CARE VALUE POLICY

POLICY: Inflammatory Conditions Care Value Policy

Tumor Necrosis Factor Inhibitors
• Amjevita® (adalimumab-atto SC injection – Amgen) • Cimzia® (certolizumab pegol subcutaneous injection – UCB) • Enbrel® (etanercept subcutaneous injection – Amgen) • Humira® (adalimumab subcutaneous injection – AbbVie) • Simponi® (golimumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
Interleukin-6 Blockers
• Actemra® (tocilizumab subcutaneous injection – Genentech/Roche) • Kevzara™ (sarilumab subcutaneous injection – Regeneron)
Interleukin-17 Blockers
• Cosentyx® (secukinumab subcutaneous injection – Novartis) • Siliq™ (brodalumab subcutaneous injection – Valeant) • Taltz® (ixekizumab subcutaneous injection – Eli Lilly)
Interleukin-23 Blockers
• Ilumya™ (tildrakizumab-asmn subcutaneous injection – Sun/Merck) • Skyrizi™ (risankizumab-rzaa subcutaneous injection – AbbVie) • Tremfya™ (guselkumab subcutaneous injection– Janssen Biotech/Johnson & Johnson)
Interleukin 12/23 Blocker
• Stelara® (ustekinumab subcutaneous injection – Janssen Biotech/Johnson & Johnson)
Interleukin-1 Blocker
• Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)
T-Cell Costimulation Modulator
• Orencia® (abatacept subcutaneous injection – Bristol Myers Squibb)
Janus Kinases Inhibitors
• Olumiant® (baricitinib tablets – Eli Lilly) • Rinvoq™ (upadacitinib extended-release tablets – AbbVie) • Xeljanz® (tofacitinib tablets, tofacitinib oral solution – Pfizer) • Xeljanz® XR (tofacitinib extended-release tablets – Pfizer)
Phosphodiesterase Type 4 Inhibitor
• Otezla® (apremilast tablets – Celgene)
Sphingosine 1-Phosphate Receptor Modulator
• Zeposia® (ozanimod capsules – Celgene)
Tyrosine Kinase 2 Inhibitor
• Sotyktu™ (deucravacitinib tablets – Bristol Myers Squibb)

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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*.

Preferred and Non-Preferred Products.

	Rheumatology					Derma-tology	Gastroenterology	
	RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
Step 1 Preferred	• **Enbrel** • **Adalimumab Products – Humira, Amjevita**^	• **Enbrel** • **Adalimumab Products – Humira, Amjevita**^	• **Enbrel** • **Adalimumab Products – Humira, Amjevita**^ • **Taltz**	• **Cimzia** • **Taltz**	• **Enbrel** • **Adalimumab Products – Humira, Amjevita**^ • **Otezla** • **Skyrizi SC**# • **Stelara SC** • **Taltz** • **Tremfya**	• **Enbrel** • **Adalimumab Products – Humira, Amjevita**^ • **Otezla** • **Skyrizi SC**# • **Stelara SC** • **Taltz** • **Tremfya**	• **Adalimumab Products – Humira, Amjevita**^ • **Skyrizi SC** (on-body injector) • **Stelara SC**	• **Adalimumab Products – Humira, Amjevita**^ • **Stelara SC**
Step 2 Non-Preferred (directed to **ONE** Step 1 Product)	• **Actemra SC** *Directed to adalimumab specifically.* • **Rinvoq** • **Xeljanz tablets/ Xeljanz XR tablets**	• **Actemra SC** *Directed to adalimumab specifically. JIA Step for Actemra SC is for PJIA.* • **Xeljanz tablets/ Xeljanz oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed specifically to Cimzia.*	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Xeljanz tablets/ Xeljanz XR tablets** *Directed specifically to Enbrel or adalimumab.*	--	• **Cimzia** *Directed to adalimumab specifically.*	• **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** *Directed to adalimumab specifically.* • **Xeljanz tablets/ Xeljanz/ XR tablets** *Directed to adalimumab specifically.* • **Zeposia** *Refer to Multiple Sclerosis and Ulcerative Colitis – Zeposia Care Value Policy.*
Step 3a Non-Preferred (directed to **TWO** Step 1 or 2 Products) **[documentation required]***	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Orencia SC**	• **Cimzia** • **Cosentyx** • **Simponi SC**	• **Cosentyx**	• **Cimzia** • **Orencia SC** • **Simponi SC**	• **Cimzia** • **Ilumya** • **Siliq** • **Sotyktu**	--	--
Step 3b Non-Preferred (directed to **THREE** Step 1 Products) **[documentation required]***	--	--	--	--	• **Cosentyx** *Directed to three Products from* ***≥ 2 different drug classes.***	--	--	--
Step 3c Non-Preferred (directed to **FOUR** Step 1 Products) **[documentation required]***	--	--	--	--	--	• **Cosentyx** *Directed to four Products from* ***≥ 3 different drug classes.***	--	--

