Reference number(s)
4968-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐
New to Market (NTM)	☐

Formulary	Applies
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Medical (CBM)	☐
Combined Benefit Medical Pharmacy (CBMP)	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Autoimmune Conditions

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF).

Plan Design Summary

This program applies to the autoimmune drug products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to any of the following:

- For alopecia areata and plaque psoriasis, all members requesting treatment with a targeted product.
- For all other indications, all members requesting treatment with Abrilada, adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Hyrimoz (Sandoz), Idacio, Imuldosa, Inflectra, infliximab, Otulfi, Renflexis, Selarsdi, Simlandi, Steqeyma, ustekinumab-ttwe, Wezlana, Yuflyma, Yusimry, and Zymfentra, and all members who are new to treatment with a non-primary preferred product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table 1. Self-Administered Drugs for Autoimmune Conditions

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

Abbreviation: SC = subcutaneous

Indication: Hidradenitis Suppurativa

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Hyrimoz (adalimumab-adaz) (Cordavis)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Alopecia Areata

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• Litfulo (ritlecitinib)	• None	• Olumiant (baricitinib)

Indication: Plaque Psoriasis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) (Cordavis) • Otezla (apremilast) • Pyzchiva (SC) (ustekinumab-ttwe)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• Skyrizi (SC) (risankizumab-rzaa) • Sotyktu (deucravacitinib) • Stelara (SC) (ustekinumab) • Tremfya (SC) (guselkumab) • Yesintek (SC) (ustekinumab-kfce)		• Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Imuldosa (SC) (ustekinumab-srlf) • Otulfi (SC) (ustekinumab-aauz) • Selarsdi (SC) (ustekinumab-aekn) • Siliq (brodalumab) • Simlandi (adalimumab-ryvk) • Steqeyma (SC) (ustekinumab-stba) • Taltz (ixekizumab) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Ankylosing Spondylitis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) (Cordavis) • Rinvoq (upadacitinib) • Xeljanz/Xeljanz XR (tofacitinib)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
		• Simponi (golimumab) • Taltz (ixekizumab) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Polyarticular Juvenile Idiopathic Arthritis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) (Cordavis) • Orencia (SC)/Orencia ClickJect (abatacept) • Rinvoq (upadacitinib) • Xeljanz/Xeljanz XR (tofacitinib)	• None	• Abrilada (adalimumab-afzb) • Actemra (SC)/Actemra Actpen (tocilizumab) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk) • Tyenne (SC) (tocilizumab-aazg) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Psoriatic Arthritis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) (Cordavis)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• Orencia (SC)/Orencia ClickJect (abatacept) • Otezla (apremilast) • Pyzchiva (SC) (ustekinumab-ttwe) • Rinvoq (upadacitinib) • Skyrizi (SC) (risankizumab-rzaa) • Stelara (SC) (ustekinumab) • Tremfya (SC) (guselkumab) • Xeljanz/Xeljanz XR (tofacitinib) • Yesintek (SC) (ustekinumab-kfce)		• Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Imuldosa (SC) (ustekinumab-srlf) • Otulfi (SC) (ustekinumab-aauz) • Selarsdi (SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Steqeyma (SC) (ustekinumab-stba) • Taltz (ixekizumab) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Rheumatoid Arthritis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) (Cordavis) • Orencia (SC)/Orencia ClickJect (abatacept) • Rinvoq (upadacitinib) • Xeljanz/Xeljanz XR (tofacitinib)	• Kevzara (sarilumab) (after 2 primary preferred products)	• Abrilada (adalimumab-afzb) • Actemra (SC)/Actemra Actpen (tocilizumab) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
		• Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Kineret (anakinra) • Olumiant (baricitinib) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Tyenne (SC) (tocilizumab-aazg) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Uveitis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) (Cordavis)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Crohn's Disease

