



Drug Coverage Policy

Effective Date.....11/01/2024
 Coverage Policy Number.....PSM002
 Policy Title.....Inflammatory Conditions
 Preferred Specialty Management Policy
 for Individual and Family Plans

Inflammatory Conditions Preferred Specialty Management Policy for Individual and Family Plans

Tumor Necrosis Factor Inhibitors
<ul style="list-style-type: none"> • Adalimumab Products* <ul style="list-style-type: none"> ○ adalimumab-aaty subcutaneous injection (Alvotect/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 – Alvotect/Teva) • Cimzia® (certolizumab pegol subcutaneous injection – UCB) • Enbrel® (etanercept subcutaneous injection – Amgen) • Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
Interleukin-6 Blockers
<ul style="list-style-type: none"> • Tocilizumab Subcutaneous Products <ul style="list-style-type: none"> ○ Actemra® (tocilizumab subcutaneous injection – Genentech/Roche) ○ Tyenne® (tocilizumab-aazg subcutaneous injection – Fresenius Kabi) • Kevzara™ (sarilumab subcutaneous injection – Regeneron)
Interleukin-17 Blockers
<ul style="list-style-type: none"> • Bimzelx® (bimekizumab subcutaneous injection – UCB) • Cosentyx® (secukinumab subcutaneous injection – Novartis) • Siliq™ (brodalumab subcutaneous injection – Valeant) • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
Interleukin-23 Blockers
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
Interleukin-1 Blocker
<ul style="list-style-type: none"> • Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
T-Cell Costimulation Modulator
<ul style="list-style-type: none"> • Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
Integrin Receptor Antagonist

<ul style="list-style-type: none"> • Entyvio® (vedolizumab subcutaneous injection – Takeda)
Janus Kinases Inhibitors
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Otezla® (apremilast tablets – Amgen)
Sphingosine 1-Phosphate Receptor Modulator
<ul style="list-style-type: none"> • Velsipity™ (etrasimod tablets – Pfizer) • Zeposia® (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor
<ul style="list-style-type: none"> • 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*.

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	<ul style="list-style-type: none"> • Enbrel • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk 	<ul style="list-style-type: none"> • Enbrel • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk 	<ul style="list-style-type: none"> • Enbrel • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk • Cosentyx SC 	<ul style="list-style-type: none"> • Cimzia • Cosentx SC 	<ul style="list-style-type: none"> • Enbrel • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk • Cosentyx SC • Otezla • Skyrizi SC# • Stelara SC 	<ul style="list-style-type: none"> • Enbrel • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk • Cosentyx SC • Otezla • Skyrizi SC# • Stelara SC 	<ul style="list-style-type: none"> • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk • Skyrizi SC (on-body injector) • Stelara SC 	<ul style="list-style-type: none"> • Adalimumab Products^– Humira (NDCs starting with 00074), Cyltezo/ adalimumab-adbm, Hyrimoz (NDCs starting with 61314)/ adalimumab-adaz, Simlandi/ adalimumab-ryvk • Skyrizi SC (on-body injector) • Stelara SC

