Drug Coverage Policy

Effective Date.....11/15/2024
Coverage Policy Number.....PSM001
Policy Title.....Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans

Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Standard/Performance, Value/Advantage, Legacy, Total Savings Prescription Drug Lists

Tumor Necrosis Factor Inhibitors

• Adalimumab Products*
  ○ adalimumab-aaty subcutaneous injection (Alvotech/Teva)
  ○ adalimumab-adaz subcutaneous injection (Sandoz/Novartis)
  ○ adalimumab-adbm subcutaneous injection (Boehringer Ingelheim)
  ○ Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)
  ○ Humira® (adalimumab subcutaneous injection – AbbVie, Cordavis)
  ○ Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis, Cordavis)
  ○ Simlandi (adalimumab-rykv subcutaneous injection – Alvotech/Teva)
• Cimzia® (certolizumab pegol subcutaneous injection – UCB)
• Enbrel® (etanercept subcutaneous injection – Amgen)
• Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
• Zymfentra® (infliximab-dyyb subcutaneous injection – Celltrion)

Interleukin-6 Blockers

• Tocilizumab Subcutaneous Products
  ○ Actemra® (tocilizumab subcutaneous injection – Genentech/Roche)
  ○ Tyenne® (tocilizumab-aazg subcutaneous injection – Fresenius Kabi)
• Kevzara™ (sarilumab subcutaneous injection – Regeneron)

Interleukin-17 Blockers
• Bimzelx® (bimekizumab subcutaneous injection – UCB) • Cosentyx® (secukinumab subcutaneous injection – Novartis) • Siliq™ (brodalumab subcutaneous injection – Valeant) • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
Interleukin-23 Blockers
• Ilumya™ (tildrakizumab-asmn subcutaneous injection – Sun/Merck) • Omvoh® (mirakizumab-mrkz subcutaneous injection – Eli Lilly) • Skyrizi™ (risankizumab-rzaa subcutaneous injection – AbbVie) • Tremfya™ (guselkumab subcutaneous injection– Janssen Biotech/Johnson & Johnson)
Interleukin 12/23 Blocker
• Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
Interleukin-1 Blocker

• Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
T-Cell Costimulation Modulator
• Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
Integrin Receptor Antagonist
• Entyvio® (vedolizumab subcutaneous injection – Takeda)
Janus Kinases Inhibitors
• Olumiant® (baricitinib tablets – Eli Lilly) • Rinvoq™ (upadacitinib extended-release tablets – AbbVie) • Rinvoq® LQ (upadacitinib oral solution – AbbVie) • Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer) • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)
Phosphodiesterase Type 4 Inhibitor
• Otezla® (apremilast tablets – Amgen)
Sphingosine 1-Phosphate Receptor Modulator
• Velsipity™ (etrasimod tablets – Pfizer) • Zeposia® (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor
• Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)

[*] For Non-Preferred adalimumab products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy*.

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

OVERVIEW

Several products are available for use in inflammatory conditions such as rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis, Crohn's disease, and ulcerative colitis.[1-20] This policy involves the use of the products listed above.

The FDA-approved indications for each product listed in this policy are documented in Appendix A. For more information on criteria within a Prior Authorization program by specific condition refer to the respective standard *Prior Authorization Policy.*

Medical Necessity Criteria

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

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

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

Preferred and Non-Preferred Products.¥

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
Step 1 Preferred	• **Enbrel** • **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with	• **Enbrel** • **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with	• **Enbrel** • **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with	• **Cimzia** • **Taltz**	• **Enbrel** • **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimuma**	• **Enbrel** • **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz,**	• **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/	• **Adalimumab Products^ – Humira** (NDCs starting with 00074), **Cyltezo/ adalimumab-adbm, Hyrimoz** (NDCs starting with 61314)/ **adalimumab-adaz,**