RA – Rheumatoid arthritis; ^ A trial of Humira and Amjevita 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.

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 above, when clinically appropriate, prior to the approval of the Non-Preferred Products. There are also situations when trials of Non-Preferred Products will be considered; see criteria below. Other details of the program are as follows:

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

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

Automation: None.

RECOMMENDED EXCEPTION CRITERIA

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

	2. <u>Ankylosing Spondylitis – Initial Therapy</u>. **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**. <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**. <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **4. <u>Plaque Psoriasis – Initial Therapy</u>.** **A)** Approve for 3 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: 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 Step 1 or Step 2 Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. <u>Crohn's Disease – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria; AND **ii.** Patient has tried one adalimumab product (Humira, Amjevita).

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, Amjevita, Skyrizi subcutaneous [on-body injector], or Stelara subcutaneous) using the 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 conditions (a, b, c, d, e, or f):

a) Patient has Rheumatoid Arthritis and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita) Rinvoq, and Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, and Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

d) Patient has Plaque Psoriasis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**; OR
Note: A trial of multiple adalimumab products counts as **ONE** product.

e) Patient has Crohn's Disease and has tried one adalimumab product (Humira, Amjevita); OR

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

	receiving samples or coupons or other types of waivers in order to obtain access to Cimzia). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria), but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR. **iii. Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. **iv. Plaque Psoriasis:** Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. **v. Crohn's Disease:** Humira, Amjevita, Skyrizi subcutaneous (on-body injector), or Stelara subcutaneous. **7. Other Conditions.** Approve Cimzia (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria.
Simponi Subcutaneous	**1. 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 – Simponi Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, Amjevita, 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 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 (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR **[documentation required]**. Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, 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 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 (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**.
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous [pen or syringe], Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. Ulcerative Colitis – Initial Therapy.

A) Approve for 6 months if the patient meets 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 (Humira, Amjevita).

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, Amjevita, or Stelara subcutaneous) using the 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 conditions (a, b, c, d, e, or f):

a) Patient has Rheumatoid Arthritis and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

b) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, and Xeljanz/XR **[documentation required]**; OR

	Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. **d)** Patient has Ulcerative Colitis and has tried one adalimumab product (Humira, Amjevita); OR **e)** According to the prescriber, the patient has been established on Simponi Aria for at least 90 days; OR **f)** Patient has been established on Simponi subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Simponi subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]** if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Simponi subcutaneous for at least 90 days AND the patient has been receiving Simponi subcutaneous via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Simponi subcutaneous). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria), but criterion 5Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR. **ii. Ankylosing Spondylitis:** Enbrel, Humira, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR. **iii. Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR. **iv. Ulcerative Colitis:** Humira, Amjevita, or Stelara subcutaneous. **6. Other Conditions**. Approve Simponi subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Simponi Subcutaneous Prior Authorization Policy* criteria.
Interleukin-6 Blockers	
Actemra Subcutaneous	**1. Polyarticular 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 – Actemra Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried one adalimumab product (Humira, Amjevita); OR Note: A trial of Enbrel, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii

is not met: offer to review for a Preferred Product (Enbrel, Humira, or Amjevita) using the standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

2. 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 – Actemra Subcutaneous Prior Authorization Policy* criteria; AND