Step 2 Non-Preferred (directed to ONE Step 1 Product)	<ul style="list-style-type: none"> •Tocilizumab SC Products – Actemra SC, Tyenne SC <i>Directed to adalimumab specifically.</i> •Rinvoq tablets/ Xeljanz XR tablets 	<ul style="list-style-type: none"> •Tocilizumab SC Products – Actemra SC, Tyenne SC <i>Directed to adalimumab specifically. JIA Step SC is for PJIA.</i> •Rinvoq/Rinvoq LQ •Xeljanz tablets/ Xeljanz oral solution 	<ul style="list-style-type: none"> •Rinvoq <i>Directed specifically to Enbrel or adalimumab.</i> •Xeljanz tablets/ Xeljanz XR tablets <i>Directed specifically to Enbrel or adalimumab.</i> 	<ul style="list-style-type: none"> •Rinvoq <i>Directed specifically to Cimzia.</i> 	<ul style="list-style-type: none"> •Tremfya •Rinvoq/ Rinvoq LQ <i>Directed specifically to Enbrel or adalimumab.</i> •Xeljanz tablets/ Xeljanz XR tablets <i>Directed specifically to Enbrel or adalimumab.</i> 	<ul style="list-style-type: none"> •Tremfya -- 	<ul style="list-style-type: none"> •Cimzia <i>Directed to adalimumab specifically.</i> •Rinvoq <i>Directed to adalimumab specifically.</i> 	<ul style="list-style-type: none"> •Omvo SC •Rinvoq <i>Directed to adalimumab specifically.</i> •Simponi SC <i>Directed to adalimumab specifically.</i> •Xeljanz tablets/ Xeljanz XR tablets <i>Directed to adalimumab specifically.</i>
Step 3a Non-Preferred (directed to TWO Step 1 or 2 Products) [documentation required] *	<ul style="list-style-type: none"> •Cimzia •Kevzara •Kineret •Olumiant •Orencia SC •Simponi SC 	<ul style="list-style-type: none"> •Kevzara •Orencia SC 	<ul style="list-style-type: none"> •Cimzia •Simponi SC •Taltz 	<ul style="list-style-type: none"> •Taltz 	<ul style="list-style-type: none"> •Cimzia •Orencia SC •Simponi SC •Taltz 	<ul style="list-style-type: none"> •Bimzelx •Cimzia •Ilumya •Siliq •Sotyktu •Taltz 	<ul style="list-style-type: none"> •Entyvio SC 	<ul style="list-style-type: none"> •Entyvio SC
Step 3b Non-Preferred (directed to TWO Step 1 Products) [documentation required] *	--	--	--	--	--	--	--	<ul style="list-style-type: none"> •Velsipity •Zeposia <i>Refer to the Ozanimod policy</i>

* For Non-Preferred Products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy*; 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.

Medical Necessity Criteria

Inflammatory Conditions non-preferred products are considered medically necessary when the following non-preferred product exception criteria are met.

EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Tumor Necrosis Factor Inhibitors	
Cimzia	<ol style="list-style-type: none"> <u>Rheumatoid Arthritis – Initial Therapy.</u> <ol style="list-style-type: none"> Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):

	<ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required]. <u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Tyenne 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</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. Ankylosing Spondylitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and 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. A trial of Cosentyx IV also counts. <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>3. Psoriatic Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara
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subcutaneous, Tremfya, and Xeljanz/XR **[documentation required]**.

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

- 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 (Enbrel, Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

4. Plaque Psoriasis – Initial Therapy.

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

- i. Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND
- ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, 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) 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, 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.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and 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 Cosentyx IV also counts.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Tremfya, and 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)

	<p>collectively counts as ONE product. A trial of Cosentyx IV also counts.</p> <p>d) Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and Tremfya [documentation required]; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, adalimumab-adbm, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</p> <p>e) Patient has <u>Crohn's Disease</u> and has tried one adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.</p> <p>f) Patient has been established on Cimzia for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Cimzia 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 Cimzia for at least 90 days AND the patient has been receiving Cimzia via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Cimzia).</p> <p>B) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria), but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <p>i. Rheumatoid Arthritis: <u>Actemra subcutaneous, Tynne 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.</u></p> <p>ii. Ankylosing Spondylitis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx, Rinvoq, Xeljanz tablets, or Xeljanz XR.</u></p> <p>iii. Psoriatic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Tremfya, Xeljanz tablets, or Xeljanz XR.</u></p>
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	<p>iv. Plaque Psoriasis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, or Tremfya.</u></p> <p>v. Crohn’s Disease: <u>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.</u></p> <p>7. Other Conditions. Approve <u>Cimzia</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Cimzia Prior Authorization Policy</i> criteria.</p>
Enbrel	All Conditions. Approve <u>Enbrel</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Enbrel Prior Authorization Policy</i> criteria.
<p>Humira (NDCs starting with 00074) Adalimumab-adaz Adalimumab-adbm Cyltezo Hyrimoz (NDCs starting with 61314) Simlandi adalimumab-ryvk</p>	All Conditions. Approve (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Adalimumab Products Prior Authorization Policy</i> criteria.
Simponi Subcutaneous	<p>1. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required]; OR <p><u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product.</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Tyenne subcutaneous, Enbrel,</u></p>

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, Cosentyx SC, Rinvoq, and 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 Cosentyx IV also counts.