	61314)/ **adalimumab-adaz, Simlandi/ adalimumab-ryvk**	61314)/ **adalimumab-adaz, Simlandi/ adalimumab-ryvk**	61314)/ **adalimumab-adaz, Simlandi/ adalimumab-ryvk** • **Taltz**		**b-adaz, Simlandi/ adalimumab-ryvk** • **Otezla** • **Skyrizi SC#** • **Stelara SC** • **Taltz** • **Tremfya**	**Simlandi/ adalimumab-ryvk** • **Otezla** • **Skyrizi SC#** • **Sotyktu** • **Stelara SC** • **Taltz** • **Tremfya SC**	**adalimumab-adaz, Simlandi/ adalimumab-ryvk** • **Skyrizi SC** (on-body injector) • **Stelara SC** • **Zymfentra**	**Simlandi/ adalimumab-ryvk** • **Skyrizi SC** (on-body injector) • **Stelara SC** • **Zymfentra**
Step 2 Non-Preferred (directed to **ONE** Step 1 Product)	• **Tocilizumab SC Products – Actemra SC, Tyenne SC** *Directed to adalimumab specifically.* • **Rinvoq** • **Xeljanz tablets/ Xeljanz XR tablets**	• **Tocilizumab SC Products - Actemra SC, Tyenne SC** *Directed to adalimumab specifically. JIA Step SC is for PJIA.* • **Rinvoq/Rinvoq LQ** • **Xeljanz tablets/ Xeljanz oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq/ Rinvoq LQ** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	--	• **Cimzia** *Directed to adalimumab specifically.* • **Rinvoq** *Directed to adalimumab specifically.*	• **Omvoh SC** • **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** *Directed to adalimumab specifically.* • **Xeljanz tablets/ Xeljanz/ XR tablets** *Directed to adalimumab specifically.*
Step 2b Non-Preferred (directed to ONE Step 1 Product)	--	--	--	--	--	• **Bimzelx**	--	--
Step 3a Non-Preferred (directed to **TWO** Step 1 or 2a Products) **[documentation required]***	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Kevzara** • **Orencia SC**	• **Cimzia** • **Cosentyx SC** • **Simponi SC**	• **Cosentyx SC**	• **Cimzia** • **Cosentyx SC** • **Orencia SC** • **Simponi SC**	• **Cimzia** • **Cosentyx SC** • **Ilumya** • **Siliq**	• **Entyvio SC**	• **Entyvio SC**
Step 3b Non-Preferred (directed to **TWO** Step 1 Products)	--	--	--	--	--	--	--	• **Zeposia** *Refer to MS and UC – Zeposia PSM Policy*

Preferred and Non-Preferred Products (continued).[¥]

	Rheumatology					Dermatology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
Step 4 Non-Preferred (directed to **TWO** Step 1 or 2 Products AND **ONE** Step 3b Product) **[documentation required]**[*]	--	--	--	--	--	--	--	**Velsipity**

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

Inflammatory Conditions non-preferred products are considered medically necessary when the following non-preferred product exception criteria are met. Any other exception is considered not medically necessary.

Non-Preferred Product	Exception Criteria
Tumor Necrosis Factor Inhibitors	
Cimzia	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or

	Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <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 – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[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 **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**. <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 either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **4. <u>Plaque Psoriasis – Initial Therapy</u>.** **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 – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**.

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Crohn's Disease – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous [on-body injector], Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

6. Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Plaque Psoriasis, or Crohn's Disease – Patient is Currently Receiving Cimzia.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR

	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. **c)** Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **d)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **e)** 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. **f)** Patient has been established on Cimzia for at least 90 days and prescription claims history indicates at least a 90-day supply of Cimzia was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cimzia for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

	i. **Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. ii. **Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. iii. **Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. iv. **Plaque Psoriasis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Taltz, or Tremfya. v. **Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **7. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
Enbrel	**All Conditions.** Approve Enbrel (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Enbrel Prior Authorization Policy* criteria.
Humira (NDCs starting with 00074) **Adalimumab-adaz** **Adalimumab-adbm** **Cyltezo** **Hyrimoz** (NDCs starting with 61314) **Simlandi** **adalimumab-ryvk**	**All Conditions.** Approve (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria. Note: Adalimumab-adaz, adalimumab-adbm, and Simlandi/adalimumab-ryvk Non-Preferred for some plans. Refer to respective *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies Policies* or the Choice version of that policy.
Simponi Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR

Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Ankylosing Spondylitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous 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.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Simponi Subcutaneous or Aria.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of

multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product.

d) Patient has Ulcerative Colitis and has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

e) According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR

f) Patient has been established on Simponi subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous).