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

a) Patient has tried one adalimumab product (Humira, Amjevita); OR
Note: 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 – Actemra Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, or Amjevita) using the standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Receiving Actemra 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 – Actemra Subcutaneous Policy* criteria; AND

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

a) Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried one adalimumab product (Humira, Amjevita); OR
Note: 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 (Humira, Amjevita); OR
Note: 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 Actemra intravenous for at least 90 days; OR

e) Patient has been established on Actemra subcutaneous for at least 90 days and prescription claims history indicates at least a 90-day supply of Actemra subcutaneous was dispensed within the past 130 days **[verification in prescription claims history required]** 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 Actemra subcutaneous for at least 90 days AND the patient has been receiving Actemra 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 Actemra subcutaneous). **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Polyarticular Juvenile Idiopathic Arthritis:** Enbrel, Humira, or Amjevita. **ii. Rheumatoid Arthritis:** Enbrel, Humira, or Amjevita. **4. All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve Actemra subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Actemra Subcutaneous Prior Authorization Policy* criteria.
Kevzara	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following conditions (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 Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Patient is Currently Receiving Kevzara.** **A)** Approve for 1 year if the patient meets BOTH of the following conditions (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, b, or c): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, an infliximab product (e.g., Remicade, biosimilars), Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

	b) According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR **c)** 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]** if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Kevzara for at least 90 days AND the patient has been receiving Kevzara via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Kevzara). **B)** If the patient has met criterion 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, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Kevzara (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kevzara Prior Authorization Policy* criteria.
Interleukin-17 Blockers	
Cosentyx	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR **[documentation required]**. Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab Product (e.g. Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Humira, Amjevita, Enbrel, Rinvoq, Taltz, Xeljanz tablets, 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 the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Cimzia, Taltz, and Rinvoq **[documentation required]**. Note: A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

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

3. Plaque Psoriasis – Initial Therapy.

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

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

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

a) Patient has tried FOUR medications from at least three of the following groupings: 1) Enbrel, an adalimumab product (Humira, Amjevita) [tumor necrosis factor inhibitor {TNFi}]; 2) Skyrizi subcutaneous, Tremfya (interleukin [IL]-23 blocker); 3) Stelara subcutaneous (IL-12/23 blocker); 4) Taltz (IL-17 blocker); 5) Otezla (Phosphodiesterase type 4 [PDE4] blocker) **[documentation required]**; OR

Note: A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia or an infliximab product (e.g., Remicade, biosimilars) also counts toward a trial of a TNFi **[documentation required]**.

b) Patient is < 18 years of age and has tried BOTH of Taltz and Stelara SC.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

Note: A patient < 18 years of age with Plaque Psoriasis is directed to Taltz and Stelara subcutaneous.

4. Psoriatic Arthritis in a Patient ≥ 18 Years of Age – Initial Therapy.

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

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

ii. Patient has tried THREE medications from at least two of the following groupings: 1) Enbrel, an adalimumab product (Humira, Amjevita) [TNFi]; 2) Skyrizi subcutaneous, Tremfya (IL-23 blocker); 3) Stelara subcutaneous (IL-12/23 blocker); 4) Taltz (IL-17 blocker); 5) Rinvoq, Xeljanz/XR (Janus kinases inhibitor); 6) Otezla (PDE4 blocker) **[documentation required]**.

Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi **[documentation required]**. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria), but criterion 4Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya)