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) (Cordavis) • Pyzchiva (SC) (ustekinumab-ttwe) • Rinvoq (upadacitinib)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• Skyrizi (SC) (risankizumab-rzaa) • Stelara (SC) (ustekinumab) • Tremfya (SC) (guselkumab) • Yesintek (SC) (ustekinumab-kfce)		• Cimzia syringe (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Entyvio (SC) (vedolizumab) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Imuldosa (SC) (ustekinumab-srlf) • Omvoh (SC) (mirikizumab-mrkz) • Otulfi (SC) (ustekinumab-aauz) • Selarsdi (SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Steqeyma (SC) (ustekinumab-stba) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh) • Zymfentra (infliximab-dyyb)

Indication: Ulcerative Colitis

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) (Cordavis) • Pyzchiva (SC) (ustekinumab-ttwe) • Rinvoq (upadacitinib) • Skyrizi (SC) (risankizumab-rzaa) • Stelara (SC) (ustekinumab) • Tremfya (SC) (guselkumab) • Velsipity (etrasimod)	• None	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cyltezo (adalimumab-adbm) • Entyvio (SC) (vedolizumab) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab)

Primary Preferred Product(s)	Secondary Preferred Product(s)	Targeted Product(s)
• Xeljanz/Xeljanz XR (tofacitinib) • Yesintek (SC) (ustekinumab-kfce) • Zeposia (ozanimod)		• Hyrimoz (adalimumab-adaz) (Sandoz) • Idacio (adalimumab-aacf) • Imuldosa (SC) (ustekinumab-srlf) • Omvoh (SC) (mirikizumab-mrkz) • Otulfi (SC) (ustekinumab-aauz) • Selarsdi (SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Steqeyma (SC) (ustekinumab-stba) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh) • Zymfentra (infliximab-dyyb)

Table 2. Physician-Administered Drugs for Autoimmune Conditions

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

Abbreviation: IV = intravenous

Preferred Product(s)	Targeted Product(s)
• Avsola (infliximab-axxq) • Remicade (infliximab) • Simponi Aria (golimumab)	• Actemra (IV) (tocilizumab) • Cimzia lyophilized powder (certolizumab pegol) • Cosentyx (IV) (secukinumab) • Inflectra (infliximab-dyyb) • infliximab • Orencia (IV) (abatacept) • Renflexis (infliximab-abda) • Tofidence (IV) (tocilizumab-bavi) • Tyenne (IV) (tocilizumab-aazg)
• Avsola (infliximab-axxq) • Ilumya (tildrakizumab-asmn) • Remicade (infliximab)	• Cimzia lyophilized powder (certolizumab pegol) • Inflectra (infliximab-dyyb) • infliximab

Preferred Product(s)	Targeted Product(s)
	• Renflexis (infliximab-abda)
• Avsola (infliximab-axxq) • Pyzchiva (IV) (ustekinumab-ttwe) • Remicade (infliximab) • Skyrizi (IV) (risankizumab-rzaa) • Stelara (IV) (ustekinumab) • Tremfya (IV) (guselkumab) • Yesintek (IV) (ustekinumab-kfce)	• Cimzia lyophilized powder (certolizumab pegol) • Entyvio (IV) (vedolizumab) • Imuldosa (IV) (ustekinumab-srlf) • Inflectra (infliximab-dyyb) • infliximab • Omvoh (IV) (mirikizumab-mrkz) • Otulfi (IV) (ustekinumab-aauz) • Renflexis (infliximab-abda) • Selarsdi (IV) (ustekinumab-aekn) • Steqeyma (IV) (ustekinumab-stba) • ustekinumab-ttwe (IV) • Wezlana (IV) (ustekinumab-auub)

Exception Criteria for Self-Administered Products

Coverage for a self-administered targeted product, see Table 1 above, is provided when any of the following criteria is met:

Plaque Psoriasis

- Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx SC, Enbrel, Otezla, Skyrizi SC, Sotyktu, Tremfya SC, and an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC]), unless there is a documented clinical reason to avoid tumor necrosis factor (TNF) inhibitors (see Appendix A).
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (Cosentyx SC, Enbrel, Otezla, Skyrizi SC, Sotyktu, Tremfya SC, and an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC]).
- The requested product is a targeted ustekinumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to all of the preferred ustekinumab products (Pyzchiva SC, Stelara SC, and Yesintek SC), and the adverse event was not an expected adverse event attributed to the active ingredient as

described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx, Enbrel, Otezla, Skyrizi SC, Sotyktu, and Tremfya SC, unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix A).
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.

