MEDICAL MUTUAL®

Drug Policy

Policy:	**Inflammatory Conditions Care Value Policy**	**Annual Review Date:**

Impacted Drugs:	**Tumor Necrosis Factor Inhibitors**
	• Adalimumab Products*
	  ○ adalimumab-adbm subcutaneous injection (Boehringer Ingelheim)
	  ○ adalimumab-adaz subcutaneous injection (Sandoz/Novartis)
	  ○ adalimumab-ryvk subcutaneous injection (Alvotech/Teva)
	  ○ Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)
	  ○ Simlandi (adalimumab-ryvk subcutaneous injection – Alvotech/Teva)
	• Cimzia® (certolizumab pegol subcutaneous injection – UCB)
	• Enbrel® (etanercept subcutaneous injection – Amgen)
	• Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
	• Zymfentra® (infliximab-dyyb subcutaneous injection – Celltrion)
	Interleukin-6 Blockers
	• Tocilizumab Subcutaneous Products
	  ○ Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)
	  ○ Tyenne® (tocilizumab-aazg subcutaneous injection – Fresenius Kabi)
	• Kevzara® (sarilumab subcutaneous injection – Regeneron)
	Interleukin-17 Blockers
	• Bimzelx® (bimekizumab subcutaneous injection – UCB)
	• Cosentyx® (secukinumab subcutaneous injection – Novartis)
	• Siliq® (brodalumab subcutaneous injection – Valeant)
	• Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
	Interleukin-23 Blockers
	• Ilumya® (tildrakizumab-asmn subcutaneous injection – Sun/Merck)
	• Omvoh® (mirakizumab-mrkz subcutaneous injection – Eli Lilly)
	• Skyrizi® (risankizumab-rzaa subcutaneous injection – AbbVie)
	• Tremfya® (guselkumab subcutaneous injection – Janssen/Johnson & Johnson)
	Interleukin 12/23 Blocker
	• Ustekinumab Subcutaneous Products*
	  ○ Selarsdi™ (ustekinumab-aekn subcutaneous injection – Alvotech/Teva)
	  ○ Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
	  ○ ustekinumab-ttwe subcutaneous injection (Quallent)
	  ○ Yesintek™ (ustekinumab-kfce subcutaneous injection – Biocon)
	Interleukin-1 Blocker
	• Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
	T-Cell Costimulation Modulator
	• Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
	Integrin Receptor Antagonist
	• Entyvio® (vedolizumab subcutaneous injection – Takeda)
		05/22/2025
		
		Last Revised Date:
		
		05/22/2025

	Janus Kinases Inhibitors • Olumiant® (baricitinib tablets – Eli Lilly) • Rinvoq® (upadacitinib extended-release tablets – AbbVie) • Rinvoq® LQ (upadacitinib oral solution – AbbVie) • Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer) • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer) **Phosphodiesterase Type 4 Inhibitor** • Otezla® (apremilast tablets – Amgen) **Sphingosine 1-Phosphate Receptor Modulator** • Velsipity™ (etrasimod tablets – Pfizer) • Zeposia® (ozanimod capsules – Celgene) **Tyrosine Kinase 2 Inhibitor** • Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)	

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.

POLICY STATEMENT

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

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

- **Approval Duration:** All approvals for continuation of therapy for Preferred and Non-Preferred Products are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

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

Automation: None.

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

	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**[#] • **Ustekinumab SC Products**[ᴋ] – Selarsdi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC • **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	--	--	• **Bimzelx**	• **Bimzelx**	• **Bimzelx**

(directed to **ONE** Step 1 Product)					
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**

¥ 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; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; nr-axSpA – Nonradiographic axial spondyloarthritis; PsA – Psoriatic arthritis; ^ A trial of more than one adalimumab product counts as ONE Preferred Product; SC – Subcutaneous; # Pen and syringe; ᴷ A trial of more than one ustekinumab product counts as ONE Preferred Product; 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** • **Ustekinumab SC Products**ᴷ – Selardsi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC • **Taltz** • **Tremfya SC**	• **Adalimumab Products**^ –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Tremfya SC** • **Ustekinumab SC Products**ᴷ – Selardsi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC • **Zymfentra**	• **Adalimumab Products**^ –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab-ryvk • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Ustekinumab SC Products**ᴷ – Selardsi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC • **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	• **Bimzelx**	• **Bimzelx**	--	--

Non-Preferred (directed to **ONE** Step 1 Product)				
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** (directed to **TWO** Step 1 Products)	--	--	--	• **Zeposia** *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;* HS – Hidradenitis suppurativa; CD – Crohn's disease; UC – Ulcerative colitis; ^ A trial of more than one adalimumab product counts as ONE Preferred Product; SC – Subcutaneous; # Pen and syringe; ᵡ A trial of more than one ustekinumab product counts as ONE Preferred Product; * 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. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. <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.