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, Cosentyx SC, Rinvoq, 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, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Tremfya, and 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. A trial of Cosentyx IV also counts.

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, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara

subcutaneous, 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) 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, 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 Cosentyx IV also counts.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Rinvoq, and 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

	<p>(Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of Cosentyx IV also counts.</p> <p>c) Patient has <u>Psoriatic Arthritis</u> and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Tremfya, and Xeljanz/XR [documentation required]; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of 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.</p> <p>d) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.</p> <p>e) According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR</p> <p>f) Patient has been established on Simponi subcutaneous for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Simponi subcutaneous 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 Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous).</p> <p>B) If the patient has met criterion 5Ai (the standard <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <p>i. Rheumatoid Arthritis: <u>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.</u></p> <p>ii. Ankylosing Spondylitis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Rinvoq, Xeljanz tablets, or Xeljanz XR.</u></p>
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	<p>iii. Psoriatic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Tremfya, Xeljanz tablets, or Xeljanz XR.</u></p> <p>iv. Ulcerative Colitis: <u>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.</u></p> <p>6. Other Conditions. Approve <u>Simponi 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 <i>Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy</i> criteria.</p>
Interleukin-6 Blockers	
<p>Actemra Subcutaneous Tyenne Subcutaneous</p>	<p>1. Polyarticular Juvenile Idiopathic Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried one adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Enbrel, 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. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii 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, or Simlandi</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried one adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (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).

	<p>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy</i> criteria), but criterion 3Aii is not met: offer to review for a Preferred Product using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <ul style="list-style-type: none"> i. Polyarticular Juvenile Idiopathic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi.</u> ii. Rheumatoid Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, or Simlandi.</u> <p>4. All Other Conditions (including systemic juvenile idiopathic arthritis). Approve <u>tocilizumab 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 <i>Inflammatory Conditions – Tocilizumab Subcutaneous Prior Authorization Policy</i> criteria.</p>
Kevzara	<p>1. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required]; OR <u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orenzia (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. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Kevzara Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Tyenne 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</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p>

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, 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), Orenzia (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), Orenzia 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.

	<p>ii. Juvenile Idiopathic Arthritis: <u>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 oral solution/tablets.</u></p> <p>4. Other Conditions. Approve <u>Kezvara</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Kezvara Prior Authorization Policy</i> criteria.</p>
<p>Interleukin-17 Blockers</p>	
<p>Bimzelx</p>	<p>1. Plaque Psoriasis – Initial Therapy.</p> <p>A) Approve for 3 months if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria for plaque psoriasis; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and Tremfya [documentation required]. <p><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.</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria), but criterion 1Aii 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. Plaque Psoriasis – Patient is Currently Receiving Bimzelx.</p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a or b): <ul style="list-style-type: none"> a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, 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 Bimzelx for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Bimzelx 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].

	<p><u>Note:</u> In cases when 130 days of the patient’s prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Bimzelx for at least 90 days AND the patient has been receiving Bimzelx via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Bimzelx).</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>3. Other Conditions. Approve <u>Bimzelx</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Bimzelx Prior Authorization Policy</i> criteria.</p>
Cosentyx SC	<p>All Conditions. Approve (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy</i> criteria.</p>
Siliq	<p>1. Plaque Psoriasis – Initial Therapy.</p> <p>A) Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria for plaque psoriasis; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and Tremfya [documentation required]. <p><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.</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria), but criterion 1Aii 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. Plaque Psoriasis – Patient is Currently Receiving Siliq.</p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b):

