# Cytokine & CAM Antagonist Appendix A Effective 7/1/26

Member must meet FDA approved age and indication for coverage

| Drug | FDA Approved Indications | Quantity limit per PI | Criteria for Approval |
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| Actemra® (tocilizumab)<br><br>Biosimilars to Actemra®:<br><br>Avtozma® (tocilizumab-anoh)<br><br>Tofidence® (tocilizumab-bavi)<br><br>Tyenne® (tocilizumab-aazg) | • Adult members with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs. | SUBCUTANEOUS<br>Weight < 100kg:<br>• Two syringes per 28 days. Max dose is 4 syringes per 28 days<br>Weight > 100kg:<br>• Four syringes per 28 days<br><br>INTRAVENOUS<br>• 4 to 8 mg/kg every 28 days | • Routine PDL AND<br>• Tried and failed Methotrexate; **OR** requested medication will be used in conjunction with Methotrexate; **OR** member has a contraindication to Methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or another contraindication); **AND**<br>• Member has tried and failed another DMARD (other than Methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus. |
| | • Adult members with giant cell arteritis. | SUBCUTANEOUS<br>• Max adult dose is 4 syringes per 28 days<br><br>INTRAVENOUS<br>• 6 mg/kg every 28 days | • Approvable with confirmation of this diagnosis. |
| | • Slowing the rate of decline in pulmonary function in adult members with systemic sclerosis-associated interstitial lung disease (Actemra® only) | SUBCUTANEOUS<br>• Max adult dose is 4 syringes per 28 days | • Approvable with confirmation of this diagnosis. |
| | • Members 2 years of age and older with active polyarticular juvenile idiopathic arthritis. | SUBCUTANEOUS<br>Weight < 30 kg:<br>• 162 mg every 3 weeks<br>Weight ≥ 30 kg:<br>• 162 mg every 2 weeks<br><br>INTRAVENOUS<br>Weight <30kg:<br>• 10mg/kg every 28 days<br>Weight ≥30kg:<br>• 8mg/kg every 28 days | • Routine PDL AND<br>• Tried and failed Methotrexate; **OR** requested medication will be used in conjunction with Methotrexate; **OR** member has a contraindication to Methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or another contraindication); **AND**<br>• Member has tried and failed another DMARD (other than Methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus; |

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| | • Members 2 years of age and older with active systemic juvenile idiopathic arthritis. | SUBCUTANEOUS<br>Weight <30 kg:<br>• 162 mg every 2 weeks<br>Weight ≥ 30 kg:<br>• 162 mg every week<br><br>INTRAVENOUS<br>Weight <30kg:<br>• 12mg/kg every 14 days<br>Weight ≥ 30kg:<br>• 8mg/kg every 14 days | • Routine PDL AND<br>• Tried and failed Methotrexate; **OR** requested medication will be used in conjunction with Methotrexate; **OR** member has a contraindication to Methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or another contraindication); **AND**<br>• Member has tried and failed another DMARD (other than Methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus; |
| | • Members 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome. | INTRAVENOUS<br>Weight <30kg:<br>• 12 mg/kg for one dose, up to 3 additional doses if no clinical improvement (max dose 800 mg)<br>Weight ≥ 30kg:<br>• 8 mg/kg for one dose, up to 3 additional doses if no clinical improvement (max dose 800 mg) | • Approvable with confirmation of this diagnosis. |
| Arcalyst® (rilonacept) | • Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 years of age and older. | Adults:<br>• Loading dose: 320 mg, delivered as two 160 mg (2 mL) injections.<br>• Maintenance dose -160 mg (2 mL) injection once weekly<br><br>Pediatrics 12 to 17 years of age:<br>• Loading dose: 4.4 mg/kg, up to a maximum of 320 mg, delivered as 1 or 2 injections (up to 2 mL/injection).<br>• Maintenance dose: 2.2 mg/kg, up to a maximum | • Approvable with confirmation of this diagnosis. |

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| | | of 160 mg (2 mL) injection once weekly | |
| | • Maintenance of remission of deficiency of interleukin-1 receptor antagonist (DIRA) in adults and pediatric members weighing ≥ 10 kg | • Adults and pediatric members weighing at least 10 kg: 4.4mg/kg up to a maximum of 320 mg delivered as 1 or 2 subcutaneous injections once weekly | • Approvable with confirmation of this diagnosis. |
| | • Treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and children 12 years of age and older | Adults:<br>• Loading dose: 320 mg, delivered as two 160 mg (2 mL) injections.<br>• Maintenance dose -160 mg (2 mL) injection once weekly<br><br>Pediatrics 12 to 17 years of age:<br>• Loading dose: 4.4 mg/kg, up to a maximum of 320 mg, delivered as 1 or 2 injections (up to 2 mL/injection).<br>• Maintenance dose: 2.2 mg/kg, up to a maximum of 160 mg (2 mL) injection once weekly | • Approvable with confirmation of this diagnosis. |
| Remicade® (infliximab)<br><br>infliximab (generic Remicade®)<br><br>Biosimilar to Remicade® | Crohn's Disease:<br><br>• Reducing signs and symptoms and inducing and maintaining clinical remission in adult members with moderately to severely active disease who have had an inadequate response to conventional therapy. | • 5mg/kg at week 0, 2 and 6 weeks, then every 8 weeks thereafter. Max dose 10mg/kg every 8 weeks<br>• Zymfentra only: Maintenance dose of 120mg every 2 weeks. | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |

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| Avsola™ (infliximab-axxq)<br><br>Inflectra® (infliximab-dyyb)<br><br>Renflexis® (infliximab-abda)<br><br>Zymfentra™ (infliximab-dyyb) | • Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult members with fistulizing disease | | |
| | Pediatric Crohn's Disease:<br><br>• Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric members 6 years of age and older with moderately to severely active disease who have had an inadequate response to conventional therapy. | • 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks. | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| | Ulcerative Colitis:<br><br>• Reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult members with moderately to severely active disease who have had an inadequate response to conventional therapy. | • 5mg/kg at week 0, 2 and 6 weeks, then every 8 weeks thereafter.<br>• Zymfentra only: Maintenance dose of 120mg every 2 weeks. | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| | Pediatric Ulcerative Colitis:<br><br>• Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric members 6 years of age and older with moderately to severely active disease who have had an inadequate response to conventional therapy. | • 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks. | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| | Rheumatoid Arthritis in combination with methotrexate:<br><br>• Reducing signs and symptoms, inhibiting the progression of | • 3mg/kg at week 0, 2 and 6 weeks, then every 8 weeks thereafter. Max dose | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |

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| | structural damage, and improving physical function in adult members with moderately to severely active disease. | 10mg/kg every 8 weeks or 3mg/kg every 4 weeks | |
| | Ankylosing Spondylitis:<br>• Reducing signs and symptoms in adult members with active disease. | • 5mg/kg at week 0, 2 and 6 weeks, then every 6 weeks thereafter | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| | Psoriatic Arthritis:<br>• Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function in adult members. | • 5mg/kg at week 0, 2 and 6 weeks, then every 8 weeks thereafter. | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| | Plaque Psoriasis:<br>• Treatment of adult members with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. | • 5mg/kg at week 0, 2 and 6 weeks, then every 8 weeks thereafter | • Routine PDL AND<br>• Trial and failure of infliximab (generic Remicade) prior to use of any other infliximab product. |
| Bimzelx® (bimekizumab-bkzx) | • Moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. | • 320 mg (two 160 mg injections) by subcutaneous injection at weeks 0, 4, 8, 12, and 16, then every 8 weeks thereafter. For members weighing ≥ 120 kg, consider a dose of 320 mg every 4 weeks after Week 16. | • Routine PDL AND<br>• Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy |
| | • Adults with active psoriatic arthritis | • 160 mg by subcutaneous injection every 4 weeks (if member has coexisting PsA and PSO, use dosage for PSO) | • Routine PDL |