using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

5. **Ankylosing Spondylitis; nr-axSpA; Plaque Psoriasis; or Psoriatic Arthritis in a Patient ≥ 18 Years of Age – Patient is Currently Receiving Cosentyx.**
   A) Approve for 1 year if the patient meets the following (i and ii):
      i. Patient meets the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria; AND
      ii. Patient meets ONE of the following conditions (a, b, c, d, e, or f):
         a) Patient has Ankylosing Spondylitis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, Taltz, Xeljanz/XR **[documentation required]**; OR
         Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.
         b) Patient has nr-axSpA and has tried TWO of Cimzia, Taltz, and Rinvoq **[documentation required]**; OR
         Note: A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.
         c) Patient is ≥ 18 years of age with Plaque Psoriasis and has tried FOUR medications from at least three of the following groupings: 1) Enbrel, an adalimumab product (Humira, Amjevita) [tumor necrosis factor inhibitor {TNFi}]; 2) Skyrizi subcutaneous, Tremfya (interleukin [IL]-23 blocker); 3) Stelara subcutaneous (IL-12/23 blocker); 4) Taltz (IL-17 blocker); 5) Otezla (Phosphodiesterase type 4 [PDE4] blocker) **[documentation required]**; OR
         Note: A trial of Cimzia or an infliximab product (e.g., Remicade, biosimilars) also counts toward a trial of a TNFi **[documentation required]**.
         d) Patient is < 18 years of age with Plaque Psoriasis and has tried BOTH of Taltz and Stelara SC; OR
         e) Patient has Psoriatic Arthritis and has tried THREE medications from at least two of the following groupings: 1) Enbrel, an adalimumab product (Humira, Amjevita) [TNFi]; 2) Skyrizi subcutaneous, Tremfya (IL-23 blocker); 3) Stelara subcutaneous (IL-12/23 blocker); 4) Taltz (IL-17 blocker); 5) Rinvoq, Xeljanz/XR (Janus kinases inhibitor); 6) Otezla (PDE4 blocker) **[documentation required]**; OR
         Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (subcutaneous or Aria) also counts toward a trial of a TNFi **[documentation required]**. A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product.
         f) Patient has been established on Cosentyx for at least 90 days and prescription claims history indicates at least a 90-day supply of Cosentyx was dispensed within the past 130 days **[verification in prescription claims history required]** if claims history is not

	available, according to the prescriber **[verification by prescriber required]**, AND meets at least ONE of the following [(1), (2), (3), (4), (5), or (6)]: Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Cosentyx for at least 90 days AND the patient has been receiving Cosentyx via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Cosentyx). **(1)** According to the prescriber, the patient has previously experienced a sub-therapeutic response or intolerance to Taltz or Siliq **[documentation required]**; OR **(2)** If the patient has Ankylosing Spondylitis or nr-axSpA: Patient has previously tried at least two biologics for the current condition, and according to the prescriber, the patient demonstrated inadequate efficacy or intolerance with both biologics **[documentation required]**; OR **(3)** If the patient is ≥ 18 years of age with Plaque Psoriasis: Patient has previously tried at least THREE medications from at least two different drug classes from the following list and, according to the prescriber, the patient demonstrated inadequate efficacy or intolerance with all three medications: 1) Interleukin (IL)-12/23 blocker; 2) IL-23 blockers; 3) Tumor necrosis factor inhibitors (TNFi) **[documentation required]**; OR Note: Examples of medications from the drug classes: IL-12/23 blocker – Stelara; IL-23 blockers – Ilumya, Skyrizi, Tremfya; TNFis – adalimumab products (Humira, Amjevita), Cimzia, etanercept products (Enbrel, biosimilars), infliximab products (Remicade, biosimilars). A trial of multiple adalimumab products counts as **ONE** product. **(4)** If the patient has Psoriatic Arthritis: Patient has previously tried at least THREE medications from at least two different drug classes from the following list and, according to the prescriber, the patient demonstrated inadequate efficacy or intolerance with all three medications: 1) Interleukin (IL)-12/23 blocker; 2) IL-23 blocker; 3) Tumor necrosis factor inhibitors (TNFis); 4) Janus kinases inhibitor (JAKi); 5) T-cell costimulation modulator **[documentation required]**; OR Note: Examples of medications from the drug classes: IL-12/23 blocker – Stelara; IL-23 blocker – Tremfya; TNFis – adalimumab products (Humira, Amjevita), Cimzia, etanercept products (Enbrel, biosimilars), golimumab products (Simponi Aria or subcutaneous), infliximab products (Remicade, biosimilars); JAKi – Xeljanz/XR, Rinvoq; T-cell costimulation modulator – Orencia (intravenous or subcutaneous). A trial of multiple adalimumab products counts as **ONE** product. **(5)** For at least 90 days, the patient has been receiving Cosentyx concomitantly with a traditional systemic medication for the condition being treated **[documentation required]**; OR

