

Policy:	Inflammatory Conditions Care Value Policy	Annual Review Date:
Impacted	Tumor Necrosis Factor Inhibitors	
Policy: Impacted Drugs:		
	<ul> <li>o ustekinumab-ttwe subcutaneous injection (Quallent)</li> <li>o Yesintek<sup>™</sup> (ustekinumab-kfce subcutaneous injection – Biocon)</li> </ul>	
	Interleukin-1 Blocker	
	Kineret <sup>®</sup> (anakinra subcutaneous injection – Swedish Orphan Biovitrim)	
	T-Cell Costimulation Modulator	
	Orencia <sup>®</sup> (abatacept subcutaneous injection – Bristol Myers Squibb)	
	Integrin Receptor Antagonist     Entyvio <sup>®</sup> (vedolizumab subcutaneous injection – Takeda)	



	Janus Kinases Inhibitors	
	• Olumiant <sup>®</sup> (baricitinib tablets – Eli Lilly)	
	• Rinvoq <sup>®</sup> (upadacitinib extended-release tablets – AbbVie)	
	• Rinvoq <sup>®</sup> LQ (upadacitinib oral solution – AbbVie)	
	• Xeljanz <sup>®</sup> (tofacitinib tablets, tofacitinib oral solution – Pfizer)	
	• Xeljanz <sup>®</sup> XR (tofacitinib extended-release tablets – Pfizer)	
	Phosphodiesterase Type 4 Inhibitor	
ſ	• Otezla <sup>®</sup> (apremilast tablets – Amgen)	
	Sphingosine 1-Phosphate Receptor Modulator	
ſ	<ul> <li>Velsipity<sup>™</sup> (etrasimod tablets – Pfizer)</li> </ul>	
	• Zeposia <sup>®</sup> (ozanimod capsules – Celgene)	
Ī	Tyrosine Kinase 2 Inhibitor	
I	• Sotyktu <sup>™</sup> (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).<sup>1-20</sup> This policy involves the use of the products listed above.

The FDA-approved indications for each product listed in this policy are documented in <u>Appendix A</u>. For more information on criteria within a Prior Authorization (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 <u>continuing therapy with a Non-Preferred subcutaneous or oral</u> <u>Product</u> must be supported with verification, noted in the criteria as either [verification in prescription claims history required] or, if not available, as [verification by prescriber required].
  - If the patient has at least 130 days of prescription claims history on file, claims history must support that the patient has received the Non-Preferred Product for the specified period of time (90 or 120 days) within a 130-day look-back period; OR
  - When 130 days of the patient's prescription claim history file is unavailable for verification, the prescriber must verify that the patient has been receiving the Non-Preferred Product for a specified period of time (90 or 120 days), AND that the patient has been receiving the Non-Preferred Product via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to the Non-Preferred Product).
  - For a patient continuing therapy, other conditions may also apply. Refer to criteria below.

This document is subject to the disclaimer found at <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</u> and is subject to change. <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</u>



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

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

#### Automation: None.

	Rheumatology				
	RA	JIA	AS	nr-axSpA	PsA
Step 1	• Enbrel	• Enbrel	• Enbrel	• Cimzia	• Enbrel
Preferred	<ul> <li>Adalimumab</li> </ul>	• Adalimumab		• Taltz	• Adalimumab
	Products <sup>^</sup> –	Products <sup>^</sup> –	Products <sup>^</sup> –		Products <sup>^</sup> –
	Cyltezo/	Cyltezo/	Cyltezo/		Cyltezo/
	adalimumab-	adalimumab-	adalimumab-		adalimumab-
	adbm.	adbm,	adbm,		adbm,
	adalimumab-adaz.	adalimumab-adaz,	adalimumab-adaz,		adalimumab-adaz,
	Simlandi/	Simlandi/	Simlandi/		Simlandi/
	adalimumab-ryvk	adalimumab-ryvk	adalimumab-ryvk		adalimumab-ryvk
	adammamad-i y v k		• Taltz		• Otezla
					<ul> <li>Skyrizi SC<sup>#</sup></li> </ul>
					<ul> <li>Ustekinumab SC</li> </ul>
					Products <sup>k</sup> –
					Selarsdi, Stelara
					SC, ustekinumab-
					ttwe SC, Yesintek
					SC
					• Taltz
					• Tremfya SC
Step 2a	•Tocilizumab SC	• Tocilizumab SC	• Rinvoq	• Rinvoq	• Rinvoq/ Rinvoq
Non-Preferred	Products –	Products -	Directed	Directed	LQ
(directed to ONE	Actemra SC,	Actemra SC,	specifically to	specifically to	Directed
Step 1 Product)	Tyenne SC	Tyenne SC	Enbrel or	Cimzia.	specifically to
•	Directed to	Directed to	adalimumab.		Enbrel or
	adalimumab	adalimumab	• Xeljanz tablets/		adalimumab.
	specifically.	specifically. JIA	Xeljanz		• Xeljanz tablets/
	•Rinvoq	Step SC is for	XR tablets		Xeljanz
	Xeljanz tablets/	PJIA.	Directed		XR tablets
	Xeljanz XR	• Rinvoq/Rinvoq	specifically to		Directed
	tablets	LQ	Enbrel or		specifically to
		•Xeljanz tablets/	adalimumab.		Enbrel or
		Xeljanz oral			adalimumab.
		solution			
Step 2b			• Bimzelx	• Bimzelx	• Bimzelx
Non-Preferred					

#### Preferred and Non-Preferred Products– Rheumatology Indications.<sup>¥Ω</sup>



(directed to <u>ONE</u> Step 1 Product) Step 3a Non-Preferred (directed to <u>TWO</u> 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
--	---	---------------------------------------	---	-------------	---

<sup> $\overline{v}</sup>$  For Non-Preferred Products, refer to the MMO *Inflammatory Conditions – Adalimumab Products Care Value Policy*;  $\Omega$  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; <sup>#</sup> Pen and syringe; <sup> $\kappa$ </sup> A trial of more than one ustekinumab product counts as ONE Preferred Product; JIA – Polyarticular juvenile idiopathic arthritis; <sup>\*</sup> 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.</sup>

Preferred and N	on-Preferred Produc	ts – Dermatology and	I Gastroenterology Indications. <sup>™</sup>		
	Derma	atology	Gastroenterology		
	HS	Psoriasis	CD	UC	
Step 1	• Adalimumab	• Enbrel	•Adalimumab	• Adalimumab	
<u>Step 1</u> Preferred		<ul> <li>Adalimumab Products<sup>^</sup> –Cyltezo/ adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab- ryvk</li> <li>Otezla</li> <li>Skyrizi SC<sup>#</sup></li> <li>Sotyktu</li> </ul>	<ul> <li>Adalimumab</li> <li>Products<sup>^</sup> –Cyltezo/ adalimumab-adbm, adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab- ryvk</li> <li>Omvoh SC</li> <li>Skyrizi SC (on-body injector)</li> <li>Tremfya SC</li> <li>Ustekinumab SC</li> <li>Products<sup>k</sup> - Selardsi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC</li> <li>Zvmfentra</li> </ul>	<ul> <li>Adalimumab</li> <li>Products<sup>^</sup> –Cyltezo/ adalimumab-adbm, adalimumab-adbm, adalimumab-adaz, Simlandi/ adalimumab- ryvk</li> <li>Omvoh SC</li> <li>Skyrizi SC (on-body injector)</li> <li>Ustekinumab SC</li> <li>Products<sup>k</sup> - Selardsi, Stelara SC, ustekinumab-ttwe SC, Yesintek SC</li> <li>Tremfya SC</li> <li>Velsipity</li> </ul>	
		• Tremfya SC	• Zymienti a	• Zymfentra	
<u>Step 2a</u> Non-Preferred (directed to <u>ONE</u> Step 1 Product)			<ul> <li>Cimzia Directed to adalimumab specifically.</li> <li>Rinvoq Directed to adalimumab specifically.</li> </ul>	<ul> <li>Rinvoq Directed to adalimumab specifically.</li> <li>Simponi SC Directed to adalimumab specifically.</li> <li>Xeljanz tablets/ Xeljanz/ XR tablets Directed to adalimumab specifically.</li> </ul>	
Step 2b	• Bimzelx	• Bimzelx			

#### **Preferred and Non-Preferred Products – Dermatology and Gastroenterology Indications.**<sup>¥Ω</sup>



Non-Preferred (directed to <u>ONE</u> Step 1 Product) Step 3a		• Cimzia	• Entyvio SC	• Entyvio SC
Non-Preferred (directed to <u>TWO</u> Step 1 or 2a Products) [documentation required]*	-	• Cosentyx SC • Ilumya • Siliq	• Emyvio SC	• Empyvio SC
Step 3b Non-Preferred (directed to <u>TWO</u> Step 1 Products)				• Zeposia Refer to MS and UC – Zeposia Care Value Policy

<sup>¥</sup> For Non-Preferred Products, refer to the MMO *Inflammatory Conditions – Adalimumab Products Care Value*;  $\Omega$  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; <sup>#</sup> Pen and syringe; <sup>x</sup> A trial of more than one ustekinumab product counts as ONE Preferred Product; <sup>\*</sup> 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	Exception Criteria			
Product				
<b>Tumor Necrosis</b>	Factor Inhibitors			
Cimzia	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .			
	A) Approve for 6 months if the patient meets BOTH of the following (i and ii):			
	i. Patient meets the standard Inflammatory Conditions - Cimzia Prior			
	Authorization Policy criteria; AND			
	ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an			
	adalimumab product, Rinvoq, or Xeljanz/XR [documentation required].			
	Note: Examples of tocilizumab subcutaneous products include Actemra			
	subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab			
	products counts as <b>ONE</b> 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 <b>ONE</b> product.			



