c, or d): **a)** Patient has Crohn's Disease and has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Cimzia, or Rinvoq **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **b)** Patient has Ulcerative Colitis and has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Tremfya subcutaneous, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Velsipity, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm,

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	adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, Stelara intravenous, or Tremfya intravenous also counts **[documentation required]**. **c)** According to the prescriber, the patient has been established on Entyvio intravenous for at least 90 days; OR **d)** Patient has been established on Entyvio subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Entyvio subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Entyvio subcutaneous for at least 90 days AND the patient has been receiving Entyvio subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Entyvio subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Crohn's Disease:** adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Rinvoq, Cimzia, or Zymfentra. **ii. Ulcerative Colitis:** adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR, Velsipity, or Zymfentra. **4. Other Conditions.** Approve Entyvio subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria.
Interleukin-1 Blocker	
Kineret	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii):

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	i. Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Kineret.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra

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	intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Kineret at least 90 days and prescription claims history indicates at least a 90-day supply of Kineret was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kineret for at least 90 days AND the patient has been receiving Kineret via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kineret). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Kineret (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria. Note: This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic Juvenile Idiopathic Arthritis.
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz,

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

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	product (e.g., Remicade, biosimilar), or Simponi Aria also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **C)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Psoriatic Arthritis – Initial Therapy.** **B)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, or c): **a)** Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx, or Bimzelx also counts **[documentation required]**. **b)** Patient is < 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **c)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **C)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii

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	is not met: offer to review for a Step 1 or Step 2a Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis – Patient is Currently Receiving Orencia (Subcutaneous or Intravenous).** **B)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, or g): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz tablets or oral solution **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq

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	products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** Patient is ≥ 18 years of age with Psoriatic Arthritis AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx, or Bimzelx also counts **[documentation required]**. **d)** Patient is < 18 years of age with Psoriatic Arthritis AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara subcutaneous**[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **e)** According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR **f)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR **g)** Patient has been established on Orencia subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Orencia subcutaneous for at least 90 days AND the patient has been receiving Orencia subcutaneous via paid claims (e.g.,

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	patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Orencia subcutaneous). **C)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution. **iii. Psoriatic Arthritis in a Patient ≥ 18 Years of Age:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR. **iv. Psoriatic Arthritis in a Patient < 18 Years of Age:** Enbrel, Rinvoq, Rinvoq LQ, or Stelara subcutaneous. **5. Other Conditions.** Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both

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

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	B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, or c): **a)** Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx, or Bimzelx also counts **[documentation required]**. **b)** Patient is < 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **c)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2a Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR)

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	using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. <u>Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis – Patient is Currently Receiving Orencia (Subcutaneous or Intravenous)</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): **a)** Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR <u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz tablets or oral solution **[documentation required]**; OR <u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab

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	product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** Patient is ≥ 18 years of age with Psoriatic Arthritis AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Cosentyx, or Bimzelx also counts **[documentation required]**. **d)** Patient is < 18 years of age with Psoriatic Arthritis AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara subcutaneous**[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **e)** According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR **f)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR **g)** Patient has been established on Orencia subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Orencia subcutaneous for at least 90 days AND the patient has been receiving Orencia subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Orencia subcutaneous).

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	B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution. **iii. Psoriatic Arthritis in a Patient ≥ 18 Years of Age:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR. **iv. Psoriatic Arthritis in a Patient < 18 Years of Age:** Enbrel, Rinvoq, Rinvoq LQ, or Stelara subcutaneous. **Other Conditions.** Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

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

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	B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Olumiant (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria.
Rinvoq	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous [on-body injector], Stelara subcutaneous, or Zymfentra)

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	using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. <u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried Cimzia. <u>Note</u>: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (<u>Cimzia or Taltz</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **5. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab

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	product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **6. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **7. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **B)** If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 7Aii is not met: offer to review for a Preferred Product (adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya

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	subcutaneous, Velsipity, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **8. Ankylosing Spondylitis, Crohn's Disease, Juvenile Idiopathic Arthritis, nr-axSpA, Rheumatoid Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Rinvoq.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, f, g, or h): **a)** Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** Patient has Crohn's Disease and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts. **c)** Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has nr-axSpA and has tried Cimzia; OR Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **e)** Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR

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	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **f)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **g)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **h)** Patient has been established on Rinvoq for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND the patient has been receiving Rinvoq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq). **B)** If the patient has met criterion 8Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 8Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz.