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| | • Adults with active ankylosing spondylitis | • 160 mg by subcutaneous injection every 4 weeks | • Routine PDL |
| | • Adults with non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation | • 160 mg by subcutaneous injection every 4 weeks | • Routine PDL |
| | • Adults with moderate to severe hidradenitis suppurativa (HS) | • 320 mg (two 160 mg injections) by subcutaneous injection at weeks 0, 2, 4, 6, 8, 10, 12, 14 and 16, then every 4 weeks thereafter. | • Routine PDL |
| Cibinqo™ (abrocitinib) | • Treatment of children older than 12 years of age and adults with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. | • 100 mg once daily.<br>• 200 mg once daily if not responding to 100 mg daily. | • Routine PDL AND<br>• Prior documented trial and failure (or contraindication) of 1 topical corticosteroid of medium to high potency (e.g., mometasone, fluocinolone) and 1 topical calcineurin inhibitors (tacrolimus or pimecrolimus); AND<br>• Inadequate response to a 3-month minimum trial of at least 1 immunosuppressive systemic agent (e.g., cyclosporine, azathioprine, methotrexate, mycophenolate mofetil, etc.); AND<br>• Inadequate response (or is not a candidate) to a 3-month minimum trial of phototherapy (e.g., psoralens with UVA light [PUVA], UVB, etc.) provided member has reasonable access to photo treatment; AND<br>• Prescriber attestation that Cibinqo will not be used in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants. |
| Cimzia® (certolizumab pegol) | • Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult members with moderately to severely active disease who have had an inadequate response to conventional therapy | • 400 mg initially at weeks 0, 2 and 4.<br>• If response occurs, follow with 400 mg every four weeks<br>• Six syringes/vials allowed in the initial 28 days<br>• Two syringes/vials per 28 days after induction period | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (moderate to severe CD) unless contraindicated or intravenous corticosteroids (severe and fulminant CD or failure to respond to oral corticosteroids), AND<br>• Trial and failure of a compliant regimen of azathioprine or mercaptopurine for three consecutive months, AND<br>• Trial and failure of a compliant regimen of parenteral methotrexate for three consecutive months |

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| | • Treatment of adults with moderately to severely active rheumatoid arthritis | • 400 mg initially at weeks 0, 2 and 4, followed by 200 mg every other week or 400 mg every 4 weeks<br>• Six syringes/vials allowed in the initial 28 days<br>• Two syringes/vials per 28 days after induction period | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline) |
| | • Treatment of adults with active psoriatic arthritis | • 400 mg initially at weeks 0, 2 and 4, followed by 200 mg every other week or 400 mg every 4 weeks<br>• Six syringes/vials allowed in the initial 28 days<br>• Two syringes/vials per 28 days for maintenance | • Routine PDL AND<br>• Trial and failure of Methotrexate; OR requested medication will be used in conjunction with Methotrexate; OR member has a contraindication to Methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or another contraindication) |
| | • Treatment of adults with active ankylosing spondylitis | • 400 mg initially at weeks 0, 2 and 4, then 200 mg every other week or 400 mg every 4 weeks<br>• Six syringes/vials allowed in the initial 28 days<br>• Two syringes/vials per 28 days for maintenance | • Routine PDL AND<br>• Trial and failure of an adequate trial of at least two NSAIDs; OR use of NSAIDs is contraindicated in member |
| | • Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation | • 400 mg initially at weeks 0, 2 and 4, then 200 mg every other week or 400 mg every 4 weeks<br>• Six syringes/vials allowed in the initial 28 days | • Routine PDL |

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| | | • Two syringes/vials per 28 days for Maintenance | |
| | • Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy | • 400 mg every other week<br>• For some members with weight ≤ 90kg, 400 mg initially at weeks 0, 2 and 4, followed by 200 mg every other week may be considered<br>• Six syringes/vials allowed in the initial 28 days<br>• Two syringes/vials per 28 days for maintenance | • Routine PDL AND<br>• Must have a previous failure on a topical psoriasis agent |
| | • Treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in members 2 years of age and older | • Recommended dosage for pJIA is based on body weight with a loading dose given at week 0, 2, and 4 followed by maintenance doses beginning at week 6 and given every 2 weeks thereafter; doses range from 50 mg every 2 weeks to 400 mg loading doses. As there is not a dosage form that allows for self-administration < 200 mg, doses < 200 mg require HCP administration using the vial kit. | • Routine PDL AND<br>• Trial and failure of Methotrexate; OR requested medication will be used in conjunction with Methotrexate; OR member has a contraindication to Methotrexate |
| Cosentyx® (secukinumab) | • Active enthesitis-related arthritis (ERA) in members 4 years of age and older | SUBCUTANEOUS<br>• Weeks 0, 1, 2, 3, and 4 and every 4 weeks thereafter.<br>Weight ≥ 15 kg and < 50 kg:<br>• 75 mg.<br>Weight ≥ 50 kg: | • Routine PDL AND<br>• Trial and failure of an adequate trial of at least two NSAIDs; OR use of NSAIDs is contraindicated in member |

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| | | • 150 mg. | |
| | • Moderate to severe plaque psoriasis in members 6 years of age and older who are candidates for systemic therapy or phototherapy. | SUBCUTANEOUS<br>Adult:<br>• Ten syringes/pens in the initial 28 days<br>• Two syringes/pens per 28 days after induction period<br><br>Pediatric:<br>Weight < 50kg:<br>• Five pediatric 75mg syringes in initial 28 days.<br>• One syringe per 28 days after induction period<br>Weight > 50kg:<br>• Ten pediatric 75mg syringes in initial 28 days.<br>• Two syringes per 28 days after induction period | • Routine PDL AND<br>• Must have a previous failure on a topical psoriasis agent |
| | • Active psoriatic arthritis in members 2 years of age and older | SUBCUTANEOUS<br>• Five syringes/pens in the initial 28 days<br>• One syringe/pen per 28 days after induction period<br><br>INTRAVENOUS<br>• 6 mg/kg given at week 0 as loading dose, then 1.75 mg/kg every 4 weeks thereafter (with loading dose), OR 1.75 mg/kg every 4 weeks (without loading dose). | • Routine PDL |
| | • Adult members with active ankylosing spondylitis | SUBCUTANEOUS<br>• Five syringes/pens in the initial 28 days | • Routine PDL |

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| | | • One syringe/pen per 28 days after induction period<br>• If member continues to be symptomatic on above may increase to two syringe/pen per 28 days<br><br>INTRAVENOUS<br>• 6 mg/kg given at week 0 as loading dose, then 1.75 mg/kg every 4 weeks thereafter (with loading dose), OR 1.75 mg/kg every 4 weeks (without loading dose). | |
| | • Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation | SUBCUTANEOUS<br>• Four syringes/pens in the initial 28 days<br>• One syringe/pen per 28 days after induction period<br><br>INTRAVENOUS<br>• 6 mg/kg given at week 0 as loading dose, then 1.75 mg/kg every 4 weeks thereafter (with loading dose), OR 1.75 mg/kg every 4 weeks (without loading dose). | • Routine PDL |
| | • Adult and pediatric members 12 years of age and older with moderate to severe hidradenitis suppurativa (HS). | SUBCUTANEOUS<br>• Eight syringes/pens in the initial 28 days<br>• Four syringes/pens per 28 days after induction period | • Routine PDL |
| Enbrel® (etanercept) | • Rheumatoid Arthritis (RA) in members 18 years of age and older | • Four 50mg syringes, OR eight 25mg syringes per 28 days | • Preferred |