	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): **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. 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 – 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 tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both 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 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, ustekinumab subcutaneous product, 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 multiple ustekinumab products count 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya 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 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 tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both 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, ustekinumab subcutaneous product, 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 multiple ustekinumab 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, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**; OR 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 multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR. **v. Plaque Psoriasis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra. **8. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
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 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, ustekinumab subcutaneous product, 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 multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, ustekinumab subcutaneous product, 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 multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR. **iv. Ulcerative Colitis:** adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **6. Other Conditions.** Approve Simponi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria.
Interleukin-6 Blockers	

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

	A) Approve for 1 year if the patient meets BOTH of the following (i 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]**. 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]**. **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 (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. **3. Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, or d): **a)** Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or 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]**. **b)** Patient has Juvenile Idiopathic Arthritis and 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 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 **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, 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, ustekinumab subcutaneous product, Taltz, or Tremfya 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 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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 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, ustekinumab subcutaneous product, 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. A trial of multiple adalimumab products counts as **ONE** product. **e)** Patient has Psoriatic Arthritis and has tried one of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product.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 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 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous **7. Other Conditions.** Approve Bimzelx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**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, 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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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): **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, ustekinumab subcutaneous product, 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 a ustekinumab subcutaneous product **[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 multiple ustekinumab 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 tumor necrosis factor inhibitor (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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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 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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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, ustekinumab subcutaneous product, 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 multiple ustekinumab 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 ustekinumab 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. **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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR.

	v. Psoriatic Arthritis in a Patient < 18 years of age: Enbrel, Rinvoq, Rinvoq LQ, Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous. **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.** **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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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.
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, ustekinumab subcutaneous product, 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. A trial of multiple ustekinumab 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, Selarsdi subcutaneous,

	ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Plaque Psoriasis – Patient is Currently Receiving Ilumya</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 – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, a ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous **[documentation required]**; 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 multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. **b)** Patient has been established on Ilumya for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Ilumya was dispensed within the past 130 days</u> **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. <u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has <u>not</u> 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 (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Other Conditions</u>.** Approve <u>Ilumya</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria.

Integrin Receptor Antagonist	
Entyvio SC	**1. <u>Crohn's Disease – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Zymfentra, Cimzia, or Rinvoq **[documentation required]**; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio 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 (<u>adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Rinvoq, Cimzia, or Zymfentra</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Ulcerative Colitis – 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 – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, a ustekinumab subcutaneous product, 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, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of multiple ustekinumab products counts as **ONE** product. A trial of either or both 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, ustekinumab intravenous, or Tremfya intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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 (a, b, c, or d): **a)** Patient has Crohn's Disease and has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, 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 multiple ustekinumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya intravenous, or ustekinumab intravenous also counts **[documentation required]**.

	b) Patient has Ulcerative Colitis and has tried TWO of an adalimumab product, Skyrizi subcutaneous, ustekinumab subcutaneous product, 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, 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 multiple ustekinumab 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, ustekinumab 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Rinvoq, Cimzia, or Zymfentra.

	ii. **Ulcerative Colitis:** adalimumab-adaz, adalimumab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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): **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 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. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or 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)** 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 (<u>Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or 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. **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.** **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, a ustekinumab subcutaneous product, 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 multiple ustekinumab 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 a ustekinumab subcutaneous product **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. **c)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2a Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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).** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Policy* criteria; AND **ii.** Patient meets ONE of the following (a, b, c, d, e, 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 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, ustekinumab subcutaneous product, 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 multiple ustekinumab 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 a ustekinumab subcutaneous product **[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). **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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, or Yesintek subcutaneous.

	3. <u>Other Conditions</u>. Approve <u>Orencia subcutaneous</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – 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]**. <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, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2a Product (<u>Actemra subcutaneous, Tyenne subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Olumiant</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and 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, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Olumiant for at least 90 days and prescription claims history indicates at least a 90-day supply of Olumiant was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Olumiant for at least 90 days AND the patient has been receiving Olumiant via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Olumiant). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 2Aii is not met: 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, or Zymfentra) 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 – 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 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ 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. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.**

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

	ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **9. <u>All Other Conditions</u>.** Approve <u>Rinvoq</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Rinvoq LQ	**1. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-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 (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Rinvoq/LQ</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):

	i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (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 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous.

	4. <u>Other Conditions</u>. Approve <u>Rinvoq LQ</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Xeljanz tablets, Xeljanz XR tablets	**1. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR 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 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 (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR 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 or subcutaneous) also counts. **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 (<u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi</u>) 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 – Xeljanz/XR 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 – 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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 **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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, 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. **iv. Psoriatic Arthritis:** Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek 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, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra.

	7. <u>Other Conditions</u>. Approve <u>Xeljanz/XR</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Xeljanz oral solution	**1. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR 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 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii 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. **2. <u>Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz</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 – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or an adalimumab product; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, 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 <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Xeljanz was dispensed within the past 130 days</u> **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR <u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz for at least 90 days AND the patient has been receiving Xeljanz via paid claims (e.g., patient has <u>not</u> been

	receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz). **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 Policy* criteria.

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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	√	√	√	--	√	--	--
Interleukin-23 Blockers							
Ilumya	--	--	--	--	√	√	--
Omvoh Intravenous	--	--	--	--	--	√#	√#
Omvoh Subcutaneous	--	--	--	--	--	√^	√^
Skyrizi Intravenous	--	--	--	--	--	√#	√#
Skyrizi Subcutaneous	--	--	√	--	√	√^	√^
Tremfya Intravenous	--	--	--	--	--	--√#	√#
Tremfya Subcutaneous	--	--	√	--	√	--√µ	√^
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; µ Induction and maintenance dosing.

Table 3. Approved Oral tsDMARDs for Targeted Indications.*

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**PsO**	**CD**	**UC**
Janus Kinases Inhibitors								
Olumiant	√	--	--	--	--	--	--	--
Rinvoq	√	√	√	√	√	--	√	√
Rinvoq LQ	--	√	--	√	--	--	--	--
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.

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.