Rheumatoid Arthritis

- Member has a documented inadequate response or intolerable adverse event with all of the primary preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Enbrel, Orencia SC/Orencia ClickJect, Rinvoq, and Xeljanz/Xeljanz XR) and the secondary preferred product (Kevzara). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or Janus kinase (JAK) inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the primary preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the primary preferred products (Enbrel, Orencia SC/Orencia ClickJect, Rinvoq, and Xeljanz/Xeljanz XR) and the secondary preferred product (Kevzara), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Kevzara, and the member has a documented inadequate response or intolerable adverse event with at least two of the primary preferred products (adalimumab-adaz, adalimumab-fkjp, Enbrel, Hyrimoz, Orencia SC/Orencia ClickJect, Rinvoq, Xeljanz/Xeljanz XR). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is Actemra SC/Actemra Actpen, Cimzia syringe, Kevzara, Kineret, Olumiant, Simponi, or Tyenne SC, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance program.

Ankylosing Spondylitis

- Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx SC, Enbrel, Rinvoq, and Xeljanz/Xeljanz XR). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (Cosentyx SC, Enbrel, Rinvoq, and Xeljanz/Xeljanz XR), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Cimzia syringe, Simponi, or Taltz, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.

Ulcerative Colitis

- Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Rinvoq, Skyrizi SC, Tremfya SC, an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC], Velsipity, Xeljanz/Xeljanz XR, and Zeposia). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), or is a documented primary non-responder to an interleukin-23 (IL-23) inhibitor, then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (Rinvoq, Skyrizi SC, Tremfya SC, an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC], Velsipity, Xeljanz/Xeljanz XR, and Zeposia). If the member has a documented clinical reason to avoid JAK inhibitors (see Appendix B) or is a documented primary non-responder to an IL-23 inhibitor, then the member would

not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted ustekinumab product, and the member meets both of the following:
  - Member has had a documented intolerable adverse event to all of the preferred ustekinumab products (Pyzchiva SC, Stelara SC, and Yesintek SC), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
  - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Rinvoq, Skyrizi SC, Tremfya SC, Velsipity, Xeljanz/Xeljanz XR, and Zeposia). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is Entyvio SC.
- The requested product is Omvoh SC and the member received Omvoh IV for induction therapy.
- The requested product is Omvoh SC or Simponi, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.

Psoriatic Arthritis

- Member has a documented inadequate response or intolerable adverse event with at least nine of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx SC, Enbrel, Orencia SC/Orencia ClickJect, Otezla, Rinvoq, Skyrizi SC, Tremfya SC, an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC], Xeljanz/Xeljanz XR). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
  - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
  - Member has a documented inadequate response or intolerable adverse event with at least eight of the preferred products (Cosentyx SC, Enbrel, Orencia SC/Orencia ClickJect, Otezla, Rinvoq, Skyrizi SC, Tremfya SC, an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC], Xeljanz/Xeljanz XR), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is a targeted ustekinumab product, and the member meets both of the following:
  - Member has had a documented intolerable adverse event to all of the preferred ustekinumab products (Pyzchiva SC, Stelara SC, and Yesintek SC), and the adverse

event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with at least eight of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx SC, Enbrel, Orencia SC/Orencia ClickJect, Otezla, Rinvoq, Skyrizi SC, Tremfya SC, Xeljanz/Xeljanz XR). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Cimzia syringe, Simponi, or Taltz, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.