	<p>a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, 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.</p> <p>b) Patient has been established on Siliq for at least 90 days <u>and</u> prescription claims history indicates at least a <u>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).</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>3. Other Conditions. 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 <i>Inflammatory Conditions – Siliq Prior Authorization Policy</i> criteria.</p>
Taltz	<p>1. Ankylosing Spondylitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Rinvoq, Cosentyx SC, and 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. A trial of Cimzia, Cosentyx IV an infliximab product (e.g. Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts [documentation required]. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2</p>

Product (Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Enbrel, Rinvoq, Cosentyx SC, 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 – Taltz Subcutaneous Prior Authorization Policy* criteria; AND

ii. Patient has tried TWO of Cimzia, Cosentyx SC, and 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. A trial of Cosentyx IV also counts.

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

ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Cosentyx SC, and 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 – Taltz 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], Stelara subcutaneous, Cosentyx SC, 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 – Taltz Subcutaneous Prior Authorization Policy* criteria; AND

	<p>ii. Patient has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Cosentyx SC, Tremfya, and Xeljanz/XR [documentation required];</p> <p><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 Cosentyx IV also counts.</p> <p>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy</i> criteria), but criterion 4Aii 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, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Cosentyx SC, Tremfya, Xeljanz, or Xeljanz XR</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>5. <u>Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis – Patient is Currently Receiving Taltz (SC or IV).</u></p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a, b, c, d, e, or f): <ul style="list-style-type: none"> a) Patient has <u>Ankylosing Spondylitis</u> and has tried TWO of Enbrel, an adalimumab product, Rinvoq, Cosentyx SC, and Xeljanz/XR [documentation required]; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of Cimzia, Cosentyx IV, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts [documentation required]. b) Patient has <u>nr-axSpA</u> and has tried TWO of Cimzia, Cosentyx SC, and Rinvoq [documentation required]; OR <u>Note:</u> 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, 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. A trial of Cosentyx IV also counts. c) Patient has <u>Plaque Psoriasis</u> and has tried TWO of Enbrel, an adalimumab product, Otezla, Skyrizi subcutaneous, Stelara
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subcutaneous, Cosentyx SC, and 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 has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, Cosentyx SC, 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, Cosentyx IV, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

- e)** According to the prescriber, the patient with Ankylosing Spondylitis, Non-Radiographic Spondyloarthritis, Plaque Psoriasis or Psoriatic Arthritis has been established on Taltz subcutaneous for at least 90 days; OR

- f)** Patient has been established on Taltz subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Taltz 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 Taltz for at least 90 days AND the patient has been receiving Taltz via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Taltz).

- B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Taltz 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, Cosentyx SC, Xeljanz tablets, or Xeljanz XR.

ii. nr-axSpA: Cimzia, Cosentyx SC, or Rinvoq.

	<p>iii. Plaque Psoriasis: <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), Stelara subcutaneous, Cosentyx SC, or Tremfya.</u></p> <p>iv. Psoriatic Arthritis in a Patient ≥ 18 years of age: <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, Cosentyx SC, Tremfya, Xeljanz, or Xeljanz XR.</u></p> <p>v. Psoriatic Arthritis in a Patient < 18 years of age: <u>Enbrel, Rinvoq, Rinvoq LQ, or Stelara SC.</u></p> <p>Other Conditions. Approve Taltz (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Taltz Subcutaneous Prior Authorization Policy</i> criteria.</p>
Interleukin-23 Blockers	
Ilumya	<p>1. Plaque Psoriasis – Initial Therapy.</p> <p>A) Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and 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. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria), but criterion 1Aii 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.</p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, 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,

	<p>Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product.</p> <p>b) Patient has been established on Ilumya for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Ilumya was dispensed within the past 130 days</u> [verification in prescription claims history required], or if claims history is not available, according to the prescriber [verification by prescriber required].</p> <p><u>Note:</u> In cases when 130 days of the patient’s prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya).</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>3. Other Conditions. Approve <u>Ilumya</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Ilumya Prior Authorization Policy</i> criteria.</p>
<p>OmvoH SC</p>	<p>1. Ulcerative Colitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried one of an adalimumab product, Skyrizi subcutaneous, or Stelara subcutaneous; OR <p><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 an infliximab intravenous product (e.g., Remicade, biosimilars), Simponi subcutaneous, Skyrizi intravenous, or Stelara intravenous also counts.</p> <ul style="list-style-type: none"> b) According to the prescriber, the patient has already started on or is currently undergoing induction therapy with Omvoh intravenous. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Humira [NDCs starting with 00074], adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), or Stelara</u></p>