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| | • Polyarticular Juvenile Idiopathic Arthritis (pJIA) in members 2 years of age and older | • Four 50mg syringes, OR eight 25mg syringes per 28 days | • Preferred |
| | • Psoriatic Arthritis (PsA) in members 18 years of age and older | • Four 50mg syringes per 28 days | • Preferred |
| | • Ankylosing spondylitis in members 18 years of age and older | • Four 50mg syringes, OR eight 25mg syringes per 28 days | • Preferred |
| | • Juvenile Psoriatic Arthritis in members 2 years of age and older | • Four 50mg syringes OR eight 25 mg syringes per 28 days | • Preferred |
| | • Plaque Psoriasis (PsO) in members 4 years of age and older | • Eight 50mg syringes per 28 days for the initial 3 months<br>• Four 50mg syringes per 28 days after induction period | • Preferred |
| Enspryng™ (satralizumab-mwge) | • Neuromyelitis optica spectrum disorder (NMOSD) in adult members who are anti-aquaporin-4 (AQP4) antibody positive | • Three 120 mg loading doses administered at weeks 0, 2, and 4, with subsequent maintenance doses of 120 mg given every 4 weeks. | • Member has a confirmed diagnosis based on the following:<br>– Member was found to be seropositive for aquaporin-4 (AQP4) IgG antibodies; AND<br>– Member has ≥ 1 core clinical characteristic (e.g., optic neuritis, acute myelitis, area postrema syndrome, acute brainstem syndrome, symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions, symptomatic cerebral syndrome with NMOSD-typical brain lesions); AND<br>• Alternative diagnoses have been excluded (e.g., multiple sclerosis, sarcoidosis, cancer, chronic infection); |
| Entyvio® (vedolizumab) | Adult members with moderately to severely active Crohn's Disease | • 300 mg at weeks 0, 2 and 6 for induction (3 vials/6 weeks), then 300 mg (1 vial) every 8 weeks after the induction period<br>• Subcutaneous: 108mg every 2 weeks after 6 week intravenous induction | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (moderate to severe CD) unless contraindicated or intravenous corticosteroids (severe and fulminant CD or failure to respond to oral corticosteroids), AND<br>• Trial and failure of a compliant regimen of azathioprine or mercaptopurine for three consecutive months, AND<br>• Trial and failure of a compliant regimen of parenteral methotrexate for three consecutive months |

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| | Adult members with moderately to severely active ulcerative colitis | • 300 mg at weeks 0, 2 and 6 for induction (3 vials/6 weeks), then 300 mg (1 vial) every 8 weeks after the induction period<br>• Subcutaneous: 108mg every 2 weeks after 6 week intravenous induction | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (moderate to severe UC) unless contraindicated or intravenous corticosteroids (severe and fulminant UC or failure to respond to oral corticosteroids), AND<br>• Trial and failure of a compliant regimen of azathioprine or mercaptopurine for three consecutive months, AND<br>• Trial and failure of a compliant regimen of parenteral methotrexate for three consecutive months |
| Humira® (adalimumab) **For brand name Humira, please see additional instructions in the Cytokine and CAM Antagonists and Related Agents SA Form.**<br><br>adalimumab-adbm (unbranded version of Cyltezo made by Boehringer Ingelheim) **Preferred agent**<br><br>Hadlima® (adalimumab-bwwd) **Preferred agent**<br><br>Biosimilars to Humira®:<br><br>Abrilada® (adalimumab- | • Reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult members with moderately to severely active rheumatoid arthritis. | • Two syringes/pens per 28 days | • Routine PDL |
| | • Reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in members 2 years of age and older. | • Two syringes/pens per 28 days | • Routine PDL |
| | • Reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult members with active psoriatic arthritis. | • Two syringes/pens per 28 days | • Routine PDL |
| | • Reducing signs and symptoms in adult members with active ankylosing spondylitis. | • Two syringes/pens per 28 days | • Routine PDL |
| | • Treatment of moderately to severely active Crohn's disease in adults | • Six syringes/pens in the initial 28 days<br>• Two syringes/pens per 28 days after induction period | • Routine PDL |
| | • Treatment of moderately to severely active Crohn's disease | Weight 37 lbs. to < 88 lbs.:<br>• Initial month: | • Routine PDL |

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| afzb)<br><br>Amjevita® (adalimumab-atto)<br><br>Cyltezo® (adalimumab-adbm)<br><br>Hulio® (adalimumab-fkjp)<br><br>adalimumab-fkjp generic for Hulio®<br><br>Hyrimoz® (adalimumab-adaz)<br><br>adalimumab-adaz generic for Hyrimoz®<br><br>adalimumab-aacf generic for Idacio ®<br><br>Simlandi® (adalimumab-ryvk)<br><br>adalimumab-ryvk generic for Simlandi ®<br><br>Yuflyma® (adalimumab-aaty)<br><br>adalimumab-aaty Generic for Yuflyma ®<br><br>Yusimry® (adalimumab-aqvh) | in pediatric members 6 years of age and older. | One syringe/pen 80 mg<br>One syringe/pen 40 mg<br>One syringe/pen 20 mg<br>• Maintenance:<br>Two syringes/pens 20 mg per 28 days<br>Weight ≥ 88 lbs.:<br>• Initial month:<br>One syringe/pen 160 mg<br>One syringe/pen 80 mg<br>One syringe/pen 40 mg<br>• Maintenance:<br>Two syringes/pens 40 mg every 28 days. | |
| | • Treatment of moderately to severely active ulcerative colitis in adults and pediatric members 5 years of age and older | • Six syringes/pens in the initial 28 days<br>• Two syringes/pens per 28 days after induction period | • Routine PDL |
| | • Treatment of adult members with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate | • Four syringes/pens in the initial 28 days<br>• Two syringes/pens per 28 days after induction period | • Routine PDL |
| | • Treatment of moderate to severe hidradenitis suppurativa in adults. | • 160 mg day 1, followed by 80 mg day 15 (6 syringes/28 days) for induction period, thereafter 40 mg once a week starting day 29 (4 syringes per 28 days) | • Routine PDL |
| | • Treatment of moderate to severe hidradenitis suppurativa in pediatric members aged 12 to 17 years of age. | Weight ≥ 60 kg:<br>• 160 mg day 1, followed by 80 mg day 15(6 syringes per 28 days) for induction period, thereafter 40 mg once a week starting day 29 (4 syringes per 28 days) | • Routine PDL |

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| | | Weight 30-59 kg:<br>• 80 mg on day 1, then maintenance treatment of 40 mg once every other week starting on day 8 | |
| | • Treatment of non-infectious intermediate, posterior, and panuveitis in adults and pediatric members 2 years of age and older. | Adults:<br>• Four syringes in the initial 28 days, then Two syringes/pens per 28 days after induction period.<br>Children 2 to 17 years of age:<br>• 30 kg or more: 40 mg every other week<br>• 15-29 kg: 20 mg every other week<br>• 10-14 kg: 10 mg every other week | • Routine PDL |
| Icotyde™ (icotrokinra) | • Adult and pediatric members 12 years of age and older who weigh at least 40 kg with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. | • 200 mg once daily<br>• 1 tablet per day (30 tablets per 30 days) | • Routine PDL |
| Ilaris® (canakinumab) | Periodic Fever Syndromes:<br>• Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children 4 years of age and older including:<br>  ○ Familial Cold Autoinflammatory Syndrome (FCAS)<br>  ○ Muckle-Wells Syndrome (MWS) | Weight > 40 kg:<br>• 150 mg every 8 weeks.<br>Weight ≥ 15 kg and < 40 kg:<br>• 2 mg/kg every 8 weeks.<br>• For children 15 to 40 kg with an inadequate response, the dose can be increased to 3 mg/kg | • Approvable with confirmation of this diagnosis. |
| | Periodic Fever Syndromes:<br>• Tumor Necrosis Factor Receptor Associated Periodic Syndrome | Weight > 40 kg:<br>• 150 mg every 4 weeks, can be increased to 300 mg | • Approvable with confirmation of this diagnosis. |