	Note: Examples of systemic medications taken for psoriasis include methotrexate, acitretin, and cyclosporine. Examples of systemic medications taken for rheumatic conditions include methotrexate, sulfasalazine, and leflunomide. **(6)** If the patient has Plaque Psoriasis: For at least 90 days, the patient has been receiving Cosentyx in combination with phototherapy **[documentation required]**. Note: Examples include narrowband ultraviolet B [NB-UVB] phototherapy. This does **not** include concomitant use with localized laser therapy for treatment of limited disease. Note: For a patient who has not tried the Preferred Products, **Taltz** is approved for a patient who meets criterion 5Aiif but does **not** meet 5Aiif [(1), (2), (3), (4), (5), or (6)]. **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Cosentyx 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, Amjevita, Rinvoq, Taltz, Xeljanz tablets, Xeljanz XR. **ii. nr-axSpA:** Cimzia, Taltz, Rinvoq. **iii. Plaque Psoriasis:** Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya. Note: A patient < 18 years of age with Plaque Psoriasis is directed to Taltz and Stelara subcutaneous. **iv. Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya. **6. Other Conditions.** Note: This includes a patient < 18 years of age with Psoriatic Arthritis. Approve Cosentyx (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Cosentyx Prior Authorization Policy* criteria.
Siliq	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria for plaque psoriasis; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. Note: A trial of multiple adalimumab products counts as **ONE** product. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Siliq.** **A)** Approve for 1 year if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b):

a) Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR
Note: A trial of multiple adalimumab products counts as **ONE** product.

b) Patient has been established on Siliq for at least 90 days and prescription claims history indicates at least a 90-day supply of Siliq was dispensed within the past 130 days **[verification in prescription claims history required]** if claims history is not available, according to the prescriber **[verification by prescriber required]**, AND meets at least ONE of the following [(1), (2), (3), or (4)]:
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Siliq for at least 90 days AND the patient has been receiving Siliq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Siliq).

(1) According to the prescriber, the patient has previously experienced a sub-therapeutic response or intolerance to Cosentyx or Taltz **[documentation required]**; OR

(2) Patient has previously tried at least THREE medications from at least two different drug classes from the following list and, according to the prescriber, the patient demonstrated inadequate efficacy or intolerance with all three medications: 1) Interleukin (IL)-12/23 blocker; 2) IL-23 blockers; 3) Tumor necrosis factor inhibitors (TNFis) **[documentation required]**; OR
Note: Examples of medications from the drug classes: IL-12/23 blocker – Stelara; IL-23 blockers – Ilumya, Skyrizi, Tremfya; TNFis – adalimumab products (Humira, Amjevita), Cimzia, etanercept products (Enbrel, biosimilars), infliximab products (Remicade, biosimilars). A trial of multiple adalimumab products counts as **ONE** product.

(3) For at least 90 days, the patient has been receiving Siliq concomitantly with a traditional systemic medication for the condition being treated **[documentation required]**; OR
Note: Examples of systemic medications taken for psoriasis include methotrexate, acitretin, and cyclosporine.

(4) For at least 90 days, the patient has been receiving Siliq in combination with phototherapy **[documentation required]**.
Note: Examples include narrowband ultraviolet B (NB-UVB) phototherapy. This does **not** include concomitant use with localized laser therapy for treatment of limited disease.

Note: For a patient who has not tried the Preferred Products, **Taltz** is approved for a patient who meets criterion 2Aiib but does not meet 2Aiib[(1), (2), (3), or (4)].