	<p><u>subcutaneous</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. <u>Ulcerative Colitis – Patient is Currently Receiving Omvoh Subcutaneous.</u></p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a or b): <ul style="list-style-type: none"> a) Patient has tried one of an adalimumab product, Skyrizi subcutaneous, or Stelara subcutaneous; 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 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 <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Omvoh subcutaneous 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 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 <u>Omvoh subcutaneous</u> for at least 90 days AND the patient has been receiving <u>Omvoh subcutaneous</u> 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 <u>Omvoh subcutaneous</u>). <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy</i> criteria), but criterion 2Aii is not met, offer to review for a Preferred Product (<u>Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Skyrizi subcutaneous (on-body injector), or Stelara subcutaneous</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>3. <u>Other Conditions.</u> Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Omvoh Subcutaneous Prior Authorization Policy</i> criteria.</p>
Skyrizi Subcutaneous	All Conditions. 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 <i>Inflammatory Conditions – Skyrizi Subcutaneous Prior Authorization Policy</i> criteria.
Tremfya	All Conditions. 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 <i>Inflammatory Conditions – Tremfya Prior Authorization Policy</i> criteria.

IL-12/23 Blocker	
Stelara Subcutaneous	All Conditions. 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 <i>Inflammatory Conditions – Stelara Subcutaneous Prior Authorization Policy</i> criteria.
Integrin Receptor Antagonist	
Entyvio SC	<p>1. Crohn’s Disease – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Cimzia, 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 Entyvio IV. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy</i> 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, or Cimzia</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. Ulcerative Colitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous, Rinvoq, or Xeljanz/XR [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 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 Entyvio IV.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Entyvio Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2 Product (Humira [NDCs starting with 00074], adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz [NDCs starting with 61314], adalimumab-ryvk, Simlandi, Stelara subcutaneous, Rinvoq, Skyrizi subcutaneous (on-body injector), or Xeljanz/XR) 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 Approve for 1 year if the patient meets the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Entyvio Subcutaneous for Total Savings and Individual and Family Plans 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, 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, Rinvoq, 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, 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**

	<p>history required], or if claims history is not available, according to the prescriber [verification by prescriber required].</p> <p><u>Note:</u> 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).</p> <p>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Entyvio for Total Savings and Individual and Family Plans Prior Authorization Policy</i> criteria), but criterion 3Aii is not met, offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>i. Crohn’s Disease: <u>Humira (NDCs starting with 00074), adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-ryvk, Simlandi, Skyrizi subcutaneous, Stelara subcutaneous, Rinvoq, or Cimzia</u></p> <p>ii. Ulcerative Colitis: <u>Humira (NDCs starting with 00074), adalimumab-adaz, adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-ryvk, Simlandi, Skyrizi SC, Stelara subcutaneous, Rinvoq, Xeljanz/XR.</u></p> <p>4. Other Conditions. Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Entyvio for Total Savings and Individual and Family Plans Prior Authorization Policy</i> criteria.</p>
Interleukin-1 Blocker	
Kineret	<p>1. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient meets the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria; AND</p> <p>ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required].</p> <p><u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilar), Kevzara, or Simponi (Aria or subcutaneous) also counts [documentation required].</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria), but criterion 1Aii</p>

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, 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, 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