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| | (TRAPS) in adult and pediatric members. | every 4 weeks if response is not adequate<br>Weight ≤ 40 kg:<br>• 2 mg/kg every 4 weeks, can be increased to 4 mg/kg every 4 weeks if response is not adequate | |
| | Periodic Fever Syndromes:<br><br>• Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) in adult and pediatric members. | Weight > 40 kg:<br>• 150 mg every 4 weeks, can be increased to 300 mg every 4 weeks if response is not adequate<br>Weight ≤ 40 kg:<br>• 2 mg/kg every 4 weeks, can be increased to 4 mg/kg every 4 weeks if response is not adequate | • Approvable with confirmation of this diagnosis. |
| | Periodic Fever Syndromes:<br><br>• Familial Mediterranean Fever (FMF) in adult and pediatric members. | Weight > 40 kg:<br>• 150 mg every 4 weeks, can be increased to 300 mg every 4 weeks if response is not adequate<br>Weight ≤ 40 kg:<br>• 2 mg/kg every 4 weeks, can be increased to 4 mg/kg every 4 weeks if response is not adequate. | • Approvable with confirmation of this diagnosis. |
| | • Active Still's disease, including Adult-Onset Still's Disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJIA) in members aged 2 years of age and older | Weight ≥ 7.5 kg:<br>• 4mg/kg (max 300mg) every 4 weeks<br>• Doses <180mg: One vial per 28 days<br>• Doses >180mg: Two vials per 28 days | • Routine PDL |
| | • Gout flares in adults in whom NSAIDs and colchicine are contraindicated, are not tolerated, or do not provide an adequate response, and in whom | • 150mg, may repeat after ≥ 12 weeks if needed. | • Approvable with confirmation of this diagnosis. |

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| | repeated courses of corticosteroids are not appropriate. | | |
| Ilumya™ (tildrakizumab-asmn) | • Adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. | • 100 mg (two syringes) per 28 days for the induction period; then 100 mg (one syringe) every 12 weeks after the induction period. | • Routine PDL AND<br>• Have moderate to severe plaque psoriasis for at least 6 months with at least 1 of the following:<br>• Involvement of at least 10% of body surface area (BSA); OR<br>• Psoriasis Area and Severity Index (PASI) score of 10 or greater; OR<br>• Incapacitation due to plaque location (e.g., head and neck, palms, soles or genitalia); AND<br>• Have not responded adequately (or is not a candidate) to a 3 month minimum trial of topical agents (e.g., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or Vitamin D analogues); AND<br>• Have not responded adequately (or is not a candidate) to a 3-month minimum trial of at least 1 systemic agent (e.g. Immunosuppressives, retinoic acid derivatives, and/or methotrexate); AND<br>• Have not responded adequately (or is not a candidate) to a 3-month minimum trial of phototherapy (e.g. Psoralens with UVA light (PUVA) OR UVB with coal tar or dithranol) |
| Kevzara® (sarilumab) | • Adult members with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying anti-rheumatic drugs. | • 200mg every 2 weeks (two syringes per 28 days) | • Routine PDL AND<br>• Prescribed by or in consultation with a rheumatologist -AND<br>• History of failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)] |
| | • Adult members with polymyalgia rheumatica who have had an inadequate response to corticosteroids or who cannot tolerate a steroid taper. | • 200mg every 2 weeks, (two syringes per 28 days) | • Routine PDL AND<br>• Prescribed by or in consultation with a rheumatologist; AND<br>• History of failure, contraindication, or intolerance to corticosteroids or member cannot tolerate a steroid taper. |
| | • Treatment of active polyarticular juvenile idiopathic | • 200 mg every 2 weeks, (two syringes per 28 days) | • Routine PDL AND<br>• Prescribed by or in consultation with a rheumatologist -AND |

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| | arthritis (pJIA) in members weighing ≥ 63 kg | | • History of failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)] |
| Kineret® (anakinra) | • Reduction in signs and symptoms and slowing the progression of structural damage in moderately to severely active rheumatoid arthritis, in members 18 years of age and older who have failed one or more disease modifying antirheumatic drugs (DMARDs) | • One syringe per day (30 syringes per 30 days) | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline) |
| | • Deficiency of Interleukin-1 Receptor Antagonist (DIRA) | • One syringe per day (30 syringes per 30 days) | • Approvable with confirmation of this diagnosis. |
| | • Cryopyrin-Associated Periodic Syndromes (CAPS): treatment of neonatal-onset multisystem inflammatory disease (NOMID) | • One syringe per day (30 syringes per 30 days) | • Approvable with confirmation of this diagnosis. |
| Olumiant® (baricitinib) | • Adult members with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more tumor necrosis factor (TNF) blockers | • One tablet daily (30 tablets per 30 days) | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic disease-modifying antirheumatic drugs (DMARDs), or with potent immunosuppressants, such as azathioprine and cyclosporine, is not recommended |
| Omvoh™ (mirikizumab-mrkz) | • Adult members with moderate to severe ulcerative colitis<br>• Adult members with moderately to severely active Crohn's Disease | Induction dosage:<br>• UC: 300 mg intravenous infusion at week 0, 4, and 8<br>• CD: 900 mg intravenous infusion at week 0, 4, and 8<br>Maintenance dosage:<br>• UC: 200 mg by subcutaneous injection at week 12, and every 4 weeks thereafter. | • Routine PDL |

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| | | • CD: 300 mg by subcutaneous injection (given as 2 consecutive injections of 100 mg and 200 mg in any order) at week 12, and every 4 weeks thereafter. | |
| Orencia® (abatacept) | • Prophylaxis of acute graft versus host disease (aGVHD), in combination with a calcineurin inhibitor and methotrexate, in adults and pediatric members 2 years of age and older undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor. | INTRAVENOUS<br>Members 6 years of age and older:<br>• 10 mg/kg dose (maximum dose 1,000 mg) day before transplantation, followed by a dose on Day 5, 14, and 28 after transplant<br>Members 2 to less than 6 years of age:<br>• 15 mg/kg dose on the day before transplantation, followed by 12 mg/kg on Day 5, 14, and 28 after transplant | • Routine PDL |
| | • Treatment of adult members with moderately to severely active rheumatoid arthritis | SUBCUTANEOUS<br>• 125 mg once a week (4 syringes per 28 days )<br>INTRAVENOUS<br>Weight <60kg:<br>• Four vials in initial 28 days; Two vials per 28 days (maintenance)<br>Weight 60-100kg:<br>• Six vials in initial 28 days; Three vials per 28 days (maintenance)<br>Weight >100kg: | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline) |