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. Rheumatoid Arthritis: Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR.

ii. Ankylosing Spondylitis: Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR.

iii. Psoriatic Arthritis: Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),

	adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. **iv. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **6. Other Conditions.** Approve Simponi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria.
Zymfentra	**All Conditions.** Approve Zymfentra (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Zymfentra Prior Authorization Policy* criteria.
Interleukin-6 Blockers	
Actemra Subcutaneous Tyenne Subcutaneous	**1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, 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, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but

criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Tocilizumab Subcutaneous or Intravenous.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, or e):

a) Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.

b) Patient has Rheumatoid Arthritis and has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

c) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR

d) According to the prescriber, the patient has been established on tocilizumab intravenous for at least 90 days; OR

e) Patient has been established on tocilizumab subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of tocilizumab subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving tocilizumab subcutaneous for at least 90 days AND the patient has been receiving tocilizumab subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to tocilizumab subcutaneous).

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. Polyarticular Juvenile Idiopathic Arthritis: Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs

	starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **ii. Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **4. All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve tocilizumab subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria.
Kevzara	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.** ***A)*** Approve for 6 months if the patient meets BOTH of the following (i and ii)*:* ***i.*** Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz **[documentation required]**; OR

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

b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions –Kevzara Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, or d):

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

b) Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, Rinvoq LQ, or Xeljanz **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of

	multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of a tocilizumab intravenous product (Actemra intravenous, biosimilar), Orencia intravenous or subcutaneous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**. **c)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **d)** Patient has been established on Kevzara for at least 90 days and prescription claims history indicates at least a 90-day supply of Kevzara was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kevzara for at least 90 days AND the patient has been receiving Kevzara via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kevzara). **A)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Rheumatoid Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, or Xeljanz tablets. **3. Other Conditions.** Approve Kevzara (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria.
Interleukin-17 Blockers	
Bimzelx	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous.

	Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Bimzelx.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried ONE of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. **b)** Patient has been established on Bimzelx for at least 90 days and prescription claims history indicates at least a 90-day supply of Bimzelx was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Bimzelx for at least 90 days AND the patient has been receiving Bimzelx via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Bimzelx). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya subcutaneous) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Bimzelx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Bimzelx Prior Authorization Policy* criteria.
Cosentyx SC	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g. Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Enbrel, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Cimzia, Taltz, or Rinvoq **[documentation required]**.
Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Cimzia, Taltz, or Rinvoq) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Plaque Psoriasis – Initial Therapy.

A) Approve for 3 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi,

Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient is ≥ 18 years of age AND has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR

b) Patient is < 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi **[documentation required]**. For a patient < 18 years of age, a trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Cosentyx (Subcutaneous or Intravenous).

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):

a) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Taltz, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product

	(e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has nr-axSpA and has tried TWO of Cimzia, Taltz, or Rinvoq **[documentation required]**; OR Note: A trial of Enbrel, an adalimumab product (e.g., Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry), an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. A trial of multiple adalimumab products counts as **ONE** product. **c)** Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **d)** Patient is ≥ 18 years of age with Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **e)** Patient is < 18 years of age with Psoriatic Arthritis and has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**; OR Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. **f)** According to the prescriber, the patient with Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis, or Psoriatic Arthritis has been established on Cosentyx intravenous for at least 90 days; OR **g)** Patient has been established on Cosentyx subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Cosentyx SC was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.

	Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cosentyx SC for at least 90 days AND the patient has been receiving Cosentyx SC via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cosentyx SC). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR. **ii. nr-axSpA:** Cimzia, Taltz, or Rinvoq. **iii. Plaque Psoriasis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Taltz, or Tremfya. **iv. Psoriatic Arthritis in a Patient ≥ 18 years of age:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz, or Xeljanz XR. **v. Psoriatic Arthritis in a Patient < 18 years of age:** Enbrel, Rinvoq, Rinvoq LQ, or Stelara SC. **6. Other Conditions.** Approve Cosentyx SC (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy* criteria.
Siliq	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	2. <u>Plaque Psoriasis – Patient is Currently Receiving Siliq</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 – 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, Stelara subcutaneous, Taltz, or Tremfya **[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. **b)** Patient has been established on Siliq for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Siliq was dispensed within the past 130 days</u> **[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 Siliq for at least 90 days AND the patient has been receiving Siliq via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Siliq). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Other Conditions</u>.** Approve <u>Siliq</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria.
Taltz	**<u>All Conditions</u>.** Approve <u>Taltz</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 – Taltz Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. <u>Plaque Psoriasis – Initial Therapy</u>.** **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 – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[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 **ONE** product.

	B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. **b)** Patient has been established on Ilumya for at least 90 days and prescription claims history indicates at least a 90-day supply of Ilumya was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Ilumya (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria.
Omvoh SC	**1. 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 – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b):

a) Patient has tried one of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, or Zymfentra; 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 an infliximab intravenous product (e.g., Remicade, biosimilars), Simponi subcutaneous, Skyrizi intravenous, or Stelara intravenous also counts.

b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Omvoh intravenous.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

2. Ulcerative Colitis – Patient is Currently Receiving Omvoh Subcutaneous.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried one of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, or Zymfentra; 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 an infliximab intravenous product (e.g., Remicade, biosimilars), Simponi subcutaneous, Skyrizi intravenous, or Stelara intravenous also counts.

b) Patient has been established on Omvoh subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Omvoh subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Omvoh subcutaneous for at least 90 days AND the patient has been receiving Omvoh 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 Omvoh subcutaneous).

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra)

	using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Other Conditions</u>.** Approve <u>Omvoh 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 – Omvoh Subcutaneous Prior Authorization Policy* criteria.
Skyrizi Subcutaneous	**<u>All Conditions</u>.** Approve <u>Skyrizi 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 – Skyrizi Subcutaneous Prior Authorization Policy* criteria.
Tremfya	**<u>All Conditions</u>.** Approve <u>Tremfya</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 – Tremfya Prior Authorization Policy* criteria.
IL-12/23 Blocker	
Stelara Subcutaneous	**<u>All Conditions</u>.** Approve <u>Stelara 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 – Stelara Subcutaneous Prior Authorization Policy* criteria.
Integrin Receptor Antagonist	
Entyvio SC	**<u>Applies only when Entyvio SC is covered under the Prescription Drug Benefit</u>** **1. <u>Crohn's Disease – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Cimzia, or Rinvoq **[documentation required]**; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met, offer to review for a Step 1 or Step 2 Product (<u>Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Skyrizi subcutaneous, Stelara subcutaneous, Rinvoq, Cimzia, or Zymfentra</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Ulcerative Colitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND

	ii. Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of 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, or Stelara intravenous also counts **[documentation required]**. **b)** According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Entvyio IV. **B)** If the patient has met criterion 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 2 Product (Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Skyrizi subcutaneous (on-body injector), Xeljanz/XR, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Crohn's Disease and Ulcerative Colitis – Patient is Currently Receiving Entyvio Subcutaneous or Intravenous.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, c, or d): **a)** Patient has Crohn's Disease and has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Cimzia, or Rinvoq **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **b)** Patient has Ulcerative Colitis and has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Zymfentra, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, or Xeljanz/XR **[documentation required]**; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of 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, or Stelara intravenous also counts **[documentation required]**. **c)** According to the prescriber, the patient has been established on Entyvio intravenous for at least 90 days; OR **d)** Patient has been established on Entyvio subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Entyvio subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Entyvio subcutaneous for at least 90 days AND the patient has been receiving Entyvio subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Entyvio subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **i. Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-ryvk, Simlandi, Skyrizi subcutaneous, Stelara subcutaneous, Rinvoq, Cimzia, or Zymfentra. **ii. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR, or Zymfentra. **4. Other Conditions.** Approve Entyvio subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria.
Interleukin-1 Blocker	
Kineret	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE**

product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. Rheumatoid Arthritis – Patient is Currently Receiving Kineret.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR

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

b) Patient has been established on Kineret at least 90 days and prescription claims history indicates at least a 90-day supply of Kineret was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.

Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kineret for at least 90 days AND the patient has been receiving Kineret via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kineret).

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074],

	adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Kineret (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria. Note: This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic Juvenile Idiopathic Arthritis.
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz **[documentation required]**; OR

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

b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Rinvoq LQ, Xeljanz tablets, or Xeljanz oral solution) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, or c):

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

b) Patient is < 18 years of age AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**; OR
Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product.

c) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, or Psoriatic Arthritis – Patient is Currently Receiving Orencia (Subcutaneous or Intravenous).

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, f, or g):

a) Patient has Rheumatoid Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

b) Patient has Juvenile Idiopathic Arthritis and has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, or Xeljanz tablets or oral solution **[documentation required]**; OR
Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Kevzara, Orencia intravenous, an infliximab product

(e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**.

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

d) Patient is < 18 years of age with Psoriatic Arthritis AND has tried ONE of Enbrel, Rinvoq/Rinvoq LQ, or Stelara SC **[documentation required]**; OR
Note: A trial of another TNFi counts towards a trial of Enbrel **[documentation required]**. A trial of either or both Rinvoq products (Rinvoq and Rinvoq LQ) collectively counts as **ONE** product.

e) According to the prescriber, the patient has been established on Orencia intravenous for at least 90 days; OR

f) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder; OR

g) Patient has been established on Orencia subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Orencia subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Orencia subcutaneous for at least 90 days AND the patient has been receiving Orencia subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Orencia subcutaneous).

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 4Aii is not met, offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

i. Rheumatoid Arthritis: Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),

	adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), 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, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. **iv. Psoriatic Arthritis in a Patient < 18 Years of Age:** Enbrel, Rinvoq, Rinvoq LQ, or Stelara SC. **5. Other Conditions.** Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR **[documentation required]**. Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Olumiant.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b):

	a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as **ONE** product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as **ONE** product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Olumiant for at least 90 days and prescription claims history indicates at least a 90-day supply of Olumiant was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Olumiant for at least 90 days AND the patient has been receiving Olumiant via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Olumiant). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Tyenne subcutaneous, Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Olumiant (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria.
Rinvoq	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab

	product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Crohn's Disease – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous [on-body injector], Stelara 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 an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Non-Radiographic Spondyloarthritis (nr-axSpA) – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried Cimzia. Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-

aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Cimzia or Taltz) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Rheumatoid Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

7. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product

(e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.

B) If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 7Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

8. Ankylosing Spondylitis, Crohn's Disease, nr-axSpA, Rheumatoid Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Rinvoq.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, f, g, or h):

a) Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has Crohn's Disease and has tried one adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Cimzia also counts.

c) Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

d) Patient has nr-axSpA and has tried Cimzia; OR
Note: A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.

e) Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo,

	Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **f)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **g)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **h)** Patient has been established on Rinvoq for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND the patient has been receiving Rinvoq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq). **B)** If the patient has met criterion 8Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 8Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz. **ii. Crohn's Disease:** Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **iii. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **iv. nr-axSpA:** Cimzia or Taltz. **v. Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **vi. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314),

	adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **vii. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **9. All Other Conditions.** Approve Rinvoq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Rinvoq LQ	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Rinvoq/LQ.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a, b, or c):

	a) Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **b)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **c)** Patient has been established on Rinvoq/LQ for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq/LQ was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq/LQ for at least 90 days AND the patient has been receiving Rinvoq/LQ via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq/LQ). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **ii. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **4. Other Conditions.** Approve Rinvoq LQ (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy* criteria.
Xeljanz tablets, Xeljanz XR tablets	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio,

Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], 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) 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, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Psoriatic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio,

Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Step 1 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient has tried one adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Xeljanz/XR.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has Rheumatoid Arthritis and has tried one of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

	c) Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **e)** Patient has Ulcerative Colitis and has tried one adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **f)** Patient has been established on Xeljanz/XR for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz/XR for at least 90 days AND the patient has been receiving Xeljanz/XR via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz/XR). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, or Taltz. **ii. Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **iii. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi. **iv. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Otezla, Skyrizi

	subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **v. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, or Zymfentra. **7. Other Conditions.** Approve Xeljanz/XR (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Xeljanz oral solution	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis – Patient is Currently Receiving Xeljanz.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **b)** Patient has been established on Xeljanz for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz for at least 90 days AND the patient has been receiving Xeljanz via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz).

	B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, or Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Xeljanz oral solution (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria.
Phosphodiesterase Type 4 Inhibitor	
Otezla	**All Conditions.** Approve Otezla (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Otezla Prior Authorization Policy* criteria.
Sphingosine 1-Phosphate Receptor Modulator	
Velsipity	**1. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii): **i.** Patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi subcutaneous, Xeljanz/XR, or Zymfentra **[documentation required]**; AND 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 either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of an infliximab product (e.g., Remicade, biosimilars), Entyvio intravenous or subcutaneous, Omvoh intravenous, Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **iii.** Patient has tried Zeposia **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria), but criterion 1Aii or criterion 1Aiii are not met, offer to review for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR, or Zymfentra), or Zeposia using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Ulcerative Colitis – Patient is Currently Receiving Velsipity.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient meets BOTH of the following [(1) and (2)]: **(1)** Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Omvoh subcutaneous,

	Rinvoq, Simponi subcutaneous, Xeljanz/XR, or Zymfentra **[documentation required]**; AND 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 an infliximab product (e.g., Remicade, biosimilars), Entyvio intravenous or subcutaneous, Omvoh intravenous, Skyrizi intravenous, or Stelara intravenous also counts **[documentation required]**. **(2)** Patient has tried Zeposia **[documentation required]**; OR **b)** Patient has been established on Velsipity for at least 90 days and prescription claims history indicates at least a 90-day supply of Velsipity was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases where 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Velsipity for at least 90 days AND the patient has been receiving Velsipity via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Velsipity). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Omvoh subcutaneous, Rinvoq, Simponi SC, Xeljanz/XR, or Zymfentra) or Zeposia using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Velsipity (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Velsipity Prior Authorization Policy* criteria.
Zeposia	**All Conditions.** Approve Zeposia if the patient meets the standard *Ozanimod Policy* criteria.
Tyrosine Kinase 2 Inhibitor	
Sotyktu	**All Conditions.** Approve Sotyktu (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

References

1. Actemra® subcutaneous injection [prescribing information]. South San Francisco, CA: Genentech; March 2021.
2. Cimzia® subcutaneous injection [prescribing information]. Smyrna, GA: UCB; March 2021.
3. Cosentyx® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; June 2020.
4. Enbrel® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; June 2023.
5. Humira® subcutaneous injection [prescribing information]. North Chicago, IL: AbbVie; February 2021.
6. Inflectra™ intravenous injection [prescribing information]. Lake Forest, IL: Hospira/Pfizer; August 2020.
7. Kevzara™ subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi Aventis; April 2018.
8. Kineret® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Swedish Orphan Biovitrium; December 2020.
9. Orencia® subcutaneous injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; June 2020.
10. Otezla® tablets [prescribing information]. Thousand Oaks, CA: Amgen; December 2021.
11. Remicade® intravenous injection [prescribing information]. Malvern, PA: Janssen Biotech; May 2020.
12. Renflexis® intravenous injection [prescribing information]. Whitehouse Station, NJ: Merck/Samsung Bioepsis; March 2021.
13. Rituxan® intravenous injection [prescribing information]. South San Francisco, CA: Genentech; September 2020.
14. Siliq™ subcutaneous injection [prescribing information]. Bridgewater, NJ: Valeant; June 2020.
15. Simponi® subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; September 2019.
16. Simponi™ Aria® intravenous injection [prescribing information]. Horsham, PA: Janssen Biotech; February 2021.
17. Stelara® subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; December 2020.
18. Taltz® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; March 2021.
19. Tremfya™ subcutaneous injection [prescribing information]. Horsham, PA: Janssen Biotech; July 2020.
20. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer; October 2020.
21. Ilumya™ subcutaneous injection [prescribing information]. Whitehouse Station, NJ: Sun/Merck; April 2021.
22. Rinvoq® tablets/Rinvoq LQ oral solution [prescribing information]. North Chicago, IL: AbbVie; April 2024.
23. Zeposia® capsules [prescribing information]. Summit, NJ: Celgene; May 2021.
24. Sotyktu™ tablets [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022.
25. Velsipity® tablets [prescribing information]. New York, NY: Pfizer; October 2023.
26. Omvoh™ intravenous infusion and subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; October 2023.
27. Entyvio® subcutaneous injection and intravenous infusion [prescribing information]. Lexington, MA: Takeda; September 2023.