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using

	the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Siliq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Siliq Prior Authorization Policy* criteria.
Interleukin-23 Blockers	
Ilumya	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, and Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Plaque Psoriasis – Patient is Currently Receiving Ilumya.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has plaque psoriasis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR Note: A trial of multiple adalimumab products counts as **ONE** product. **b)** Patient has been established on Ilumya for at least 90 days and prescription claims history indicates at least a 90-day supply of Ilumya was dispensed within the past 130 days **[verification in prescription claims history required]** if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Ilumya for at least 90 days AND the patient has been receiving Ilumya via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Ilumya). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	3. <u>Other Conditions</u>. Approve <u>Ilumya</u> (initial therapy for a duration as directed or <u>1 year</u> for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Ilumya Prior Authorization Policy* criteria.
Interleukin-1 Blocker	
Kineret	**1. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**. <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Kineret</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following conditions (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a <u>or</u> b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, Orencia (subcutaneous or intravenous), an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** Patient has been established on Kineret at least 90 days <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Kineret was dispensed within the past 130 days</u> **[verification in prescription claims history required]** 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 Kineret for at least 90 days AND the patient has been receiving Kineret 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 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, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Kineret (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Kineret Prior Authorization Policy* criteria. Note: This includes Cryopyrin-Associated Periodic Syndromes [CAPS], Systemic Juvenile Idiopathic Arthritis).
T-Cell Costimulation Modulator	
Orencia Subcutaneous	**1. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, or Xeljanz/XR **[documentation required]**; OR Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **b)** According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Juvenile Idiopathic Arthritis/Juvenile Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a or b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), and Xeljanz; OR Note: A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Orencia intravenous, 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 – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Step 1 or Step 2 Product (Actemra subcutaneous, Enbrel, Humira, Amjevita, 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 the following (i and ii):

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

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

a) Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR

Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[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 3Ai (the standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Step 1 or Step 2 Product (Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

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

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

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

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

a) Patient has Rheumatoid Arthritis and has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, or Xeljanz/XR **[documentation required]**; OR

Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, 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 Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), and Xeljanz tablets or oral solution; OR
Note: A trial of either or both Xeljanz products (Xeljanz tablets and Xeljanz oral solution) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Orencia intravenous, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts **[documentation required]**.

c) Patient has Psoriatic Arthritis and has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, Tremfya, or Xeljanz/XR **[documentation required]**; OR
Note: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts **[documentation required]**.

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

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

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

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

i. **Rheumatoid Arthritis:** Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR.

ii. **Juvenile Idiopathic Arthritis:** Actemra subcutaneous, Enbrel, Humira, Amjevita, Xeljanz tablets, or Xeljanz oral solution.

iii. **Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Rinvoq, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya, Xeljanz tablets, or Xeljanz XR.

5. Other Conditions. Approve Orencia subcutaneous (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the

	standard *Inflammatory Conditions – Orencia Subcutaneous Prior Authorization Policy* criteria.
Janus Kinases Inhibitors	
Olumiant	**1. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**. <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, Cimzia, an infliximab product (e.g., Remicade, biosimilars), Kevzara, Orencia (intravenous or subcutaneous), or Simponi (Aria or subcutaneous) also counts **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Step 1 or Step 2 Product (<u>Actemra subcutaneous, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR</u>) using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Rheumatoid Arthritis – Patient is Currently Receiving Olumiant</u>.** **A)** Approve for 1 year if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a <u>or</u> b): **a)** Patient has tried TWO of Actemra subcutaneous, Enbrel, an adalimumab product (Humira, Amjevita), Rinvoq, and Xeljanz/XR **[documentation required]**; OR <u>Note</u>: A trial of either or both Xeljanz products (Xeljanz and Xeljanz XR) collectively counts as **ONE** product. A trial of multiple adalimumab products counts as **ONE** product. A trial of Actemra intravenous, 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 <u>and</u> prescription claims history indicates <u>at least a 90-day supply of Olumiant was dispensed within the past 130 days</u> **[verification in prescription claims history required]** if claims history is not available, according to the prescriber **[verification by prescriber required]**. <u>Note</u>: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Olumiant for at least 90 days AND the patient has been receiving Olumiant via paid claims (e.g., patient has <u>not</u> 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, Enbrel, Humira, Amjevita, Rinvoq, Xeljanz tablets, or Xeljanz XR) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. Other Conditions.** Approve Olumiant (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Olumiant Prior Authorization Policy* criteria.
Rinvoq	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Taltz) using the standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. 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 Prior Authorization Policy* criteria; AND **ii.** Patient has tried Cimzia. Note: A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Cimzia or Taltz) using the respective standard *Inflammatory Conditions – Cimzia Prior Authorization Policy* criteria. **3. 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 Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR Note: 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 Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, or Amjevita) using the 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 – Rinvoq Prior Authorization Policy* criteria; AND

ii. Patient has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR
Note: 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 3Ai (the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria), but criterion 3Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya) using the 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 – Rinvoq Prior Authorization Policy* criteria; AND

ii. Patient has tried one adalimuamb product (Humira, Amjevita).
Note: A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.