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| | | • Eight vials in initial 28 days; Four vials per 28 days (maintenance) | |
| | • Treatment of members 2 years of age and older with active psoriatic arthritis (PsA) | SUBCUTANEOUS<br>• 125 mg once a week (4 syringes per 28 days)<br><br>INTRAVENOUS<br>Weight < 60kg:<br>• Four 250mg vials in initial 28 days; Two vials per 28 days (maintenance).<br>Weight 60-100kg:<br>• Six 250mg vials in initial 28 days; Three vials per 28 days (maintenance).<br>Weight > 100kg:<br>• Eight 250mg vials in initial 28 days; Four vials per 28 days (maintenance).<br>PEDIATRICS<br>Weight 10 to < 25 kg:<br>• 50mg subcutaneous injection once weekly<br>Weight 25 to < 50 kg:<br>• 87.5mg subcutaneous injection weekly<br>Weight ≥ 50kg:<br>• 125mg subcutaneous injection weekly | • Routine PDL |
| | • Treatment of members 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA). | SUBCUTANEOUS (2 years of age and older)<br>Weight 10kg to 25 kg:<br>• 50 mg once a week (Four syringes per 28 days)<br>Weight 25 kg to less than 50 kg: | • Routine PDL |

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| | | • 87.5 mg once a week (Four syringes per 28 days)<br>Weight greater 50 kg:<br>• 125 mg once a week (Four syringes per 28 days)<br><br>INTRAVENOUS (6 years of age and older)<br>Weight <75kg:<br>• 10mg/kg every 28 days (3 vials)<br>Weight ≥75kg:<br>• Follow adult Rheumatoid Arthritis dosing above (not to exceed max dose 1000mg) | |
| Otezla® (apremilast)<br><br>Otezla XR™ (apremilast) | • Adult members with active psoriatic arthritis | • Otezla®: Titrate to recommended dose of 30 mg twice daily. 60 tablets per 30 days<br>• Otezla XR™: Titrate to recommended dose of 75 mg once daily. 30 tablets per 30 days | • Routine PDL |
| | • Pediatric members aged 6 years of age and older weighing ≥ 20 kg (Otezla) or ≥ 50 kg (Otezla XR) with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy | • Otezla®: Titrate to recommended dose of 20 mg orally twice daily for peds pts weighing between 20 kg to < 50 kg, and 30 mg orally twice daily for pediatric members weighing ≥ 50 kg. 60 tablets per 30 days<br>• Otezla XR™: Titrate to recommended dose of 75 mg once daily for pediatric members | • Routine PDL AND<br>• Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy |

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| | | weighing ≥ 50 kg. 30 tablets per 30 days. | |
| | • Adult members with plaque psoriasis who are candidates for phototherapy or systemic therapy | • Otezla®: Titrate to recommended dose of 30 mg twice daily for adults. 60 tablets per 30 days<br>• Otezla XR™: Titrate to recommended dose of 75 mg once daily. 30 tablets per 30 days. | • Routine PDL AND<br>• Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy |
| | • Adult members with oral ulcers associated with Behcet's Disease | • Otezla®: Titrate to recommended dose of 30 mg twice daily. 60 tablets per 30 days<br>• Otezla XR™: Titrate to recommended dose of 75 mg once daily. 30 tablets per 30 days. | • Approvable with confirmation of this diagnosis. |
| | • Pediatric members aged 6 years of age and older and weighing ≥ 20 kg (Otezla) or ≥ 50 kg (Otezla XR) with active psoriatic arthritis | • Otezla®: Titrate to recommended dose of 20 mg orally twice daily for pediatric members weighing between 20 kg to < 50 kg, and 30 mg orally twice daily for pediatric members weighing ≥ 50 kg. 60 tablets per 30 days<br>• Otezla XR™: Titrate to recommended dose of 75 mg once daily for pediatric members weighing ≥ 50 kg. 30 tablets per 30 days. | • Routine PDL |
| Rinvoq® (upadacitinib)<br><br>Rinvoq LQ® (upadacitinib) | • Adults and pediatric members 2 years of age and older with active psoriatic arthritis who have had an inadequate response or intolerance to one or more TNF blockers. | Adults:<br>• One 15 mg tablet once daily<br>Children age 2 to 18 years of age:<br>Weight 10 to < 20 kg: | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |

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| | | • 3 mg twice daily.<br>Weight 20 to < 30 kg:<br>• 4 mg twice daily.<br>Weight ≥ 30 kg:<br>• 6 mg twice daily | |
| | • Members 2 years of age and older with active polyarticular juvenile idiopathic arthritis (pJIA) who have had an inadequate response or intolerance to one or more TNF blockers. | Adults:<br>• One 15 mg tablet once daily<br>Children age 2 to 18 years of age:<br>Weight 10 to < 20 kg:<br>• 3 mg twice daily.<br>Weight 20 to < 30 kg:<br>• 4 mg twice daily.<br>Weight ≥ 30 kg:<br>• 6 mg twice daily | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults and pediatric members 12 years of age and older with refractory, moderate to severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. | • 12 Years of Age and Older Weighing at Least 40 kg and Adults Less Than 65 Years of Age: 15 mg once daily. May increase to 30 mg once daily.<br>• Adults 65 Years of Age and Older: 15 mg once daily. | • Prior documented trial & failure of 30-day trial (or contraindication) of one topical corticosteroid of medium to high potency (e.g. mometasone, fluocinolone) OR one topical calcineurin inhibitor (tacrolimus or pimecrolimus) -AND-<br>• Prior documented trial & failure of Dupixent |
| | • Adults with active ankylosing spondylitis who have had an inadequate response or intolerance to one or more TNF blockers | • 15 mg once daily | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults with moderately to severely active ulcerative colitis who have had an inadequate response or intolerance to one or more TNF blockers. | Induction:<br>• 45 mg once daily for 8 weeks.<br>Maintenance:<br>• 15 mg once daily. | • Routine PDL AND<br>• If TNF inhibitors are clinically inadvisable, member must try and fail at least one other systemic therapy for UC prior to use of Rinvoq; AND |

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| | | • 30 mg once daily for members with refractory, severe, or extensive disease. | • Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more TNF blockers | • 15 mg once daily | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation who have had an inadequate response or intolerance to TNF blocker therapy | • 15 mg once daily | • Routine PDL AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults with moderately to severely active Crohn's Disease who have had an inadequate response or intolerance to one or more TNF blockers. | Induction:<br>• 45 mg once daily for 12 weeks.<br>Maintenance:<br>• 15 mg once daily<br>• 30 mg once daily for members with refractory, severe, or extensive disease | • Routine PDL AND<br>• If TNF inhibitors are clinically inadvisable, member must try and fail at least one other systemic therapy for CD prior to use of Rinvoq; AND<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| | • Adults with giant cell arteritis | • 15 mg once daily | • Approvable with confirmation of this diagnosis.<br>• Use in combination with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine or cyclosporine is not recommended |
| Simponi ®<br><br>Simponi Aria® (golimumab) | • Adult members with moderately to severely active rheumatoid arthritis in combination with methotrexate | • Simponi: 50 mg by subcutaneous injection once a month.<br>• Simponi Aria: 2 mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate alone and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline). |