	<p>standard <i>Inflammatory Conditions – Kineret Prior Authorization Policy</i> criteria. <u>Note:</u> This includes Cryopyrin-Associated Periodic Syndromes (CAPS), Systemic Juvenile Idiopathic Arthritis.</p>
T-Cell Costimulation Modulator	
<p>Orencia Subcutaneous</p>	<p>1. <u>Rheumatoid Arthritis – Initial Therapy.</u></p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, or Xeljanz/XR [documentation required]; OR <u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts [documentation required]. b) According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Tyenne 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</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. <u>Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.</u></p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a) Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq/Rinvoq LQ, and Xeljanz [documentation required]; OR <u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of

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, Orenzia 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 – Orenzia 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 – Orenzia 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, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, 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 – Orenzia 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, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, 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 Orenzia (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 – Orenzia 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, and 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 \geq 18 years of age with Psoriatic Arthritis AND has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Rinvoq/Rinvoq LQ, Skyrizi subcutaneous, Stelara subcutaneous, 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

	<p>subcutaneous via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Orenzia subcutaneous).</p> <p>B) If the patient has met criterion 4Ai (the standard <i>Inflammatory Conditions – Orenzia Subcutaneous Prior Authorization Policy</i> criteria), but criterion 4Aii is not met, offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <ul style="list-style-type: none"> i. Rheumatoid Arthritis: <u>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.</u> ii. Juvenile Idiopathic Arthritis: <u>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.</u> iii. Psoriatic Arthritis in a Patient ≥ 18 Years of Age: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Rinvoq, Rinvoq LQ, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Tremfya, Xeljanz tablets, or Xeljanz XR.</u> iv. Psoriatic Arthritis in a Patient < 18 Years of Age: <u>Enbrel, Rinvoq, Rinvoq LQ, or Stelara SC.</u> <p>5. Other Conditions. Approve <u>Orenzia 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 <i>Inflammatory Conditions – Orenzia Subcutaneous Prior Authorization Policy</i> criteria.</p>
Janus Kinases Inhibitors	
Olumiant	<p>1. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Olumiant Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of a tocilizumab subcutaneous product, Enbrel, an adalimumab product, Rinvoq, and Xeljanz/XR [documentation required]. <p><u>Note:</u> Examples of tocilizumab subcutaneous products include Actemra subcutaneous and Tyenne subcutaneous. A trial of multiple tocilizumab products counts as ONE product. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of multiple adalimumab products counts as ONE product. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as ONE product. A trial of tocilizumab intravenous (Actemra intravenous, biosimilar), Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orenzia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts [documentation required].</p>

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.

	<p>3. <u>Other Conditions.</u> Approve <u>Olumiant</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Olumiant Prior Authorization Policy</i> criteria.</p>
<p>Rinvoq</p>	<p>1. <u>Ankylosing Spondylitis – Initial Therapy.</u></p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria; AND ii. Patient has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 1Aii 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, Cosentyx SC</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. <u>Crohn’s Disease – Initial Therapy.</u></p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria; AND ii. Patient has tried one adalimumab product. <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Cimzia also counts. <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>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</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>3. <u>Juvenile Idiopathic Arthritis – Initial Therapy.</u></p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria; AND ii. Patient has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of 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, 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 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 Cosentyx SC) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. Rheumatoid Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets 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], or adalimumab-adaz, adalimumab-ryvk, 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 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, 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 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 SC, Stelara subcutaneous) 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) or Cimzia also counts.