<b>B</b> )	If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> – <i>Cimzia Prior Authorization Policy</i> 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) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</u>
2 An	
	<ul> <li>kylosing Spondylitis – Initial Therapy.</li> <li>Approve for 6 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR [documentation required].</li> <li><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 (Xeljanz and Xeljanz XR) collectively counts as ONE product.</li> </ul>
<b>B</b> )	If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> – <i>Cimzia Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product ( <u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR</u> ) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.
3. <u>Ju</u>	venile Idiopathic Arthritis – Initial Therapy.
	<ul> <li>Approve for 6 months if the patient meets BOTH of the following (i and ii):</li> <li><i>i.</i> Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND</li> <li><i>ii.</i> Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz [documentation required]; OR</li> <li><u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of both tocilizumab products counts as ONE product. Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aact, 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 (Xeljanz tablets and Xeljanz oral solution) collectively counts as ONE product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ)</li> </ul>



	<ul> <li>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].</li> <li>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2a Product (<u>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 <i>Inflammatory Conditions – Prior</i></u></li> </ul>
1	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 <b>ONE</b> product. A trial of multiple ustekinumab products count as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> product.
	<b>B</b> ) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Cimzia Prior Authorization Policy</i> criteria), but criterion 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.	<u> Plaque Psoriasis – Initial Therapy</u> .
	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

This document is subject to the disclaimer found at <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</a>



	<ul> <li>ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous [documentation required].</li> <li><u>Note</u>: 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.</li> <li>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,</li> </ul>
	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.	<u>Crohn's Disease – Initial Therapy</u> .
	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
	<b>ii.</b> Patient has tried one adalimumab product.
	<u>Note</u> : 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>B</b> ) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Cimzia Prior Authorization Policy</i> criteria), but criterion 6Aii is not met: offer
	to review for a Preferred Product ( <u>adalimumab-adbm, Cyltezo, adalimumab-</u>
	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,
	<u>Psoriatic Arthritis, Plaque Psoriasis, or Crohn's Disease – Patient is</u>
	<u>Currently Receiving Cimzia</u> .
	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
	<i>Authorization Policy</i> criteria; AND <b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, f, <u>or g</u> ):
	<b>n</b> I attent meets ONE of the following $(a, b, c, u, c, 1, 0)$ g.

This document is subject to the disclaimer found at <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</u> and is subject to change. <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</u>



s	Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Keljanz/XR [documentation required]; OR <u>Note</u> : Examples of tocilizumab subcutaneous products include
t	Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple ocilizumab products counts as <b>ONE</b> product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty,
l	adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of either or both
	Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>DNE</b> product.
b) I	Patient has <u>Ankylosing Spondylitis</u> 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 nultiple adalimumab products counts as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
c) I	counts as <b>ONE</b> product. Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried TWO of a ocilizumab subcutaneous product, Enbrel, an adalimumab product,
1	Rinvoq/Rinvoq LQ, and Xeljanz [documentation required]; OR <u>Note</u> : Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of both
t 2 2	ocilizumab products counts as <b>ONE</b> product. Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
I	Adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of nultiple adalimumab products counts as <b>ONE</b> product. A trial of
S	wither or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as <b>ONE</b> product. A trial of either or both
I	Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> product. A trial of a tocilizumab intravenous product (Actemra ntravenous, biosimilar), Kevzara, Orencia intravenous or
S	Subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts [documentation required].



d)	Patient has <u>Psoriatic Arthritis</u> 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 <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 <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
	counts as <b>ONE</b> product. A trial of either or both Rinvoq products
、 、	(Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> product.
e)	Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an
	adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous
	[documentation required]; OR
	<u>Note</u> : 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 <b>ONE</b> product. A trial of multiple
<b>E</b> )	ustekinumab products counts as <b>ONE</b> product.
<b>f</b> )	Patient has <u>Crohn's Disease</u> and 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.
g)	Patient has been established on Cimzia for at least 90 days and
5/	prescription claims history indicates <u>at least a 90-day supply of</u>
	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 for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to
	obtain access to Cimzia).



	<b>B</b> ) If the patient has met criterion 7Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Cimzia Prior Authorization Policy</i> 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
	<u>Tremfya subcutaneous</u> .
	vi. Crohn's Disease: <u>adalimumab-adbm, Cyltezo, adalimumab-adaz,</u>
	adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous
	(on-body injector), Stelara subcutaneous, Selarsdi subcutaneous,
	ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya
	subcutaneous, or Zymfentra.
	8. <u>Other Conditions</u> . Approve <u>Cimzia</u> (initial therapy for a duration as directed or
	$\frac{1 \text{ year}}{1 \text{ year}}$ for a patient continuing therapy) if the patient meets the standard
<u>C</u> :	Inflammatory Conditions – Cimzia Prior Authorization Policy criteria.
Simponi	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .
Subcutaneous	A) Approve for 6 months if the patient meets BOTH of the following (i and ii): <b>i</b> Patient meets the standard Inflammatory Conditions Simponi
	<b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Simponi</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	<ul> <li>Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR [documentation required];</li> </ul>
	OR
	Note: Examples of tocilizumab subcutaneous products include Actemra
	subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab
	products counts as <b>ONE</b> product. Examples of adalimumab products
L	products counts as or a product. Examples of administration products



	<ul> <li>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 <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product.</li> <li><b>B</b>) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –</li> </ul>
	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
	<u>Xeljanz XR</u> ) 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 <b>ONE</b> product. A trial of either or both Xeljanz
	products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product.
	<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	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,
	<u>Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR</u> ) 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,



	<ul> <li>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.</li> <li>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (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</li> </ul>
	Xeljanz XR) using the respective standard Inflammatory Conditions – Prior
	Authorization Policy criteria.
4.	<u> Ulcerative Colitis – Initial Therapy.</u>
	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>B</b> ) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
	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,
	<u>Selarsdi</u> subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek
	<u>subcutaneous</u> , <u>Tremfya subcutaneous</u> , <u>Velsipity</u> , <u>or Zymfentra</u> ) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i>
	criteria.
5	Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or
5.	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
	<b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, <u>or</u> f):

This document is subject to the disclaimer found at <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</u> and is subject to change. <u>https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</u>



a)	Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizumab
	subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or
	Xeljanz/XR [documentation required]; OR
	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 <b>ONE</b> product. A trial of either or both
	Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as
	ONE product.
b)	Patient has <u>Ankylosing Spondylitis</u> 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 <b>ONE</b> product. A trial of
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
	counts as <b>ONE</b> product.
<b>c</b> )	Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an
c,	adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi
	subcutaneous, ustekinumab subcutaneous product, Taltz, Tremfya
	subcutaneous, ustexinanab subcutaneous product, ranz, riemya subcutaneous, or Xeljanz/XR [documentation required]; OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkip,
	adalimumab-adaz, adalimumab-adoli, adalimumab-ryp, adalimumab-aday, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo,
	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of
	multiple adalimumab products counts as <b>ONE</b> product. A trial of
	multiple adaminumab products counts as <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
	counts as <b>ONE</b> product. A trial of either or both Rinvoq products
т.	(Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> product.
<b>a</b> )	Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product;
	OR Notes Examples of adalignments and ducts include Huggins Abailada
	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
	<b>f</b> )	
	<b>f</b> )	Patient has been established on Simponi subcutaneous for at least 90
		days <u>and</u> prescription claims history indicates <u>at least a 90-day supply</u>
		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 <u>not</u> been receiving samples or coupons or other types
		of waivers in order to obtain access to Simponi subcutaneous).
	<b>B</b> ) If the	patient has met criterion 5Ai (the standard Inflammatory Conditions –
	Simpo	ni Subcutaneous Prior Authorization Policy criteria), but criterion 5Aii
	is not	met: offer to review for one of the following Products using the
	respec	tive standard Inflammatory Conditions – Prior Authorization Policy
	criteri	
	i. R	neumatoid Arthritis: Actemra subcutaneous, Tyenne subcutaneous,
		brel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-
		vk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR.
		nkylosing Spondylitis: Enbrel, adalimumab-adbm, Cyltezo,
		alimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz
		blets, or Xeljanz XR.
	iii. Ps	oriatic Arthritis: Enbrel, adalimumab-adbm, Cyltezo, adalimumab-
		az, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi
		bcutaneous (pen or syringe), Stelara subcutaneous, Selarsdi
		bcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous,
		ltz, Tremfya subcutaneous, Xeljanz tablets, or Xeljanz XR.
		cerative Colitis: adalimumab-adbm, Cyltezo, adalimumab-adaz,
	ad	alimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous
		n-body injector), Stelara subcutaneous, Selarsdi subcutaneous,
		tekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya
		bcutaneous, Velsipity, or Zymfentra.
		nditions. Approve Simponi subcutaneous (initial therapy for a duration
		l or <u>1 year</u> for a patient continuing therapy) if the patient meets the
	standard I	nflammatory Conditions – Simponi Subcutaneous Prior Authorization
	Policy crit	
Interleukin-6 Bl	ockers	