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| | Psoriatic Arthritis<br>• Adult members with active psoriatic arthritis, alone or in combination with methotrexate (Simponi)<br>• Active psoriatic arthritis in members 2 years of age and older (Simponi Aria) | • Adults, Simponi: 50 mg by subcutaneous injection once a month.<br>• Adults, Simponi Aria: 2 mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter<br>• Pediatrics, Simponi Aria: 80 mg/m$^2$ intravenous infusion over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter | • Routine PDL |
| | • Adult members with active ankylosing spondylitis (AS) | • Simponi: 50 mg by subcutaneous injection once a month.<br>• Simponi Aria: 2 mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter | • Routine PDL |
| | • Adults and pediatric members weighing ≥ 15 kg with moderately to severely active ulcerative colitis **(Simponi only)** | Adults and pediatric patients weighing ≥ 40 kg:<br>• 200 mg by subcutaneous injection at week 0, then 100 mg at week 2 followed by 100 mg maintenance therapy every 4 weeks.<br>Pediatric patients weighing 15 – 40 kg:<br>• 100 mg by subcutaneous injection at week 0, then 50 mg at week 2 followed by 50 mg maintenance therapy every 4 weeks.<br>• Quantity Limit = Three 50 mg or 100mg syringes | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral or rectal aminosalicylates (i.e., sulfasalazine or mesalamine) for two consecutive months, AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (for moderate to severe UC) unless contraindicated, or intravenous corticosteroids (for severe and fulminant UC or failure to respond to oral corticosteroids), AND<br>• Trial and failure of a compliant regimen of azathioprine or mercaptopurine for three consecutive months |

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| | | allowed in the initial 28 days<br>• One 50 mg or 100mg syringe per 28 days after induction period | |
| | • Active polyarticular juvenile idiopathic arthritis in members 2 years of age and older **(Simponi Aria only)** | • 80 mg/m$^2$ intravenous infusion over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter | • Member has at least five swollen joints; AND<br>• Member has three or more joints with limitation of motion and pain, tenderness, or both; AND<br>• Member has had an inadequate response to one DMARD |
| Skyrizi™ (risankizumab-rzaa) | • Moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy | 150mg pen/syringe (one injection) administered by subcutaneous injection at week 0, week 4 and every 12 weeks thereafter.<br><br>Quantity Limit:<br>• Two 150 mg syringes/pens allowed in the initial 28 days.<br>• One 150mg pen/syringe per 84 days after induction period. | • Routine PDL AND<br>• Diagnosis of moderate to severe plaque psoriasis for ≥ 6 months with ≥ 1 of the following:-Affected body surface area (BSA) of ≥ 10%; OR-Psoriasis Area and Severity Index (PASI) score ≥ 10; OR-Incapacitation due to plaque location (e.g., head and neck, palms, soles or genitalia); AND<br>• Member did not respond adequately (or is not a candidate) to a 3 month minimum trial of topical agents (e.g., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or Vitamin D analogues); AND<br>• Member did not respond adequately (or is not a candidate) to a 3 month minimum trial of ≥ 1 systemic agent (e.g. Immunosuppressives, retinoic acid derivatives, and/or methotrexate); AND<br>• Member did not respond adequately (or is not a candidate) to a 3 month minimum trial of phototherapy (e.g., psoralens with UVA light (PUVA) or UVB with coal tar or dithranol); AND<br>• Member is not receiving risankizumab-rzaa in combination with another biologic agent for psoriasis or non-biologic immunomodulator (e.g., apremilast, tofacitinib, baricitinib) |
| | • Active psoriatic arthritis in adults | 150mg pen/syringe (one injection) by subcutaneous injection at week 0, week 4 and every 12 weeks thereafter.<br><br>Quantity Limit: | • Routine PDL AND<br>• Member did not respond adequately (or is not a candidate) to a 3 month minimum trial of ≥ 1 systemic agent (e.g. Immunosuppressives, and/or methotrexate); AND<br>• Member is not receiving risankizumab-rzaa in combination with another biologic agent for psoriatic arthritis or non-biologic immunomodulator (e.g., apremilast, tofacitinib, upadacitinib) |

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| | | • Two 150 mg syringes/pens allowed in the initial 28 days.<br>• One 150mg pen/syringe per 84 days after induction period. | |
| | • Moderately to severely active Crohn's disease in adults | • 600 mg intravenous loading dose at weeks 0, 4 and 8, followed by subcutaneous prefilled cartridge: 180 to 360 mg at week 12 and every 8 weeks thereafter; use lowest effective dosage to maintain therapeutic response.<br>• One 180 or 360mg pen/syringe per 84 days after induction period. | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (unless contraindicated) or intravenous corticosteroids, AND<br>• Member is not receiving risankizumab-rzaa in combination with another biologic agent for Crohn's disease or non-biologic immunomodulator (e.g., upadacitinib) |
| | • Moderately to severely active ulcerative colitis in adults | Induction:<br>• 1,200 mg intravenous infusion at weeks 0, 4, and 8<br>Recommended maintenance dosage:<br>• 180 mg or 360 mg by subcutaneous injection at week 12 and every 8 weeks thereafter. | • Routine PDL AND<br>• Trial and failure to ONE conventional agent (i.e., 6-mercaptopurine, azathioprine, balsalazide, corticosteroids, cyclosporine, mesalamine, sulfasalazine) used in the treatment of UC after at least a 3-month duration of therapy, AND<br>• Member is not receiving risankizumab-rzaa in combination with another biologic agent for UC or non-biologic immunomodulator (e.g., upadacitinib) |
| Sotyktu® (deucravacitinib) | • Moderate to severe plaque psoriasis for adult members who are candidates for phototherapy or systemic therapy | • 6 mg orally once daily, with or without food<br>• 1 tablet per day (30 tablets per 30 days) | • Routine PDL AND<br>• Prescribed by, or in consultation with, a dermatologist, rheumatologist, or other specialist in the treatment of psoriasis; AND<br>• Symptoms persistent for ≥ 6 months with at least 1 of the following:<br>− Involvement of at least 3% of body surface area (BSA); OR |

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| | | | − Psoriasis Area and Severity Index (PASI) score of 10 or greater; OR<br>− Incapacitation due to plaque location (i.e., head and neck, palms, soles, or genitalia); AND<br>• Trial and failure (at least 3 months) of ≥ 1 conventional therapy:<br>− Disease-modifying anti-rheumatic drug (DMARD), such as methotrexate<br>− Immunosuppressant (e.g., cyclosporine)<br>− Oral retinoid (e.g., acitretin); AND<br>• Not used in combination with any other biologic agent. |
| | • Active psoriatic arthritis in adults | • 6 mg orally once daily, with or without food<br>• 1 tablet per day (30 tablets per 30 days) | • Routine PDL |
| Spevigo® (spesolimab-sbzo) | • Treatment of generalized pustular psoriasis flares in members 12 years of age and older weighing ≥ 40 kg | • 900mg intravenous infusion once, may be given again if symptoms persist after one week | • Routine PDL AND<br>• Prescribed by, or in consultation with, a dermatologist, rheumatologist, or other specialist in the treatment of psoriasis; AND<br>• Member is presenting with primary, sterile, macroscopically visible pustules on non-acral skin (excluding cases where pustulation is restricted to psoriatic plaques); AND<br>• Member has at least *one* of the following documented:<br>○ IL36RN, CARD14, or AP1S3 gene mutation; *or*<br>○ Skin biopsy confirming presence of Kogoj's spongiform pustules; *or*<br>○ Systemic symptoms or laboratory abnormalities commonly associated with GPP flare (e.g., fever, asthenia, myalgia, elevated C-reactive protein [CRP], leukocytosis, neutrophilia [above ULN]); *or*<br>○ GPP flare of moderate-to-severe intensity (e.g., at least 5% body surface area is covered with erythema and the presence of pustules; Generalized Pustular Psoriasis Physician Global Assessment [GPPPGA] total score of greater or equal to 3). |
| | • Treatment of generalized pustular psoriasis without flares in members 12 years of age and older weighing ≥ 40 kg | • 600 mg by subcutaneous injection (four 150 mg injections), followed by 300 mg (two 150 mg | • Routine PDL AND<br>• Prescribed by, or in consultation with, a dermatologist, rheumatologist, or other specialist in the treatment of psoriasis. |