	<p>c) Patient has <u>Juvenile Idiopathic Arthritis</u> and has tried ONE of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts.</p> <p>d) Patient has <u>nr-axSpA</u> and has tried Cimzia; OR <u>Note:</u> A trial of Enbrel, an adalimumab product, an infliximab product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry.</p> <p>e) Patient has <u>Rheumatoid Arthritis</u> and has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>f) Patient has <u>Psoriatic Arthritis</u> and has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.</p> <p>g) Patient has <u>Ulcerative Colitis</u> and has tried one adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.</p> <p>h) Patient has been established on Rinvoq for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Rinvoq was dispensed within the past 130 days</u> [verification in prescription claims history required], or if claims history is not available, according to the prescriber [verification by prescriber required]. <u>Note:</u> In cases when 130 days of the patient’s prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND</p>
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	<p>the patient has been receiving Rinvoq via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq).</p> <p>B) If the patient has met criterion 7Ai (the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 7Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <ul style="list-style-type: none"> i. Ankylosing Spondylitis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC.</u> ii. Crohn’s Disease: <u>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.</u> iii. Juvenile Idiopathic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi.</u> iv. nr-axSpA: <u>Cimzia, Cosentyx SC</u> v. Rheumatoid Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), or adalimumab-adaz, adalimumab-ryvk, Simlandi.</u> vi. Psoriatic Arthritis: <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), Stelara subcutaneous, Cosentyx SC, or Tremfya.</u> vii. Ulcerative Colitis: <u>Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Skyrizi SC, Stelara subcutaneous.</u> <p>9. All Other Conditions. Approve <u>Rinvoq</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria.</p>
Rinvoq LQ	<p>1. Juvenile Idiopathic Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria; AND ii. Patient has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria), but criterion 1Aii 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,</u></p>

adalimumab-ryvk, 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 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, 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 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

	<p>this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq/LQ for at least 90 days AND the patient has been receiving Rinvoq/LQ via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq/LQ).</p> <p>B) If the patient has met criterion 3Ai (the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria but criterion 3Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria:</p> <ul style="list-style-type: none"> i. Juvenile Idiopathic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi.</u> ii. Psoriatic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, or Tremfya.</u> <p>4. Other Conditions. Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Rinvoq/LQ Prior Authorization Policy</i> criteria.</p>
<p>Xeljanz tablets, Xeljanz XR tablets</p>	<p>1. Ankylosing Spondylitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND ii. Patient has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but criterion 1Aii 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, Cosentyx SC</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. Rheumatoid Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria; AND ii. Patient has tried one of Enbrel or an adalimumab product; OR <u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria), but</p>

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], or adalimumab-adaz, adalimumab-ryvk, 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 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], or adalimumab-adaz, adalimumab-ryvk, 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 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, 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 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, Stelara subcutaneous, Skyrizi subcutaneous) 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 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

	<p><u>Note:</u> Examples of adalimumab products include Humira, Abrilada, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.</p> <p>f) Patient has been established on Xeljanz/XR for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days</u> [verification in prescription claims history required], or if claims history is not available, according to the prescriber [verification by prescriber required]; OR</p> <p><u>Note:</u> In cases when 130 days of the patient’s prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz/XR for at least 90 days AND the patient has been receiving Xeljanz/XR via paid claims (e.g., patient has <u>not</u> been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz/XR).</p> <p>B) If the patient has met criterion 6Ai (the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria:</p> <ul style="list-style-type: none"> i. Ankylosing Spondylitis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Cosentyx SC.</u> ii. Rheumatoid Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi.</u> iii. Juvenile Idiopathic Arthritis: <u>Enbrel, Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi.</u> iv. Psoriatic Arthritis: <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), Stelara subcutaneous, Cosentyx SC, or Tremfya.</u> v. Ulcerative Colitis: <u>Humira (NDCs starting with 00074), adalimumab-adbm, Cyltezo, Hyrimoz (NDCs starting with 61314), adalimumab-adaz, adalimumab-ryvk, Simlandi, Stelara subcutaneous, Skyrizi subcutaneous.</u> <p>7. Other Conditions. Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> criteria.</p>
Xeljanz oral solution	<p>1. Juvenile Idiopathic Arthritis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy</i> 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], or adalimumab-adaz, adalimumab-ryvk, 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 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, Simlandi) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