This document is subject to the disclaimer found at <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</a>



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



	Approve for 1 year if the patient meets BOTH of the following (i and ii):
1	Patient meets the standard Inflammatory Conditions – Tocilizumab
	Subcutaneous Policy criteria; AND
l	<b>i.</b> Patient meets ONE of the following (a, b, c, d, $\underline{\text{or}}$ e):
	a) Patient has <u>Polyarticular Juvenile Idiopathic Arthritis</u> and 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>b</b> ) Patient has <u>Rheumatoid Arthritis</u> and has tried one adalimumab
	<b>b</b> ) Patient has <u>Rheumatoid Arthritis</u> 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
	<u>days</u> [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 <u>not</u> been receiving samples or coupons or
	other types of waivers in order to obtain access to tocilizumab
	subcutaneous).
<b>B</b> ) I	f the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Cocilizumab Subcutaneous Prior Authorization Policy</i> criteria), but criterion
	BAii 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.
	1	
	4.	<u>All Other Conditions</u> (including systemic juvenile idiopathic arthritis). Approve
		tocilizumab subcutaneous (initial therapy for a duration as directed or <u>1 year</u> for a
		patient continuing therapy) if the patient meets the standard <i>Inflammatory</i>
	-	Conditions – Tocilizumab Subcutaneous Prior Authorization Policy criteria.
Kevzara	1.	<u>Rheumatoid Arthritis – Initial Therapy</u> .
		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 <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
		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 <b>ONE</b> 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>b</b> ) According to the prescriber, the patient has heart failure or a
		previously treated lymphoproliferative disorder.
		<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
		<i>Kevzara Prior Authorization Policy</i> criteria), but criterion 1Aii is not met:
		offer to review for a Step 1 or Step 2 Product ( <u>Actemra subcutaneous, Tyenne</u>
		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.
		<i>A)</i> Approve for 6 months if the patient meets BOTH of the following (i and ii):
L		<i>The prove for o months if the patient meets borri of the following (I <u>and</u> I).</i>



		i. Patient meets the standard Inflammatory Conditions - Kevzara Prio
		Authorization Policy criteria; AND
		<b>ii.</b> Patient meets ONE of the following (a <u>or</u> b):
		a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbred
		an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljan
		[documentation required]; OR
		Note: Examples of tocilizumab subcutaneous products include
		Actemra subcutaneous and Tyenne subcutaneous. A trial of multipl
		tocilizumab products counts as <b>ONE</b> 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 multipl
		adalimumab products counts as <b>ONE</b> product. A trial of either or bot
		Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as <b>ON</b>
		product. A trial of Cimzia, a tocilizumab intravenous product
		(Actemra intravenous, biosimilar), Orencia intravenous of
		subcutaneous, an infliximab product (e.g., Remicade, biosimilars), o
		Simponi Aria also counts [documentation required].
		<ul><li>b) According to the prescriber, the patient has heart failure, a previousl</li></ul>
		treated lymphoproliferative disorder, a previous serious infection, O
		a demyelinating disorder.
	B)	If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i>
		Kevzara Prior Authorization Policy criteria), but criterion 2Aii is not me
		offer to review for a Step 1 or Step 2a Product (Actemra subcutaneous, Tyenn
		subcutaneous, Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz
		adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets) using th
		respective standard Inflammatory Conditions – Prior Authorization Police
		criteria.
3.	Juv	venile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currentl
	Re	ceiving 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
		<b>ii.</b> Patient meets ONE of the following (a, b, c, <u>or</u> d):
		a) Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizuma
		subcutaneous product, Enbrel, an adalimumab product, Rinvoq, o
		Xeljanz/XR [documentation required]; OR
		Note: Examples of tocilizumab subcutaneous products includ
		Actemra subcutaneous and Tyenne subcutaneous. A trial of multipl
		tocilizumab products counts as ONE product. Examples of
		adalimumab products include Humira, Abrilada, adalimumab-adaz



c)	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 <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of 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]. 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 <u>Note</u> : Examples of tocilizumab subcutaneous. A trial of multiple tocilizumab products counts as <b>ONE</b> product. Examples of adalimumab products counts as <b>ONE</b> product. Examples of adalimumab-adbm, adalimumab-fkjp, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-adaz, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products (Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> 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]. According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR Patient has been established on Kevzara for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of</u>
	previously treated lymphoproliferative disorder; OR Patient has been established on Kevzara for at least 90 days <u>and</u>



	<ul> <li>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>i. Rheumatoid Arthritis: <u>Actemra subcutaneous</u>, Tyenne subcutaneous,</li> </ul>
	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. <u>Other Conditions</u> . Approve <u>Kevzara</u> (initial therapy for a duration as directed or
	<u>1 year</u> for a patient continuing therapy) if the patient meets the standard
	Inflammatory Conditions – Kevzara Prior Authorization Policy criteria.
Interleukin-17 B	
Bimzelx	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 – 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>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	Bimzelx Prior Authorization Policy criteria), but criterion 1Aii is not met:
	offer to review for a Preferred Product ( <u>Enbrel, Cyltezo, adalimumab-adbm,</u> <u>adalimumab-adaz, Simlandi, adalimumab-ryvk, or Taltz</u> ) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.
	2. <u>Hidradenitis Suppurativa – Initial Therapy</u> .
	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
	<b>ii.</b> 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>B</b> ) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	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
	<b>ii.</b> Patient has tried one of Cimzia or Taltz.
	<u>Note</u> : 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>B</b> ) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	<i>B)</i> If the patient has met criterion SAI (the standard <i>Influminatory Conditions</i> – <i>Bimzelx Prior Authorization Policy</i> criteria), but criterion 3Aii is not met:
	offer to review for a Preferred Product ( <u>Cimzia or Taltz</u> ) using the respective
	standard Inflammatory Conditions – Prior Authorization Policy criteria.
1	Diagua Desmissia Initial Thomasy
4.	<u>Plaque Psoriasis – Initial Therapy.</u> A) Approve for $2$ months if the patient mosts POTH of the following (i and ii):
4.	A) Approve for 3 months if the patient meets BOTH of the following (i and ii):
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions</i> –</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions</i> – Bimzelx Prior Authorization Policy criteria for plaque psoriasis; AND</li> <li>Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> </ol> </li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada,</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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,</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous. <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.</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions –</i></li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria), but criterion 4Aii is not met:</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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,</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior</i></li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions –</i> <i>Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions –</i> <i>Bimzelx Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> </ul>
4.	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND</li> <li>ii. Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.</li> <li><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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior</i></li> </ul>



	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 <i>Inflammatory Conditions</i> –
В)	
	<i>Bimzelx Prior Authorization Policy</i> criteria), but criterion 5Aii is not met:
	offer to review for a Preferred Product ( <u>Enbrel, Cyltezo, adalimumab-adbm</u> ,
	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.
	kylosing Spondylitis, Hidradenitis Suppurativa, nr-axSpA, Plaque
	oriasis, 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
	<b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, <u>or</u> f):
	a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel, an
	adalimumab product, or Taltz; 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 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 <u>nr-axSpA</u> 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 <u>Plaque Psoriasis</u> 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 <b>ONE</b> product.
e	) Patient has <u>Psoriatic Arthritis</u> 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 <b>ONE</b>
	product.A trial of Cimzia, an infliximab product (e.g., Remicade,
	biosimilars), or Simponi (Aria or subcutaneous) also counts.
f f	5
	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].
	<u>Note</u> : In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Bimzelx for at least 90 days AND the patient has
	been receiving Bimzelx via paid claims (e.g., patient has <u>not</u> been
	receiving samples or coupons or other types of waivers in order to
D) If the	obtain access to Bimzelx).
	patient has met criterion 6Ai (the standard <i>Inflammatory Conditions</i> –
DIMZ.	elx 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: <u>Cimzia or Taltz</u> .
	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. <u>Other Conditions</u> . Approve <u>Bimzelx</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 – Bimzelx Prior Authorization Policy criteria.
Cosentyx SC	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 – Cosentyx
	Subcutaneous Prior Authorization Policy criteria; AND
	<b>ii.</b> 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 <b>ONE</b> product. A trial of either or both Xeljanz
	products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product.
	A trial of Cimzia, an infliximab product (e.g. Remicade, biosimilars), or
	Simponi (Aria or subcutaneous) also counts [documentation required].
	<b>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 1Aii
	is not met: offer to review for a Step 1 or Step 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-Kadiographic Spondyloarthritis (nr-axSDA) – Initial Therapy.
	<ul> <li>2. <u>Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy</u>.</li> <li>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</li> </ul>