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| | | injections) 4 weeks later and every 4 weeks thereafter | |
| Stelara® (ustekinumab) **For brand name Stelara, please see additional instructions in the Cytokine and CAM Antagonists and Related Agents SA Form.**<br><br>Biosimilars to Stelara® (ustekinumab):<br><br>Pyzchiva® (ustekinumab-ttwe): **Preferred agent**<br><br>Starjemza® (ustekinumab-hmny): **Preferred agent**<br><br>Imuldosa® (ustekinumab-srlf)<br><br>Otulfi® (ustekinumab-aauz)<br><br>Selarsdi® (ustekinumab-aekn)<br><br>Steqeyma® (ustekinumab-stba)<br><br>ustekinumab generic for Stelara ® | • Moderate to severe plaque psoriasis in adults who are candidates for phototherapy or systemic therapy | Weight ≤ 100 kg:<br>• Two 45mg prefilled syringes per 28 days initially then one 45mg prefilled syringe per 84 days<br>Weight > 100 kg:<br>• Two 90 mg prefilled syringes per 28 days initially, then one 90 mg prefilled syringe per 84 days | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |
| | • Adults with active psoriatic arthritis | • Two 45mg prefilled syringes per 28 days then one 45mg prefilled syringe per 84 days | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |
| | • Adult members with moderately to severely active Crohn's disease | A single intravenous infusion using weight-based dosing:<br>• Weight ≤ 55 kg: 260 mg (2 vials)<br>• Weight > 55 kg to 85 kg: 390 mg (3 vials)<br>• Weight > 85 kg: 520 mg (4 vials)<br>After the initial intravenous dose: one 90 mg syringe per 56 days | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |
| | • Adult members with moderately to severely active ulcerative colitis | A single intravenous infusion using weight-based dosing:<br>• Weight ≤ 55 kg: 260 mg (2 vials)<br>• Weight > 55 kg to 85 kg: 390 mg (3 vials) | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require |

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| ustekinumab-aauz generic for Otulfi®<br><br>ustekinumab-aekn generic for Selarsdi ®<br><br>ustekinumab-ttwe generic for Pyzchiva ®<br><br>Yesintek™ (ustekinumab-kfce) | | • Weight > 85 kg: 520 mg (4 vials)<br>After the initial intravenous dose: one 90 mg syringe per 56 days | Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |
| | • Pediatric members 6 years of age and older with moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy | Administer at weeks 0 and 4 then every 12 weeks thereafter<br>Weight < 60 kg:<br>• 0.75 mg/kg<br>Two 45mg prefilled syringes per 28 days initially then one 45mg prefilled syringe per 84 days<br>Weight 60 to 100 kg:<br>• Two 45mg prefilled syringes per 28 days initially then one 45mg prefilled syringe per 84 days<br>Weight greater than 100 kg:<br>• Two 90 mg prefilled syringes per 28 days initially then one 90 mg prefilled syringe per 84 days | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |
| | • Pediatric members 6 years of age and older with active psoriatic arthritis | Administer at Weeks 0 and 4 then every 12 weeks thereafter<br>Weight < 60 kg:<br>• 0.75 mg/kg<br>Two 45mg prefilled syringes per 28 days initially then one 45mg prefilled syringe per 84 days<br>Weight 60 to 100 kg:<br>• Two 45mg prefilled syringes per 28 days initially then one 45mg | • Pyzchiva and Starjemza are the preferred ustekinumab products and may be approved after trial and failure of a preferred TNF-alpha inhibitor. For brand name Stelara, approval requires Routine PDL edits including a trial and failure of both preferred ustekinumab products. All other ustekinumab products require Routine PDL edits including a trial and failure of Pyzchiva or Starjemza. |

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| | | prefilled syringe per 84 days<br>Weight > 100 kg:<br>• Two 90 mg prefilled syringes per 28 days initially then one 90 mg prefilled syringe per 84 days | |
| Taltz® (ixekizumab) | • Adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. | • Two 80 mg injections per 14 days initially, then two 80 mg injections per 28 days through week 12, then one 80 mg injection per 28 days | • Routine PDL AND<br>• Member has tried and failed at least 2 topical treatments, such as corticosteroids, calcipotriene, coal tar, tazarotene, or anthralin |
| | • Pediatric members 6 years of age and older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy | Weight > 50 kg:<br>• Two 80 mg injections per 28 days initially, then one 80 mg injection per 28 days<br>Weight 25 to 50 kg:<br>• Two 40 mg injections per 28 days initially, then one 40 mg injection per 28 days<br>Weight < 25 kg:<br>• Two 20 mg injections per 28 days initially, then one 20 mg injection per 28 days | • Routine PDL AND<br>• Member has tried and failed at least 2 topical treatments, such as corticosteroids, calcipotriene, coal tar, tazarotene, or anthralin |
| | • Adults with active psoriatic arthritis. | • Two 80 mg injections per 28 days initially then one 80 mg injection per 28 days | • Routine PDL |
| | • Adults with active ankylosing Spondylitis | • Two 80 mg injections per 28 days initially then one 80 mg injection per 28 days | • Routine PDL |

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| | • Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation | • 80 mg by subcutaneous injection every 4 weeks | • Routine PDL |
| Tremfya™ (guselkumab) | • Adults and pediatric members 6 years of age and older and weighing ≥ 40 kg with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. | • 100 mg by subcutaneous injection at week 0, week 4 and every 8 weeks thereafter | • Routine PDL AND<br>• Diagnosis of moderate to severe plaque psoriasis for ≥ 6 months with ≥ 1 of the following:-Affected body surface area (BSA) of ≥ 10%; OR- Psoriasis Area and Severity Index (PASI) score ≥ 10; OR-Incapacitation due to plaque location (e.g., head and neck, palms, soles or genitalia); AND<br>• Member did not respond adequately (or is not a candidate) to a 3 month minimum trial of topical agents (e.g., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or Vitamin D analogues); AND<br>• Member did not respond adequately (or is not a candidate) to a 3-month minimum trial of ≥ 1 systemic agent (e.g., Immunosuppressives, retinoic acid derivatives, and/or methotrexate); AND<br>• Member did not respond adequately (or is not a candidate) to a 3-month minimum trial of phototherapy (e.g., psoralens with UVA light (PUVA) or UVB with coal tar or dithranol); AND<br>• Member is not receiving guselkumab in combination with another biologic agent for psoriasis or non-biologic immunomodulator (e.g., apremilast, tofacitinib, baricitinib) |
| | • Adults and pediatric members 6 years of age and older and weighing ≥ 40 kg with active psoriatic arthritis | • 100 mg by subcutaneous injection at week 0, 4, then every 8 weeks | • Routine PDL |
| | • Adults with moderately to severely active ulcerative colitis | Induction:<br>• 200 mg intravenous infusion or 400 mg by subcutaneous injection induction dose at weeks 0, 4, & 8<br>Recommended maintenance dosage: | • Routine PDL AND<br>• Trial and failure to ONE conventional agent (i.e., 6-mercaptopurine, azathioprine, balsalazide, corticosteroids, cyclosporine, mesalamine, sulfasalazine) used in the treatment of UC after at least a 3-month duration of therapy, AND<br>• Member is not receiving guselkumab in combination with another biologic agent for UC or non-biologic immunomodulator (e.g., upadacitinib) |