28. Zymfentra™ subcutaneous injection [prescribing information]. Yeonsu-gu, Incheon: Celltrion; October 2023.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	11/01/2024
Selected Revision	**Added** a newly created Step 2b to the policy, which directs to a trial of one Step 1 Product. For existing Step 3a Products, it was clarified that these Products are directed a trial of two Step 1 or Step 2a Products (previously these were listed as Step 1 or Step 2 Products) with no changes to the criteria. For Plaque Psoriasis, Tremfya was clarified to be the subcutaneous formulation. **Tremfya:** For plaque psoriasis, it was clarified that the subcutaneous formulation is in Step 1. **Bimzelx:** Bimzelx was moved into Step 2a and requests are directed to a trial of one Step 1 Product (previously was in Step 2 and was directed to two Step 1 Products with documentation requirements). A previous trial of Tremfya was clarified to be the subcutaneous formulation.	11/15/2024

The policy effective date is in force until updated or retired.

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

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

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

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

	Rheumatology			Dermatology	Gastroenterology	
	Ankylosing Spondylitis	**nr-axSpA**	**Psoriatic Arthritis**	**Plaque Psoriasis**	**Crohn's Disease**	**Ulcerative Colitis**
Interleukin-17 Blockers						
Bimzelx	√	√	√	√	--	--
Cosentyx Subcutaneous	√	√	√	√	--	--
Cosentyx Intravenous	√	√	√	--	--	--
Siliq	--	--	--	√	--	--
Taltz	√	√	√	√	--	--
Interleukin-23 Blockers						
Ilumya	--	--	--	√	√	--
Omvoh Intravenous	--	--	--	--	--	√#
Omvoh Subcutaneous	--	--	--	--	--	√^
Skyrizi Intravenous	--	--	--	--	√#	√#
Skyrizi Subcutaneous	--	--	√	√	√^	√^
Tremfya Intravenous	--	--	--	--	--	√#
Tremfya Subcutaneous	--	--	√	√	--	√^
Interleukin-12/23 Blockers						
Stelara Subcutaneous	--	--	√	√	√^	√^
Stelara Intravenous	--	--	--	--	√#	√#

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

Table 3. Approved Oral tsDMARDs for Targeted Indications.*

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

Xeljanz oral solution	--	√[#]	--	--	--	--	--	--
Xeljanz XR	√	--	√	--	√	--	--	√
Phosphodiesterase Type 4 Inhibitor								
Otezla	--	--	--	--	√	√	--	--
Sphingosine 1-Phosphate Receptor Modulator								
Velsipity	--	--	--	--	--	--	--	√
Zeposia	--	--	--	--	--	--	--	√
Tyrosine Kinase 2 Inhibitor								
Sotyktu	--	--	--	--	--	√	--	--

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

Table 4. Other Approved Biologics for Targeted Indications.[*]

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

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

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