	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 <b>ONE</b> product.
	<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Cosentyx Subcutaneous Prior Authorization Policy criteria), but criterion 2Aii
	is not met: offer to review for a Step 1 or Step 2a Product (Cimzia, Taltz, or
	<u>Rinvoq</u> ) using the respective standard Inflammatory Conditions – Prior
	Authorization Policy criteria.
3.	
	A) Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> 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 <b>ONE</b> product. A trial of multiple ustekinumab products
	counts as <b>ONE</b> product.
	<b>B)</b> If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> 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 <i>Inflammatory</i>
	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):
	<b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Cosentyx</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	ii. Patient meets ONE of the following (a <u>or</u> b):



<ul> <li>a) Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, or Xeljanz/XR [documentation required]; OR</li> <li>b) Patient is &lt; 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or a ustekinumab subcutaneous product [documentation required]. Note: Examples of adalimumab-adbm, adalimumab-fig, adalimumab-adaz, adalimumab-adbm, adalimumab-fig, adalimumab-aday, adalimumab-ador, and adimumab-adbm, adalimumab-fig, adalimumab-aday, adalimumab-ador, org. Hadlima, Hulio, Hyrimoz, Idacio, Yuffyma, and Yusimry. A trial of multiple ustekinumab 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 &lt; 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.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-twe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li>5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous, Cosentyx Subcutaneous, Prior Authorization Policy criteria, AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an adalimumab-poluct, Rinvoq</li> </ul>
<ul> <li>Rinvoq LQ) collectively counts as ONE product.</li> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li>5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul>
<ul> <li>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li>5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul>
<ul> <li><i>Cosentyx Subcutaneous Prior Authorization Policy</i> 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li><b>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</b></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, e, f, or g):</li></ol></li></ul>
<ul> <li>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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li><b>5.</b> <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</u></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx</i> <i>Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
<ul> <li><u>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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</u></li> <li><b>5.</b> <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</u></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul>
<ul> <li><u>Selarsdi</u> subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li><u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</u></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g): <ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul></li></ul>
<ul> <li><u>subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li><b>5.</b> <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</u></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): <ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul> </li> </ul>
<ul> <li>the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> <li>5. <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis –</u> <u>Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous)</u>.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): <ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul></li></ul>
<ul> <li>criteria.</li> <li>5. <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis –</u> <u>Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous)</u>.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): <ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul></li></ul>
<ul> <li>5. <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis –</u> <u>Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous)</u>.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): <ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g): <ul> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul> </li> </ul></li></ul>
<ul> <li>Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, d, e, f, or g): <ol> <li>Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ol> </li> </ol></li></ul>
<ul> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or g</u>):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
<ul> <li>i. Patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, <u>or g</u>):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
<ul> <li>Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
<ul> <li>ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):</li> <li>a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an</li> </ul>
a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an
adamination product, Knivoq, Tanz, or Kerjanz/XK [uocumentation]
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  $\geq 18$  years of age with <u>Psoriatic Arthritis</u> 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-adbm, adalimumab-adaz, 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 <u>Psoriatic Arthritis</u> 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 <b>ONE</b> 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 <u>at least a 90-day supply</u>
	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].
	<u>Note</u> : In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Cosentyx SC for at least 90 days AND the patient
	has been receiving Cosentyx SC via paid claims (e.g., patient has <u>not</u>
	been receiving samples or coupons or other types of waivers in order
D)	to obtain access to Cosentyx SC).
D)	If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Cosentyx Subcutaneous Prior Authorization Policy</i> criteria), but criterion 5Aii
	is not met: offer to review for one of the following Products using the
	respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:
	i. Ankylosing Spondylitis: <u>Enbrel</u> , adalimumab-adbm, Cyltezo,
	adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR.
	ii. nr-axSpA: <u>Cimzia, Taltz, or Rinvoq</u> .
	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 $\geq$ 18 years of age: <u>Enbrel</u> , 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.
	Augunz AIX.



		$\mathbf{v}$ <b>Pearintie Arthritie in a Patient Z IX veare at again Hubber Division</b>
		v. Psoriatic Arthritis in a Patient < 18 years of age: <u>Enbrel, Rinvoq</u> . <u>Rinvoq LQ</u> , Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-
		ttwe subcutaneous, or Yesintek subcutaneous.
	6	<u>Other Conditions</u> . Approve <u>Cosentyx subcutaneous</u> (initial therapy for a
	0.	
		duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets
		the standard Inflammatory Conditions – Cosentyx Subcutaneous Prior
<b>C'1'</b>	1	Authorization Policy criteria.
Siliq	1.	<u>Plaque Psoriasis – Initial Therapy</u> .
		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 <b>ONE</b> product. A trial of multiple ustekinumab products
		counts as <b>ONE</b> product.
		<b>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
		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 <u>or</u> 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 <b>ONE</b> product.



<b></b>	
	<ul> <li>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).</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer</li> </ul>
	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
	<u>subcutaneous</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i> <i>Authorization Policy</i> criteria.
	3. <u>Other Conditions</u> . Approve <u>Siliq</u> (initial therapy for a duration as directed or <u>1</u>
	<u>year</u> for a patient continuing therapy) if the patient meets the standard
	Inflammatory Conditions – Siliq Prior Authorization Policy criteria.
Interleukin-23	Blockers
Ilumya	1. <u>Plaque Psoriasis – Initial Therapy</u> .
	<ul> <li>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Ilumya Prior</i> <i>Authorization Policy</i> criteria; AND</li> </ul>
	ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi
	subcutaneous, Sotyktu, ustekinumab subcutaneous product, Taltz, or
	Tremfya subcutaneous [documentation required].
	<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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product.
	<b>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Ilumya Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer
	to review for a Preferred Product ( <u>Enbrel, adalimumab-adbm, Cyltezo,</u>
	adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Selarsdi subcutaneous,
	pen or symper, Solyku, Stelata subcutaneous, Selatsul subcutaneous,



	<u>ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya</u> <u>subcutaneous</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i>
_	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
	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 <b>ONE</b> product. A trial of
	multiple ustekinumab products counts as <b>ONE</b> product.
	b) Patient has been established on Ilumya for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Ilumya was dispensed within the past 130 days [verification in
	prescription claims history required], or if claims history is not
	available, according to the prescriber [verification by prescriber
	required].
	Note: In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Ilumya for at least 90 days AND the patient has
	been receiving Ilumya via paid claims (e.g., patient has <u>not</u> been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Ilumya).
	<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Ilumya Prior Authorization Policy</i> 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 <u>Ilumya</u> (initial therapy for a duration as directed or
5.	<u>1 year</u> for a patient continuing therapy) if the patient meets the standard
	<u>I year</u> for a patient continuing therapy) if the patient meets the standard Inflammatory Conditions – Ilumya Prior Authorization Policy criteria.
	inflammatory Conditions – numya Frior Autorization Folicy Chieffa.



A) Approve i. Patie Subc ii. Patie a) H s u l a a a a b) A B) If the pat Entyvio S is not me	<ul> <li><u>ease – Initial Therapy</u>.</li> <li>e for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</li> <li>ent meets the standard <i>Inflammatory Conditions – Entyvio</i> <i>cutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ent meets ONE of the following (a <u>or</u> b):</li> <li>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</li> <li><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</li> </ul>
<ul> <li>i. Patie Subc</li> <li>ii. Patie</li> <li>a) H</li> <li>a</li> <li>b) H</li> <li>b) H</li> <li>c</li> <li>B) If the patie</li> <li>Entyvio S</li> <li>is not me</li> </ul>	ent meets the standard <i>Inflammatory Conditions – Entyvio</i> cutaneous Prior Authorization Policy criteria; AND ent meets ONE of the following (a <u>or</u> b): 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,
Subc ii. Patie a) H s u l a a a a a a a a a a b) A b) A c B) If the pat Entyvio S is not me	<i>cutaneous Prior Authorization Policy</i> criteria; AND ent meets ONE of the following (a <u>or</u> b): 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,
ii. Patie a) H S U H A A A A A A A A A A A A A A A A A A	ent meets ONE of the following (a <u>or</u> b): 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,
a) H s u l l l l l l l l l l l l l l l l l l	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,
B) If the part Entyvio S is not me	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,
B) If the part Entyvio S is not me	adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi,
B) If the part Entyvio S is not me	
B) If the part Entyvio S is not me	Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b>
B) If the part <i>Entyvio S</i> is not me	product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade,
<ul> <li>b) A</li> <li>C</li> <li>B) If the pate Entyvio S</li> <li>is not me</li> </ul>	biosimilars), Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, or ustekinumab intravenous also counts [documentation]
B) If the part <i>Entyvio</i> S is not me	required].
B) If the pate Entyvio S is not me	According to the prescriber, the patient has already started on or is
<i>Entyvio</i> S is not me	currently undergoing induction therapy with Entyvio IV.
is not me	tient has met criterion 1Ai (the standard Inflammatory Conditions -
	Subcutaneous Prior Authorization Policy criteria), but criterion 1Aii
adalımur	et, offer to review for a Step 1 or Step 2a Product ( <u>adalimumab-adaz</u> ,
	mab-adbm, Cyltezo, adalimumab-ryvk, Simlandi, Omvoh
	eous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous,
Selarsdi	
	neous, Tremfya subcutaneous, Rinvoq, Cimzia, or Zymfentra) using
criteria.	ective standard Inflammatory Conditions Prior Authorization Policy
	Colitis – Initial Therapy.
	for 6 months if the patient meets BOTH of the following (i and ii):
	ent meets the standard <i>Inflammatory Conditions – Entyvio</i>
	cutaneous Prior Authorization Policy criteria; AND
	ent meets ONE of the following (a <u>or</u> b):
a) H	the meets of the following ( $u \underline{or} b$ ).
	Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, a ustekinumab subcutaneous product, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Tremfya