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| | | • 100 mg by subcutaneous injection at week 16 and every 8 weeks thereafter, or 200 mg by subcutaneous injection at week 12 and every 4 weeks thereafter. | |
| | • Adults with moderately to severely active Crohn's disease | Induction:<br>• 200 mg intravenous infusion or 400 mg by subcutaneous injection at weeks 0, 4, and 8<br>Maintenance:<br>• 100 mg by subcutaneous injection at week 16 and every 8 weeks thereafter, or 200 mg by subcutaneous injection at week 12 and every 4 weeks thereafter | • Routine PDL AND<br>• Trial and failure of a compliant regimen of oral corticosteroids (unless contraindicated) or intravenous corticosteroids, AND<br>• Member is not receiving guselkumab in combination with another biologic agent for Crohn's disease or non-biologic immunomodulator (e.g., upadacitinib) |
| Uplizna ™ (inebilizumab-cdon) | • Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult members who are anti-aquaporin- 4 (AQP4) antibody positive | Initial dose:<br>• 300 mg intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion<br>Subsequent doses (starting 6 months from the first infusion):<br>• Single 300 mg intravenous infusion every 6 months | • Routine PDL AND<br>• Prescriber attests that member has been screened for hepatitis B virus (HBV) and tuberculosis (TB) prior to initiating treatment and member does not have an active infection AND<br>• Prescriber attestation that member is not concomitantly receiving therapy with other immunosuppressant type drugs; AND<br>• Prescriber attestation that member will not be using in combination with complement-inhibitor (i.e., eculizumab, ravulizumab) or anti-CD20-directed antibody (i.e., rituximab) therapies AND<br>• Documentation of a history of<br>a) one or more relapses that required rescue therapy within the previous 12 months OR<br>b) 2 or more relapses that required rescue therapy in 2 years prior to screening; AND<br>• Documentation that member has a baseline Expanded Disability Status Scale (EDSS) score ≤ 8; AND<br>• Documentation of baseline relapse rate and visual acuity |

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| | • Treatment of generalized Myasthenia Gravis (gMG) in adult members who are anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody positive | Initial dose:<br>• 300 mg intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion<br>Subsequent doses (starting 6 months from the first infusion):<br>• Single 300 mg intravenous infusion every 6 months | • Must be prescribed by, or in consultation with, a neurologist or other specialist in myasthenia gravis; AND<br>• Prescriber attests that member has been screened for hepatitis B virus (HBV) and tuberculosis (TB) prior to initiating treatment and member does not have an active infection; AND<br>• Member has a Myasthenia Gravis-Activities of Daily Living (MG-ADL) score between 6 and 10 with > 50% of this score attributed to non-ocular items or an MG-ADL score ≥ 11; AND<br>• Member has a Myasthenia Gravis Foundation of America (MGFA) clinical classification class of II-IVb; AND<br>• Member has tried and had an inadequate response after an adequate trial to at least two immunosuppressive therapies (e.g. azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) (either combination or monotherapy); OR<br>• Member has tried and had an inadequate response after an adequate trial to treatment to at least one immunosuppressive therapy (e.g. azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus, methotrexate, cyclophosphamide) and one of the following:<br>○ Member required chronic intravenous immunoglobulin (IVIG); OR<br>○ Member required chronic plasmapheresis/plasma exchange |
| | • Treatment of Immunoglobulin G4-related disease (IgG4-RD) in adult members | Initial dose:<br>• 300 mg intravenous infusion, followed 2 weeks later by a second 300 mg intravenous infusion<br>Subsequent doses (starting 6 months from the first infusion):<br>• Single 300 mg intravenous infusion every 6 months | • Routine PDL AND<br>• Prescriber attests that member has been screened for hepatitis B virus (HBV) and tuberculosis (TB) prior to initiating treatment and member does not have an active infection AND<br>• Prescriber attestation that member is not concomitantly receiving therapy with other immunosuppressant type drugs; AND<br>• Member is experiencing (or recently experienced) an IgG4-RD flare that required corticosteroid treatment; AND<br>○ Member has disease that is refractory to corticosteroids; OR<br>○ Member has a contraindication or intolerance to corticosteroid treatment; AND<br>• Member is at high risk of recurrent disease flares based on a history of disease in ≥2 organs/sites; AND<br>• At least one of the following organs are affected: |

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| | | | ○ Pancreas, bile ducts/biliary tree, orbits, lungs, kidneys, lacrimal glands, major salivary glands, retroperitoneum, aorta, pachymeninges, and/or thyroid gland |
| Velsipity® (etrasimod arginine) | • Treatment of moderately to severely active ulcerative colitis in adults | • 30 tablets per 30 days | • Routine PDL |
| Xeljanz® (tofacitinib)<br><br>Xeljanz® XR (tofacitinib) | • Moderate to severely active rheumatoid arthritis in adult members who have had an inadequate response or intolerance to one or more TNF blockers | • Xeljanz 5 mg twice daily (60 tablets/30 days) or<br>• Xeljanz XR 11 mg once daily (30 tablets per 30 days)<br>• Members with moderate and severe renal impairment or moderate hepatic impairment is Xeljanz 5 mg once daily (30 tablets per 30 days) | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline); AND<br>• Trial and failure or inadequate response or intolerant to TNF blockers. |
| | • Active polyarticular course juvenile idiopathic arthritis in members 2 years of age and older who have had an inadequate response or intolerance to one or more TNF blockers **(Xeljanz tabs and oral solution only)** | • Xeljanz 5 mg twice daily (or weight-based equivalent)<br>or<br>• Xeljanz Oral Solution 5 mg twice daily (or weight-based equivalent) | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline); AND<br>• Trial and failure or inadequate response or intolerant to TNF blockers. |
| | • Active psoriatic arthritis in adults and pediatric members 2 years of age and older who have had an inadequate response or intolerance to one or more TNF blockers. | Adults:<br>• Xeljanz 5 mg twice daily (60 tabs/30 days) or Xeljanz XR 11 mg once daily (30 tablets per 30 days)<br>Pediatrics:<br>• Xeljanz 5 mg twice daily (60 tablets per 30 days) or Xeljanz Oral Solution 5 mg twice daily (or weight- | • Routine PDL AND<br>• Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (sulfasalazine, hydroxychloroquine, minocycline); AND<br>• Trial and failure or inadequate response or intolerant to TNF blockers. |

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| | | based equivalent, 300 mL per 30 days)<br><br>• Members with moderate and severe renal impairment or moderate hepatic impairment is Xeljanz 5 mg once daily (30 tablets per 30 days) | |
| | • Adult members with moderately to severely active ulcerative colitis who have had an inadequate response or intolerance to one or more TNF blockers. | Induction:<br>• Xeljanz 10 mg twice daily or Xeljanz XR 22 mg once daily for 8 weeks; If needed, Xeljanz 10 mg twice daily or Xeljanz XR 22 mg once daily for a maximum of 16 weeks.<br>Maintenance:<br>• Xeljanz 5 mg twice daily (60 tablets per 30 days) or Xeljanz XR 11 mg once daily (30 tablets per 30 days). | • Routine PDL AND<br>• Trial and failure or inadequate response or intolerant to TNF blockers. |
| | • Adult members with active ankylosing spondylitis who have had an inadequate response or intolerance to one or more TNF blockers. | • Xeljanz 5 mg twice daily (60 tablets per 30 days) or Xeljanz XR 11 mg once daily (30 tablets per 30 days)<br>• Members with moderate and severe renal impairment or moderate hepatic impairment is Xeljanz 5 mg once daily (30 tablets per 30 days) | • Routine PDL AND<br>• Trial and failure or inadequate response or intolerant to TNF blockers. |