3. Other Conditions. Approve the requested medication (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 <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Otezla Prior Authorization Policy</i> criteria.
Sphingosine 1-Phosphate Receptor Modulator	
Velsipity	<p>1. Ulcerative Colitis – Initial Therapy.</p> <p>A) Approve for 6 months if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Velsipity Prior Authorization Policy</i> criteria; AND ii. Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous, Stelara subcutaneous [documentation required]; AND <p><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 product (e.g., Remicade, biosimilars, Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous or subcutaneous, Skyrizi intravenous, Simponi subcutaneous or Stelara intravenous also counts [documentation required].</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Velsipity Prior Authorization Policy</i> criteria), but criterion 1Aii or criterion 1Aiii are 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 (on-body injector), Stelara subcutaneous</u>), using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>2. Ulcerative Colitis – Patient is Currently Receiving Velsipity.</p> <p>A) Approve for 1 year if the patient meets the following (i and ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Velsipity Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following conditions (a or b): <ul style="list-style-type: none"> a) Patient has tried TWO of an adalimumab product, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous [documentation required]; AND <p><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 an infliximab product (e.g., Remicade, biosimilars, Zymfentra), Entyvio intravenous or subcutaneous, Omvoh intravenous or subcutaneous, Skyrizi intravenous, Simponi subcutaneous or Stelara intravenous also counts [documentation required].</p> <ul style="list-style-type: none"> b) Patient has been established on Velsipity for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Velsipity was dispensed within the past 130 days</u> [verification in prescription claims history required], or if

	<p>claims history is not available, according to the prescriber [verification by prescriber required].</p> <p><u>Note:</u> 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 <u>Velsipity</u> for at least 90 days AND the patient has been receiving <u>Velsipity</u> 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 <u>Velsipity</u>).</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Velsipity Prior Authorization Policy</i> criteria), but criterion 2Aii is not met, offer to review for a Step 1 or Step 2 Product (<u>Humira [NDCs starting with 00074]</u>, <u>adalimumab-adaz</u>, <u>adalimumab-adbm</u>, <u>Cyltezo</u>, <u>Hyrimoz [NDCs starting with 61314]</u>, <u>adalimumab-ryvk</u>, <u>Simlandi</u>, <u>Skyrizi subcutaneous (on-body injector)</u>, <u>Stelara subcutaneous</u>) using the respective standard <i>Inflammatory Conditions Prior Authorization Policy</i> criteria.</p> <p>3. Other Conditions. Approve the requested medication (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Velsipity Prior Authorization Policy</i> criteria.</p>
Zeposia	All Conditions. Approve <u>Zeposia</u> if the patient meets the standard <i>Ozanimod policy</i> criteria
Tyrosine Kinase 2 Inhibitor	
Sotyktu	<p>1. Plaque Psoriasis – Initial Therapy.</p> <p>A) Approve for 3 months if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria for plaque psoriasis; AND ii. Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, and Tremfya [documentation required]. <p><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.</p> <p>B) If the patient has met criterion 1Ai (the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (<u>Enbrel</u>, <u>Humira [NDCs starting with 00074]</u>, <u>adalimumab-adbm</u>, <u>Cyltezo</u>, <u>Hyrimoz [NDCs starting with 61314]</u>, <u>adalimumab-adaz</u>, <u>adalimumab-ryvk</u>, <u>Simlandi</u>, <u>Cosentyx SC</u>, <u>Otezla</u>, <u>Skyrizi subcutaneous [pen or syringe]</u>, <u>Stelara subcutaneous</u>, or <u>Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>2. Plaque Psoriasis – Patient is Currently Receiving Sotyktu.</p> <p>A) Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria; AND ii. Patient meets ONE of the following (a <u>or</u> b):

	<p>a) Patient has tried TWO of Enbrel, an adalimumab product, Cosentyx SC, Otezla, Skyrizi subcutaneous, Stelara subcutaneous, 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.</p> <p>b) Patient has been established on Sotyktu for at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Sotyktu 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 Sotyktu for at least 90 days AND the patient has been receiving Sotyktu 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 Sotyktu).</p> <p>B) If the patient has met criterion 2Ai (the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> 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, Cosentyx SC, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, or Tremfya</u>) using the respective standard <i>Inflammatory Conditions – Prior Authorization Policy</i> criteria.</p> <p>Other Conditions. Approve <u>Sotyktu</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard <i>Inflammatory Conditions – Sotyktu Prior Authorization Policy</i> criteria.</p>
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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 Bioepis; 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

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

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