<ul> <li><u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-acat, adalimumab-adaz, adalimumab-adbm, adalimumab-act, adalimumab-adz, adalimumab-ryk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of a multiple ustekinumab products counts as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts [documentation required].</li> <li><b>b</b>) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li><b>B</b>) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria), buctuaneous, Yesintek subcutaneous, ustekinumab-rtwe subcutaneous, Yesintek subcutaneous, Civroq, Simponi SC, Skyrizi subcutaneous, Onvoh subcutaneous, Rimonja SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yelsipity, or Zwnfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria, AND</li> <li><b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous or Intravenous</i>.</li> <li><b>A</b>) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li><b>i.</b> Patient meets ONE of the following (a, b, c, or d):</li> <li><b>a</b>) Patient has <u>Crohr's Disease and has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab products include Humira, Abrilada, adalimumab-akar, adalimumab-aatar, adalimumab-adar, adalimumab-adbm, adalimumab-aat, adalimumab-ada</u></li></ul>		Note: Examples of adalignment products include Huming Abrilade
<ul> <li>adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuffyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz 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].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2a Product (<u>adalimumab-adaz, adalimumab-adbm</u>, Cyltezo, adalimumab-ryvk, Simlandi, Stelara subcutaneous, Selarsdi subcutaneous, Rinvoq, Simpani SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yesintek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous on -body injector), Xeljanz/XR, Tremfya subcutaneous, Velsipity, or Zymfentra] using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving <u>Entyvio Subcutaneous or Intravenous</u>.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): i. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria, AND ii. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous</i>, an ustekinumab subcutaneous product, Zymfentra, Cimzia, or Rinvoq [documentation required]; OR Note: Examples of adalimumab-adaz. adalimumab-adom, adalimumab-fkjp, adalimumab-adaz, adalimumab-ryvk, Siml</li></ul>		
<ul> <li>Amjevita, Cytlezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of either or both Xeljanz 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].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>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, Rinvoq, Simponi SC, Skyrizi subcutaneous, Gonvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yesintek subcutaneous on woh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous or Intravenous.</li> <li>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 thas <u>Croln's Disease</u> 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-adaz, adalimumab-adbm, adalimumab-fig, adalimumab-adaz, adalimumab-adbm, adalimumab-fig, adalimumab-adaz, adalimumab-adbm, adalimumab-fig, atalimumab-adaz, adalimumab-adbm, adalimumab-fig, A trial of multiple adalimumab products counts as ONE pro</li></ul>		
<ul> <li>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].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yeisnitek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yelsipity, or Zymfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ul> <li>Patient meets ONE of the following (a, b, c, or d):</li> <li>Patient maes Crohn's Disease and has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Temfya subcutaneous, an ustekinumab bucutaneous product, Symfentra, Cimzia, or Rinvoq [documentation required]; OR                 <u>Note</u>: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-adc, adalimumab-adc, adalimumab-adbm, adalimumab-adc, atalimumab-adc, atalimumab-adbm, adalimumab-adc, Aria dadimumab-adc, Ari</li></ul></li></ul>		
<ul> <li>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), Onvoh intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts [documentation required].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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, Rinvoq, Simponi SC, Skyrizi subcutaneous, (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Yesintek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ul> <li>i. Patient meets ONE of the following (a, b, c, or d):</li> <li>a) Patient has Crohn's Disease and has tried TWO of an adalimumab product, Ornvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Zymfentra, Cimzia, or Rinvoq [documentation required]; OR <u>Note</u>: Examples of adalimumab-adaz, adalimumab-adaz, adalimumab-adac, adalimumab-adaz, adalimumab-adac, adalimumab-adac, adalimumab-adaz, adalimumab-adaz, adalimumab-adaz, adalimumab-adac, adalimumab-adaz, adalimumab-adet, biosimilars), Omvoh intravenous, Sk</li></ul></li></ul>		
<ul> <li>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].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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-tiwe subcutaneous, Yesintek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entvvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets ONE of the following (a, b, c, <u>or</u> d):</li> <li>Patient meets ONE of the following (a, b, c, <u>or</u> d):</li> <li>Patient meets of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab product counts as ONE product. A trial of an inflixima bintravenous, or Tremfya</li> </ol> </li> </ul>		
<ul> <li>infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts [documentation required].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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, Rinvoq, Simponi SC, Skyrizi subcutaneous, Gon-body injector), Xeljanz/XR, Tremfya subcutaneous, Yesintek subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entvvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d):</li></ol></li></ul>		product. A trial of either or both Xeljanz products (Xeljanz and
<ul> <li>intravenous, Skyrizi intravenous, ustekinumab intravenous, or Tremfya intravenous also counts [documentation required].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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, <u>Velsipity, or Zymfentra</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):         <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, og d):                 <ol> <li>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</li></ol></li></ol></li></ul>		• • •
<ul> <li>Tremfya intravenous also counts [documentation required].</li> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>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.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>a) Patient has <u>Crohn's Disease</u> 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</li> <li><u>Note</u>: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fig, adalimumab-adaz, adalimumab-adbm, adalimumab-fig, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimyr. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ul>		· ·
<ul> <li>b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> 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, Yelsipity, or Zymfentra) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d): <ol> <li>Patient has <u>Crohn's Disease</u> and has tried TWO of an adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab-adaz, adalimumab-adbm, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-acaf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ol> </li> </ol></li></ul>		•
<ul> <li>currently undergoing induction therapy with Entyvio IV.</li> <li>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions –</i> <i>Entyvio Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2a Product (<u>adalimumab-adaz</u>, <u>adalimumab-adbm</u>, Cyltezo, <u>adalimumab-ryvk</u>, <u>Simlandi</u>, <u>Stelara</u> <u>subcutaneous</u>, <u>Selarsdi</u> <u>subcutaneous</u>, <u>ustekinumab-ttwe</u> <u>subcutaneous</u>, <u>Yesintek subcutaneous</u>, <u>Omvoh subcutaneous</u>, <u>Rinvoq</u>, <u>Simponi SC</u>, <u>Skyrizi</u> <u>subcutaneous</u> (on-body injector), <u>Xeljanz/XR</u>, <u>Tremfya</u> <u>subcutaneous</u>, <u>Yelsipity</u>, <u>or Zymfentra</u>) using the respective standard <i>Inflammatory</i> <i>Conditions Prior Authorization Policy</i> criteria.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving <u>Entyvio Subcutaneous or Intravenous</u>.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Entyvio</i> <i>Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, <u>or</u> d):</li> <li>a) Patient has <u>Crohn's Disease</u> 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 <u>Note</u>: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-acf, adalimumab-adaz, adalimumab-adbm, adalimumab-acf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products</li></ul>		• • • • • • • • • • • • • • • • • • • •
<ul> <li>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.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entvvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>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-adaz, adalimumab-ryk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab products counts as ONE product. A</li></ul>	b)	
<ul> <li>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, Yelsipity, or Zymfentra) using the respective standard Inflammatory Conditions Prior Authorization Policy criteria.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entvvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>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-adaz, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ul>	D) If the m	
<ul> <li>is not met, offer to review for a Step 1 or Step 2a Product (<u>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 <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</u></li> <li><b>3.</b> Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>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</li> <li>Note: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-adf, adalimumab-adaz, adalimumab-adbm, adalimumab-adf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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</li> </ul>	· .	
<ul> <li>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.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>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</li> <li>Note: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-akef, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-ady, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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</li> </ul>		
<ul> <li>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 <i>Inflammatory</i> <i>Conditions Prior Authorization Policy</i> criteria.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Entyvio</i> <i>Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d): <ol> <li>Patient meets ONE of the following (a, b, c, or d):</li> <li>Patient meets, an ustekinumab subcutaneous product, Zymfentra, Cimzia, or Rinvoq [documentation required]; OR <u>Note:</u> Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-aacf, adalimumab-adaz, 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 product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ol> </li> </ol></li></ul>		
<ul> <li>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.</li> <li>Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d): <ol> <li>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</li> <li>Note: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-figh, adalimumab-aty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple ustekinumab products counts as ONE product. A trial of multiple ustekinumab product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ol> </li> </ol></li></ul>		
<ul> <li>Velsipity, or Zymfentra) using the respective standard Inflammatory Conditions Prior Authorization Policy criteria.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d): <ol> <li>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 product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ol> </li> </ol></li></ul>		
<ul> <li>Conditions Prior Authorization Policy criteria.</li> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d):</li> <li>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</li> <li>Note: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-adat, adalimumab-adom, adalimumab-fkjp, Orte: 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</li> </ol> </li> </ul>	subcuta	aneous (on-body injector), Xeljanz/XR, Tremfya subcutaneous,
<ul> <li>3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ul> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>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</li> <li>Note: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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</li> </ul> </li> </ul>	-	
<ul> <li>Entyvio Subcutaneous or Intravenous.</li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>Patient meets ONE of the following (a, b, c, or d): <ol> <li>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</li> <li>Note: Examples of adalimumab-products include Humira, Abrilada, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ol> </li> </ol></li></ul>		
<ul> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy</i> criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d):</li> <li>a) Patient has <u>Crohn's Disease</u> 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</li> <li><u>Note</u>: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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</li> </ul>		
<ul> <li>i. Patient meets the standard Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d): <ul> <li>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</li> <li><u>Note</u>: Examples of adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. 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</li> </ul> </li> </ul>		
<ul> <li>Subcutaneous Prior Authorization Policy criteria; AND</li> <li>ii. Patient meets ONE of the following (a, b, c, or d): <ul> <li>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</li> <li><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 ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ul> </li> </ul>		
<ul> <li>ii. Patient meets ONE of the following (a, b, c, <u>or</u> d):</li> <li>a) Patient has <u>Crohn's Disease</u> 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</li> <li><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 ustekinumab products counts as ONE product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ul>		
<ul> <li>a) Patient has <u>Crohn's Disease</u> 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</li> <li><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 an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya</li> </ul>		•
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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya
<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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		-
adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
biosimilars), Omvoh intravenous, Skyrizi intravenous, or Tremfya		
intravenous, or ustekinumab intravenous also counts [documentation]		intravenous, or ustekinumab intravenous also counts [documentation]
required].	1	