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

6. Ankylosing Spondylitis, 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 Prior Authorization Policy* criteria; AND

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

a) Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR
Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has nr-axSpA and has tried Cimzia; OR
Note: A trial of an Enbrel, an adalimumab product (Humira, Amjevita), an infliximab Product (Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

c) Patient has Rheumatoid Arthritis and has tried one of Enbrel or or an adalimumab product (Humira, Amjevita); OR
Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

d) Patient has Psoriatic Arthritis and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR
Note: 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 (Humira, Amjevita); OR
Note: A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts.

f) Patient has been established on Rinvoq for at least 90 days and prescription claims history indicates at least a 90-day supply of Rinvoq was dispensed within the past 130 days **[verification in**

	prescription claims history required] if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Rinvoq for at least 90 days AND the patient has been receiving Rinvoq via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Rinvoq). **B)** If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Rinvoq 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, Amjevita, Taltz. **ii. nr-axSpA:** Cimzia, Taltz. **iii. Rheumatoid Arthritis:** Enbrel, Humira, Amjevita. **iv. Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya. **v. Ulcerative Colitis**: Humira, Amjevita, Stelara subcutaneous. **7. All Other Conditions.** Approve Rinvoq (initial therapy for a duration as directed or 1 year for a patient continuing therapy) if the patient meets the standard *Inflammatory Conditions – Rinvoq Prior Authorization Policy* criteria.
Xeljanz tablets, Xeljanz XR tablets	**1. Ankylosing Spondylitis – 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 (Humira, Amjevita); OR Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Taltz) using the standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. 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 – Xeljanz/XR Prior Authorization Policy* criteria; AND **ii.** Patient has tried one of Enbrel or an adalimuamb product (Humira, Amjevita); OR Note: A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita) using the 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 (Humira, Amjevita); OR Note: 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, Amjevita) using the 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 (Humira, Amjevita); OR Note: 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, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya) using the 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 (Humira, Amjevita). Note: A trial of an infliximab product (e.g., Remicade, biosimilars) 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, Amjevita, or Stelara subcutaneous) using the 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 conditions (a, b, c, d, e, or f): **a)** Patient has Ankylosing Spondylitis and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR Note: 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 (Humira, Amjevita); OR Note: 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 (Humira, Amjevita); OR Note: 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 (Humira, Amjevita); OR Note: 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 (Humira, Amjevita); OR Note: A trial of an infliximab product (e.g., Remicade, biosimilars) or Simponi subcutaneous also counts. **f)** Patient has been established on Xeljanz/XR for at least 90 days and prescription claims history indicates at least a 90-day supply of Xeljanz/XR was dispensed within the past 130 days **[verification in prescription claims history required]** if claims history is not available, according to the prescriber **[verification by prescriber required]**; OR Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving Xeljanz/XR for at least 90 days AND the patient has been receiving Xeljanz/XR via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to Xeljanz/XR). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Xeljanz/XR Prior Authorization Policy* criteria but criterion 6Aii is not met: offer to review for one of the following Products using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira, Amjevita,Taltz. **ii. Rheumatoid Arthritis:** Enbrel, Humira, Amjevita. **iii. Juvenile Idiopathic Arthritis:** Enbrel, Humira, Amjevita. **iv. Psoriatic Arthritis:** Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, Tremfya. **v. Ulcerative Colitis**: Humira, Amjevita, Stelara subcutaneous. **7. 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.
Xeljanz oral solution	**1. 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 (Humira, Amjevita); OR Note: 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, Amjevita) 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 conditions (a or b): **a)** Patient has Juvenile Idiopathic Arthritis and has tried one of Enbrel or an adalimumab product (Humira, Amjevita); OR Note: 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]** 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, Amjevita) 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.
Sphingosine 1-Phosphate Receptor Modulator	
Zeposia	**All Conditions.** Approve Zeposia if the patient meets the standard *Multiple Sclerosis and Ulcerative Colitis – Zeposia Preferred Specialty Management Policy* criteria.
Tyrosine Kinase 2 Inhibitor	
Sotyktu	**1. Plaque Psoriasis – Initial Therapy.** **A)** Approve for 3 months if the patient meets the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria; AND **ii.** Patient has tried TWO of Enbrel, an adalimumab product (Humira, Amjevita), Otezla, Skyrizi subcutaneous, Stelara subcutaneous, Taltz, and Tremfya **[documentation required]**. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria), but criterion 1Aii is not met: offer to review for a Preferred Product (Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