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	ii. **Crohn's Disease:** adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. iii. **Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi. iv. **nr-axSpA:** Cimzia or Taltz. v. **Rheumatoid Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi. vi. **Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya subcutaneous. vii. **Ulcerative Colitis:** adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **9. All Other Conditions.** Approve Rinvoq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Rinvoq LQ	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab

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	product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Rinvoq/LQ.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, or c): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** Patient has been established on Rinvoq/LQ for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq/LQ was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq/LQ for at least 90 days AND the patient has been receiving Rinvoq/LQ via paid claims (e.g., patient has not

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	been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq/LQ). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi. **ii. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya subcutaneous. **4. Other Conditions.** Approve Rinvoq LQ (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Xeljanz tablets, Xeljanz XR tablets	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

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	B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Step 1 Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

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

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	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **e)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **f)** Patient has been established on Xeljanz/XR for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz/XR for at least 90 days AND the patient has been receiving Xeljanz/XR via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz/XR). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz. **ii. Rheumatoid Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi. **iii. Juvenile Idiopathic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi.

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	iv. **Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya subcutaneous. v. **Ulcerative Colitis:** adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **7. Other Conditions.** Approve Xeljanz/XR (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Xeljanz oral solution	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** Patient has been established on Xeljanz for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not

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	available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz for at least 90 days AND the patient has been receiving Xeljanz via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Xeljanz oral solution (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Sphingosine 1-Phosphate Receptor Modulator	
Zeposia	**All Conditions.** Approve Zeposia if the patient meets the standard *Multiple Sclerosis and Ulcerative Colitis – Zeposia Care Value Management Policy* criteria.

REFERENCES

1. Actemra [prescribing information]. South San Francisco, CA: Genentech; August 2017.
2. Cimzia for injection [prescribing information]. Smyrna, GA: UCB, Inc.; January 2017.
3. Cosentyx injection [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp.; September 2017.
4. Enbrel [prescribing information]. Seattle, WA: Immunex Corporation; November 2017.
5. Humira injection [prescribing information]. North Chicago, IL: AbbVie, Inc.; October 2017.
6. Inflectra™ injection for IV use [prescribing information]. Lake Forest, IL: Hospira/Pfizer; June 2017.
7. Kevzara injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi Aventis; May 2017.
8. Kineret injection [prescribing information]. Thousand Oaks, CA: Swedish Orphan Biovitrium; May 2016.
9. Orencia for injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; June 2017.
10. Otezla® tablets [prescribing information]. Summit, NJ: Celgene Corporation; June 2017.
11. Remicade injection [prescribing information]. Malvern, PA: Janssen Biotech; October 2017.
12. Renflexis injection for IV use [prescribing information]. Whitehouse Station, NJ: Merck/Samsung Bioepsis; November 2017.
13. Rituxan injection [prescribing information]. South San Francisco, CA: Genentech, Inc; August 2016.
14. Siliq injection [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2017.
15. Simponi injection [prescribing information]. Horsham, PA: Janssen Biotech Inc; June 2017.
16. Simponi™ Aria® injection for intravenous use [prescribing information]. Horsham, PA: Janssen Biotech, Inc; October 2017.
17. Stelara injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2017.
18. Taltz® injection [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2017.

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19. Tremfya injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2017.
20. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer Inc; December 2019.
21. Ilumya™ subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; March 2018.
22. Skyrizi SC [prescribing information]. North Chicago, IL: AbbVie Inc.; April 2019.
23. Rinvoq [prescribing information]. North Chicago, IL: AbbVie; August 2019.
24. Zeposia [prescribing information]. Summit, NJ: Celgene; May 2021
25. Sotyktu [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

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

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

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

	Rheumatology			Dermatology		Gastroenterology	
	Ankylosing Spondylitis	**nr-axSpA**	**Psoriatic Arthritis**	**HS**	**Plaque Psoriasis**	**Crohn's Disease**	**Ulcerative Colitis**
Interleukin-17 Blockers							
Bimzelx	√	√	√	√	√	--	--
Cosentyx Subcutaneous	√	√	√	√	√	--	--
Cosentyx Intravenous	√	√	√	--	--	--	--
Siliq	--	--	--	--	√	--	--
Taltz	√	√	√	--	√	--	--

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Interleukin-23 Blockers							
Ilumya	--	--	--	--	√	√	--
Omvoh Intravenous	--	--	--	--	--	√#	√#
Omvoh Subcutaneous	--	--	--	--	--	√^	√^
Skyrizi Intravenous	--	--	--	--	--	√#	√#
Skyrizi Subcutaneous	--	--	√	--	√	√^	√^
Tremfya Intravenous	--	--	--	--	--	--	√#
Tremfya Subcutaneous	--	--	√	--	√	--	√^
Interleukin-12/23 Blockers							
Stelara Subcutaneous	--	--	√	--	√	√^	√^
Stelara Intravenous	--	--	--	--	--	√#	√#

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

Table 3. Approved Oral tsDMARDs for Targeted Indications.*

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

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

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Table 4. Other Approved Biologics for Targeted Indications.*

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

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

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