	<ul> <li>b) Patient has <u>Ulcerative Colitis</u> 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</li> <li><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 either or both Xeljanz products (Xeljanz and</li> </ul>
	Xeljanz XR) collectively counts as <b>ONE</b> product. A trial of an
	infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh
	intravenous, Skyrizi intravenous, ustekinumab intravenous, or
	<ul><li>Tremfya intravenous also counts [documentation required].</li><li>c) According to the prescriber, the patient has been established on</li></ul>
	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 <b>[verification by</b>
	<b>prescriber required]</b> . 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).
	the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	atyvio Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
	not met, offer to review for one of the following Products using the spective standard <i>Inflammatory Conditions Prior Authorization Policy</i>
	teria.
i.	Crohn's Disease: <u>adalimumab-adaz, adalimumab-adbm, Cyltezo,</u>
	adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous
	(on-body injector), Stelara subcutaneous, Selarsdi subcutaneous,
	ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya
	subcutaneous Rinyog Cimzia or Zymfentra



	4.	<ul> <li>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.</li> <li>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</li> </ul>
Interleukin-1 Bl	look	Policy criteria.
Kineret         1.         Rheumatoid Arthritis – Initial Therapy.		
Kineret	1.	<ul> <li>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria; AND</li> <li>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-roducts 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 (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].</li> </ul>
		<ul> <li>[documentation required].</li> <li>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> </ul>
	2.	<ul> <li><u>Rheumatoid Arthritis – Patient is Currently Receiving Kineret.</u></li> <li>A) Approve for 1 year if the patient meets BOTH of the following (i and ii): <ol> <li>Patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria; AND</li> <li>Patient meets ONE of the following (a or b):</li> </ol> </li> </ul>


	<ul> <li>a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR [documentation</li> </ul>
	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 <b>ONE</b> 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>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Kineret Prior Authorization Policy criteria), but criterion 2Aii is not met:
	offer to review for a Step 1 or Step 2a Product ( <u>Actemra subcutaneous, Tyenne</u>
	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	
	<u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria.
	0 D
	<u>Note</u> : This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic
	Juvenile Idiopathic Arthritis.



T-Cell Costimulation Modulator			
Orencia	1. <u>Rheumatoid Arthritis – Initial Therapy</u> .		
Subcutaneous	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 <u>or</u> b):		
	<ul> <li>a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel an adalimumab product, Rinvoq, or Xeljanz/XR [documentation required]; OR</li> </ul>		
	Note: Examples of tocilizumab subcutaneous products include		
	Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as <b>ONE</b> 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 <b>ONE</b> 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].		
	<ul> <li>b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.</li> </ul>		
	<b>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> -		
	Orencia Subcutaneous Prior Authorization Policy criteria), but criterion 1Ai		
	is not met: offer to review for a Step 1 or Step 2a Product ( <u>Actemra</u>		
	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 – Initia		
	Therapy.		
	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):		
	<ul> <li>a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz</li> </ul>		
	[documentation required]; OR		



3. <u>Ps</u>	<ul> <li><u>Note</u>: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as <b>ONE</b> product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aday, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as <b>ONE</b> product. A trial of multiple adalimumab products (Xeljanz tablets and Xeljanz oral solution) collectively counts as <b>ONE</b> product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as <b>ONE</b> product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> 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 <b>[documentation required]</b>.</li> <li><b>b</b>) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.</li> <li>If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 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 <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> </ul>
2 Da	
	Approve for 6 months if the patient meets BOTH of the following (i and ii):
A)	<b>i.</b> Patient meets the standard <i>Inflammatory Conditions – Orencia</i>
	Subcutaneous Prior Authorization Policy criteria; AND
	<b>ii.</b> Patient meets ONE of the following (a, b, <u>or</u> c):
	a) Patient is $\geq$ 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
	<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 <b>ONE</b> product. A trial of multiple ustekinumab products counts as <b>ONE</b> product. A trial of
	either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively
 	counts as <b>ONE</b> product. A trial of either or both Rinvoq products



		(Rinvoq and Rinvoq LQ) collectively counts as <b>ONE</b> 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].
	<b>c</b> )	According to the prescriber, the patient has heart failure, a previously
		treated lymphoproliferative disorder, a previous serious infection, OR
		a demyelinating disorder.
<b>B</b> )	-	batient has met criterion 3Ai (the standard Inflammatory Conditions –
		a Subcutaneous Prior Authorization Policy criteria), but criterion 3Aii
		met: offer to review for a Step 1 or Step 2a Product (Enbrel,
		umab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, Simlandi,
		Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara
		aneous, Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous,
		ek subcutaneous, Taltz, Tremfya subcutaneous, Xeljanz tablets, or
		<u>z XR</u> ) using the respective standard <i>Inflammatory Conditions – Prior</i>
4 51		<i>ization Policy</i> criteria.
		id Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis –
		Currently Receiving Orencia (Subcutaneous or Intravenous).
A)		ve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):
		tient meets the standard Inflammatory Conditions – Orencia
		beutaneous Policy criteria; AND
		tient meets ONE of the following (a, b, c, d, e, f, <u>or</u> g):
	a)	Patient has <u>Rheumatoid Arthritis</u> and has tried TWO of a tocilizumab
		subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or
		Xeljanz/XR [documentation required]; OR <u>Note</u> : Examples of tocilizumab subcutaneous products include
		Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple
		tocilizumab products counts as <b>ONE</b> product. Examples of
		adalimumab products include Humira, Abrilada, adalimumab-adaz,
		adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty,
		adalimumab-radon, adalimumab-rkjp, adalimumab-rady, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio,
		Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple
		adalimumab products counts as <b>ONE</b> product. A trial of either or both
		Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as
		<b>ONE</b> product. A trial of tocilizumab intravenous (Actemra)
		intravenous, biosimilar), Cimzia, an infliximab product (e.g.,
I		marchous, crossiniar, childa, an innaniao product (0.g.,



Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts [documentation required].

b) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz tablets or oral solution [documentation required]; OR
 <u>Note</u>: Examples of tocilizumab subcutaneous products include

Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as ONE product. A trial of Cimzia, tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts [documentation required].

c) Patient is ≥ 18 years of age with <u>Psoriatic Arthritis</u> 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

<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 (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Xeljanz 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 <u>Psoriatic Arthritis</u> AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or a ustekinumab subcutaneous product [documentation required]; OR