	2. <u>Plaque Psoriasis – Patient is Currently Receiving Sotyktu</u>. **A)** Approve for 1 year if the patient meets the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following conditions (a <u>or</u> b): **a)** Patient has tried TWO of Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya **[documentation required]**; OR <u>Note</u>: A trial of multiple adalimumab products counts as **ONE** product. **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]** 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). **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria), but criterion 2Aii is not met: offer to review for a Preferred Product (<u>Enbrel, Humira, Amjevita, Otezla, Skyrizi subcutaneous (pen or syringe), Stelara subcutaneous, Taltz, or Tremfya</u>) using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **3. <u>Other Conditions</u>.** 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 *Inflammatory Conditions – Sotyktu Prior Authorization Policy* criteria.

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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.
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9. Orencia® subcutaneous injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; June 2020.
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12. Renflexis® intravenous injection [prescribing information]. Whitehouse Station, NJ: Merck/Samsung Bioepsis; March 2021.
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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.

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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 [prescribing information]. North Chicago, IL: AbbVie; October 2022.
23. Zeposia® capsules [prescribing information]. Summit, NJ: Celgene; May 2021.
24. Sotyktu™ tablets [prescribing information]. Princeton, NJ: Bristol Myers Squibb; September 2022.

APPENDIX A

Table 1. Approved TNFis for Targeted Indications.*

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

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

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

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

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

Table 3. Approved Oral tsDMARDs for Targeted Indications.[*]

	Rheumatology					Dermatology	Gastro-enterology
	Rheumatoid Arthritis	**Juvenile Idiopathic Arthritis**	**Ankylosing Spondylitis**	**nr-axSpA**	**Psoriatic Arthritis**	**Plaque Psoriasis**	**Ulcerative Colitis**
Janus Kinases Inhibitors							
Olumiant	√	--	--	--	--	--	--
Rinvoq	√	--	√	√	√	--	√
Xeljanz tablets	√	√[#]	√	--	√	--	√
Xeljanz oral solution	--	√[#]	--	--	--	--	--
Xeljanz XR	√	--	√	--	√	--	√
Phosphodiesterase Type 4 Inhibitor							
Otezla	--	--	--	--	√	√	--
Sphingosine 1-Phosphate Receptor Modulator							
Zeposia	--	--	--	--	--	--	√
Tyrosine Kinase 2 Inhibitor							
Sotyktu	--	--	--	--	--	√	--

tsDMARDs – Targeted synthetic disease-modifying antirheumatic drugs; [*] Refer to the selected standard *Prior Authorization Policies* for the specific patient population approved for each indication; [#] Indicated in polyarticular JIA.

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

	Rheumatology		
	Rheumatoid Arthritis	**Juvenile Idiopathic Arthritis**	**Psoriatic Arthritis**
Interleukin-6 Blockers			
Actemra Intravenous	√	√[^]	--
Actemra Subcutaneous	√	√[^]	--
Kevzara	√	--	--
Interleukin-1 Blocker			
Kineret	√	--	--
T-Cell Costimulation Modulator			
Orencia Intravenous	√	√[#]	√
Orencia Subcutaneous	√	√[#]	√
CD20-Directed Cytolytic Antibody			
Rituximab Intravenous Products	√	--	--

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