	<u>Note</u> : 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 <b>ONE</b> product.
	e) According to the prescriber, the patient has been established on
	Orencia intravenous for at least 90 days; OR
	•
	<b>f</b> ) 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 <u>not</u> been receiving samples or coupons or other types of
	waivers in order to obtain access to Orencia subcutaneous).
B	) If the patient has met criterion 4Ai (the standard Inflammatory Conditions -
,	Orencia Subcutaneous Prior Authorization Policy criteria), but criterion 4Aii
	is not met, offer to review for one of the following Products using the
	respective standard Inflammatory Conditions Prior Authorization Policy
	criteria.
	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: <u>Actemra subcutaneous</u> , 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
	• •
	$\frac{\text{Xeljanz XR}}{\text{Xeljanz AR}}$
	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	Inhib	pitors
Olumiant	1.	<u> Rheumatoid Arthritis – Initial Therapy</u> .
		A) Approve for 6 months if the patient meets BOTH of the following (i and ii):
		i. Patient meets the standard <i>Inflammatory Conditions – Olumiant Prior</i> <i>Authorization Policy</i> 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 <b>ONE</b> 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 <b>ONE</b>
		product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz
		XR) collectively counts as <b>ONE</b> product. A trial of 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>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
		Olumiant Prior Authorization Policy criteria), but criterion 1Aii is not met:
		offer to review for a Step 1 or Step 2a Product ( <u>Actemra subcutaneous, Tyenne</u>
		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.	
		A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
		i. Patient meets the standard Inflammatory Conditions – Olumiant Prior
		Authorization Policy criteria; AND
		ii. Patient meets ONE of the following (a <u>or</u> b):
		<ul><li>a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel,</li></ul>
		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 <b>ONE</b> product. Examples of



	adaliununah maduata inaluda Humina Abuilada adaliununah adam
	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 <b>ONE</b> 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>b</b> ) Patient has been established on Olumiant for at least 90 days <u>and</u>
	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].
	<u>Note</u> : In cases when 130 days of the patient's prescription claim
	history file is unavailable to be verified, an exception to this
	requirement is allowed if the prescriber has verified that the patient
	has been receiving Olumiant for at least 90 days AND the patient has
	been receiving Olumiant via paid claims (e.g., patient has not been
	receiving samples or coupons or other types of waivers in order to
	obtain access to Olumiant).
	<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	Olumiant Prior Authorization Policy criteria), but criterion 2Aii is not met:
	offer to review for a Step 1 or Step 2a Product ( <u>Actemra subcutaneous, Tyenne</u>
	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. <u>Other Conditions</u> . Approve <u>Olumiant</u> (initial therapy for a duration as directed
	or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard
	Inflammatory Conditions – Olumiant Prior Authorization Policy criteria.
Rinvoq	1. <u>Ankylosing Spondylitis – Initial Therapy</u> .
	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>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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>B</b> ) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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>B</b> ) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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 <u>and</u> 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 –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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.	<u>Rheumatoid Arthritis – Initial Therapy</u> .
	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>B)</b> If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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>B</b> ) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions</i> –
	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/ $\overline{LQ}$ 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>B</b> ) If the patient has met criterion 7Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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
	<b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, f, g, <u>or</u> h):
	a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or an
	adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
	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.
,r	Patient has <u>nr-axSpA</u> and has tried Cimzia; OR
a,	
	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)	
	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,
	Simponi (Aria or subcutaneous) also counts.
g	
5	OR
f)	Patient has <u>Psoriatic 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 o Cimzia, an infliximab product (e.g., Remicade, biosimilars), o



<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
an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or
Simponi subcutaneous also counts.
<b>h</b> ) Patient has been established on Rinvoq for at least 90 days and
prescription claims history indicates <u>at least a 90-day supply of</u> <u>Rinvoq 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].
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>B</b> ) If the patient has met criterion 8Ai (the standard <i>Inflammatory Conditions</i> –
<i>Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 8Aii is not met:
offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:
i. Ankylosing Spondylitis: <u>Enbrel</u> , adalimumab-adbm, Cyltezo,
adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz.
ii. Crohn's Disease: <u>adalimumab-adbm, Cyltezo, adalimumab-adaz</u> ,
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: <u>Cimzia or Taltz</u> . v. Rheumatoid Arthritis: Enbrel, adalimumab-adbm, Cyltezo,
v. Rheumatoid Arthritis: <u>Enbrel, adalimumab-adbm, Cyltezo,</u> 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.
	0	<u>All Other Conditions</u> . Approve <u>Rinvoq</u> (initial therapy for a duration as directed
	9.	or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard
		Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy criteria.
Dimension I O	1	
Rinvoq LQ	1.	Juvenile Idiopathic Arthritis – Initial Therapy.
		A) Approve for 6 months if the patient meets BOTH of the following (i and ii):
		i. Patient meets the standard Inflammatory Conditions – Rinvoq/LQ Prior
		Authorization Policy criteria; AND
		<b>ii.</b> 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>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
		<i>Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 1Aii is not met:
		offer to review for a Preferred Product ( <u>Enbrel, adalimumab-adbm, Cyltezo,</u>
		adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective
	2	standard Inflammatory Conditions – Prior Authorization Policy criteria.
	2.	<ul><li><u>Psoriatic Arthritis – Initial Therapy</u>.</li><li>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</li></ul>
		<ul> <li>A) Approve for 6 months if the patient meets BOTH of the following (<u>r and</u> if).</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior</i></li> </ul>
		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>B</b> ) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –
		<i>Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 2Aii is not met:
		offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,
		adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous
		[pen or syringe], Stelara subcutaneous, Selarsdi subcutaneous, ustekinumab-
		ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous)
		using the respective standard Inflammatory Conditions Prior Authorization
		Policy criteria.
	3.	Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently
		Receiving Rinvoq/LQ.
		A) Approve for 1 year if the patient meets BOTH of the following (i and ii):



	i. Patient meets the standard Inflammatory Conditions – Rinvoq/LQ Prior
	Authorization Policy criteria; AND
	<b>ii.</b> Patient meets ONE of the following (a, b, <u>or</u> c):
	a) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel or
	an adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
	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 <u>Psoriatic Arthritis</u> and has tried one of Enbrel or an
	adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
	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 <u>at least a 90-day supply of</u>
	<u>Rinvoq/LQ was dispensed within the past 130 days</u> [verification in
	<b>prescription claims history required</b> ], 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 Rinvoq/LQ for at least 90 days AND the patient
	has been receiving Rinvoq/LQ via paid claims (e.g., patient has <u>not</u>
	been receiving samples or coupons or other types of waivers in order
	to obtain access to Rinvoq/LQ).
B)	If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Rinvoq/LQ Prior Authorization Policy</i> 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.	<b>Other Conditions.</b> 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	1.									
tablets,		A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):								
Xeljanz XR		i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior								
tablets		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>B</b> ) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –								
		Xeljanz/XR Prior Authorization Policy criteria), but criterion 1Aii is not met:								
		offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,								
		adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz) using the respective								
		standard Inflammatory Conditions Prior Authorization Policy criteria.								
	2.	Rheumatoid Arthritis – Initial Therapy.								
		A) Approve for 6 months if the patient meets BOTH of the following (i and ii):								
		i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior								
		Authorization Policy criteria; AND								
		ii. Patient has tried one of Enbrel or an adalimumab product; OR								
		Note: Examples of adalimumab products include Humira, Abrilada,								
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-								
		aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio,								
		Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab								
		product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous)								
		also counts.								
		<b>B)</b> If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions</i> –								
		<i>Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 2Aii is not met:								
		offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,								
		adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective								
		standard Inflammatory Conditions Prior Authorization Policy criteria.								
	3.	Juvenile Idiopathic Arthritis – Initial Therapy.								
		A) Approve for 6 months if the patient meets BOTH of the following (i and ii):								
		i. Patient meets the standard Inflammatory Conditions – Xeljanz/XR Prior								
		Authorization Policy criteria; AND								
		ii. Patient has tried one of Enbrel or an adalimumab product; OR								
		Note: Examples of adalimumab products include Humira, Abrilada,								
		adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-								
L		, , , , , , , , , , , , , , , , , , ,								



	<ul> <li>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.</li> <li>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo, adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</li> </ul>
4.	Psoriatic Arthritis – Initial Therapy.
	A) Approve for 6 months if the patient meets BOTH of the following (i and ii):
	<ul> <li>A) Approve for 6 months in the patient meets BOTH of the following (<u>and</u> i).</li> <li>i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior</i> <i>Authorization Policy</i> criteria; AND</li> </ul>
	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>B)</b> If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions</i> –
	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.	<u> Ulcerative Colitis – Initial Therapy.</u>
	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>B</b> ) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 5Aii is not met:
	offer to review for a Preferred Product (adalimumab-adbm, Cyltezo,
	adalimumab-adaz, adalimumab-ryvk, Simlandi, Omvoh subcutaneous,
	auannumau-auaz, auannumau-ryvk, Sinnanur, Onrvon Subcutaneous,



	Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Selarso
	subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous
	Tremfya subcutaneous, Velsipity, or Zymfentra) using the respective standar
	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 Prio
	Authorization Policy criteria; AND
	<b>ii.</b> Patient meets ONE of the following (a, b, c, d, e, <u>or</u> f):
	a) Patient has <u>Ankylosing Spondylitis</u> and has tried one of Enbrel or a
	adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjr
	adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo
	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial o
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), o
	Simponi (Aria or subcutaneous) also counts.
	b) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or a
	adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjr
	adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo
	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial o
	Cimzia, an infliximab product (e.g., Remicade, biosimilars), o
	Simponi (Aria or subcutaneous) also counts.
	c) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried one of Enbrel of
	an adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjr
	adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo
	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial o
	Cimzia, an infliximab product (e.g., Remicade, biosimilars) o
	Simponi Aria also counts.
	d) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or a
	adalimumab product; OR
	Note: Examples of adalimumab products include Humira, Abrilada
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjr
	adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo
	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial o



	Cimzia, an infliximab product (e.g., Remicade, biosimilars), or
	Simponi (Aria or subcutaneous) also counts.
	e) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product;
	OR
	<u>Note</u> : Examples of adalimumab products include Humira, Abrilada,
	adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp,
	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).
	the patient has met criterion 6Ai (the standard Inflammatory Conditions -
	<i>ljanz/XR Prior Authorization Policy</i> criteria but criterion 6Aii is not met:
	fer to review for one of the following Products using the respective standard
	flammatory Conditions Prior Authorization Policy criteria:
i.	
	adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz.
11.	Rheumatoid Arthritis: <u>Enbrel</u> , adalimumab-adbm, Cyltezo,
•••	adalimumab-adaz, adalimumab-ryvk, or Simlandi.
111.	Juvenile Idiopathic Arthritis: <u>Enbrel</u> , adalimumab-adbm, Cyltezo,
<b>:</b>	adalimumab-adaz, adalimumab-ryvk, or Simlandi.
IV.	<b>Psoriatic Arthritis:</b> <u>Enbrel, adalimumab-adbm, Cyltezo, adalimumab-</u> 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: <u>adalimumab-adbm</u> , Cyltezo, adalimumab-adaz,
v.	adalimumab-ryvk, Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous
	(on-body injector), Stelara subcutaneous, Selarsdi subcutaneous,
	ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya
	subcutaneous, Velsipity, or Zymfentra.
	subculineous, veisipity, of Lynnenua.



	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	1. Juvenile Idiopathic Arthritis – Initial Therapy.
solution	A) Approve for 6 months if the patient meets BOTH of the following (i and ii):
Solution	i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior</i>
	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>B)</b> If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions</i> –
	<i>Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 1Aii is not met:
	offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,
	adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective
	standard Inflammatory Conditions – Prior Authorization Policy criteria.
	2. Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz.
	A) Approve for 1 year if the patient meets BOTH of the following (i and ii):
	i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior</i>
	Authorization Policy criteria; AND
	<b>ii.</b> 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
	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>b</b> ) Patient has been established on Xeljanz for at least 90 days and
	prescription claims history indicates at least a 90-day supply of
	Xeljanz was dispensed within the past 130 days [verification in
	prescription claims history required], or if claims history is not
	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 not been



	receiving samples or coupons or other types of waivers in order to								
	obtain access to Xeljanz).								
	B) If the patient has met criterion 2Ai (the standard Inflammatory Conditions –								
	Xeljanz/XR Prior Authorization Policy criteria but criterion 2Aii is not met:								
	offer to review for a Preferred Product (Enbrel, adalimumab-adbm, Cyltezo,								
	adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective								
	standard Inflammatory Conditions – Prior Authorization Policy criteria.								
	3. <u>Other Conditions</u> . Approve <u>Xeljanz oral solution</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.								
Sphingosine 1-P	hosphate Receptor Modulator								
Zeposia	All Conditions. Approve Zeposia if the patient meets the standard Multiple Sclerosis								
	and Ulcerative Colitis – Zeposia Care Value Policy criteria.								

#### REFERENCES

- 1. Actemra [prescribing information]. South San Francisco, CA: Genentech; August 2017.
- 2. Cimzia for injection [prescribing information]. Smyrna, GA: UCB, Inc.; January 2017.
- 3. Cosentyx injection [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp.; September 2017.
- 4. Enbrel [prescribing information]. Seattle, WA: Immunex Corporation; November 2017.
- 5. Humira injection [prescribing information]. North Chicago, IL: AbbVie, Inc.; October 2017.
- 6. Inflectra<sup>™</sup> injection for IV use [prescribing information]. Lake Forest, IL: Hospira/Pfizer; June 2017.
- 7. Kevzara injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi Aventis; May 2017.
- 8. Kineret injection [prescribing information]. Thousand Oaks, CA: Swedish Orphan Biovitrium; May 2016.
- 9. Orencia for injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; June 2017.
- 10. Otezla® tablets [prescribing information]. Summit, NJ: Celgene Corporation; June 2017.
- 11. Remicade injection [prescribing information]. Malvern, PA: Janssen Biotech; October 2017.
- 12. Renflexis injection for IV use [prescribing information]. Whitehouse Station, NJ: Merck/Samsung Bioepsis; November 2017.
- 13. Rituxan injection [prescribing information]. South San Francisco, CA: Genentech, Inc; August 2016.
- 14. Siliq injection [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2017.
- 15. Simponi injection [prescribing information]. Horsham, PA: Janssen Biotech Inc; June 2017.
- 16. Simponi<sup>™</sup> Aria<sup>®</sup> injection for intravenous use [prescribing information]. Horsham, PA: Janssen Biotech, Inc; October 2017.
- 17. Stelara injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2017.
- 18. Taltz® injection [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2017.
- 19. Tremfya injection [prescribing information]. Horsham, PA: Janssen Biotech; October 2017.
- 20. Xeljanz<sup>®</sup>/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer Inc; December 2019.
- 21. Ilumya<sup>™</sup> subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; March 2018.
- 22. Skyrizi SC [prescribing information]. North Chicago, IL: AbbVie Inc.; April 2019.
- 23. Rinvoq [prescribing information]. North Chicago, IL: AbbVie; August 2019.
- 24. Zeposia [prescribing information]. Summit, NJ: Celgene; May 2021
- 25. Sotyktu [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022

This document is subject to the disclaimer found at <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/CorporateMedicalDisclaimer.aspx</a> and is subject to change. <a href="https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx">https://www.medmutual.com/For-Providers/Policies-and-MMOs/Prescription-Drug-Resources.aspx</a>



#### APPENDIX A

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

	Rheumatology					Der	matology	Gastroenterology				
	RA	JIA	AS	nr- axSpA	PsA	HS	PsO	CD	UC			
	Tumor Ne	Tumor Necrosis Factor Inhibitors										
Cimzia												
Enbrel												
Adalimumab Products (Humira, biosimilars)	$\checkmark$	V	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$			
Infliximab Intravenous Products	$\checkmark$		$\checkmark$		$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$			
Zymfentra												
Simponi Subcutaneous			$\checkmark$									
Simponi Aria	$\checkmark$											

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	<b>Targeted Indica</b>	tions.*
I able 2.	inppi oveu in	17,11 40	, and 11 12/20	DIOCHCISIOI	Targeteu maica	cions.

	]	Rheumatology	,	Derm	atology	Gastroenterology	
	Ankylosing Spondylitis	nr-axSpA	Psoriatic Arthritis	HS	Plaque Psoriasis	Crohn's Disease	Ulcerative Colitis
Interleukin-17 Bloc	kers				·	•	
Bimzelx					$\checkmark$		
Cosentyx Subcutaneous			$\checkmark$		~		
Cosentyx Intravenous							
Siliq					$\checkmark$		
Taltz					$\checkmark$		
Interleukin-23 Bloc	kers						
Ilumya					$\checkmark$		
Omvoh Intravenous						$\sqrt{*}$	$\sqrt{*}$
Omvoh Subcutaneous							$^{^{^{^{^{^{^{^{^{^{^{^{^{^{^{^{^{^{^$
Skyrizi Intravenous						$\sqrt{\#}$	$\sqrt{*}$
Skyrizi Subcutaneous					V		
Tremfya Intravenous						√#	$\sqrt{*}$
Tremfya Subcutaneous					V	$\sqrt{\mu}$	
Interleukin-12/23 B	lockers						



Stelara Subcutaneous	 	$\checkmark$	 $\checkmark$		
Stelara Intravenous	 		 	$\sqrt{\#}$	$\sqrt{\#}$

IL – Interleukin; \* Refer to the selected standard *Prior Authorization Policies* for the specific patient population approved for each indication; nr-axSpA – Non-radiographic spondyloarthritis; HS – Hidradenitis suppurativa; ^ Maintenance dosing only; # Induction dosing only; <sup>µ</sup> 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 Kina	ases Inhibitor	S						
Olumiant								
Rinvoq		$\checkmark$						
Rinvoq LQ		$\checkmark$		$\checkmark$				
Xeljanz tablets	$\checkmark$	$\sqrt{\#}$						
Xeljanz oral solution		$\sqrt{\#}$						
Xeljanz XR	$\checkmark$		$\checkmark$		$\checkmark$			
Phosphodi	esterase Type	4 Inhibitor						
Otezla					$\checkmark$			
Sphingosin	e 1-Phosphat	e Receptor M	odulator					
Velsipity								
Zeposia								
Tyrosine K	Kinase 2 Inhib	itor						
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				$\sqrt{Y}$	$\sqrt{Y}$		
Interleukin-6 Blockers							
Tocilizumab Intravenous Products (Actemra, biosimilar)							
Tocilizumab Subcutaneous Products (Actemra, biosimilar)		$^{\wedge}$					
Kevzara							
Interleukin-1 Blocker							
Kineret							



T-Cell Costimulation Modulator							
Orencia Intravenous	$\checkmark$	$\sqrt{\#}$					
Orencia Subcutaneous	$\checkmark$	$\sqrt{\#}$					
CD20-Directed Cytolytic Antibody							
Rituximab Intravenous Products	$\checkmark$						

\* 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.