Crohn's Disease

- Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Rinvoq, Skyrizi SC, Tremfya SC, and an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC]). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), or is a documented primary non-responder to an IL-23 inhibitor, then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (Rinvoq, Skyrizi SC, Tremfya SC, and an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC]). If the member has a documented clinical reason to avoid JAK inhibitors (see Appendix B) or is a documented primary non-responder to an IL-23 inhibitor, then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted ustekinumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to all of the preferred ustekinumab products (Pyzchiva SC, Stelara SC, and Yesintek SC), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Rinvoq, Skyrizi SC, and Tremfya SC). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Omvoh SC and the member received Omvoh IV for induction therapy.
- The requested product is Cimzia syringe, Entyvio SC, or Omvoh SC, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.

Polyarticular Juvenile Idiopathic Arthritis

- Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Enbrel, Orencia SC/Orencia ClickJect, Rinvoq, and Xeljanz/Xeljanz XR). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or JAK inhibitors (see Appendix B), then the member would not need to use the corresponding preferred products from the respective class.
- The requested product is a targeted adalimumab product, and the member meets both of the following:
    - Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
    - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (Enbrel, Orencia SC/Orencia ClickJect, Rinvoq, and Xeljanz/Xeljanz XR), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia syringe, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Actemra SC/Actemra Actpen, Cimzia syringe, or Tyenne SC, and the member is currently receiving treatment with the requested product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.

Hidradenitis Suppurativa

The requested product is a targeted adalimumab product, and the member meets both of the following:

- Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp) and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing

information (i.e., known adverse reaction for both the reference product and biosimilar products).
- Member has a documented inadequate response or intolerable adverse event with the preferred product (Cosentyx SC).

Uveitis

Member has had a documented intolerable adverse event to both of the preferred adalimumab products ([adalimumab-adaz or Hyrimoz] and adalimumab-fkjp) and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

Alopecia Areata

Member has had a documented inadequate response or intolerable adverse event with the preferred product (Litfulo).

Exception Criteria for Physician-Administered Products

Coverage for a physician-administered targeted product, see Table 2 above, is provided when any of the following criteria is met:

- For Actemra IV, Cosentyx IV, Orencia IV, Tofidence IV, and Tyenne IV, when the member meets one of the following:
  - Member has a documented inadequate response or intolerable adverse event with both of the preferred products (an infliximab product [Avsola or Remicade] and Simponi Aria) where the products' indications overlap, unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix A).
  - Member is currently receiving treatment with the requested targeted product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.
- For Entyvio IV, when the member meets one of the following:
  - Entyvio IV is being used for a diagnosis of ulcerative colitis.
  - Entyvio IV is being used for a diagnosis of Crohn's disease and the member has a documented inadequate response or intolerable adverse event with all of the preferred products (an infliximab product [Avsola or Remicade], Skyrizi IV, Tremfya IV, and an ustekinumab product [Pyzchiva IV, Stelara IV, or Yesintek IV]). If the member has a documented clinical reason to avoid TNF inhibitors (see Appendix A) or is a documented primary non-responder to an IL-23 inhibitor, then the member would not need to use the corresponding preferred products from the respective class.
  - Member is currently receiving treatment with the requested targeted product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.
- For a targeted infliximab IV product, when the member meets both of the following:

  - Member has had a documented intolerable adverse event to both of the preferred infliximab products (Avsola and Remicade), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
  - Member meets either of the following:
    - The requested product is being used for a diagnosis of Crohn's disease or ulcerative colitis, and the member has a documented inadequate response or intolerable adverse event with all of the preferred products (Skyrizi IV, Tremfya IV, and an ustekinumab product [Pyzchiva IV, Stelara IV, or Yesintek IV]), unless the member is a documented primary non-responder to an IL-23 inhibitor.
    - Member has a documented inadequate response or intolerable adverse event with both of the preferred products (Ilumya and Simponi Aria) where the products' indications overlap.
- For Cimzia lyophilized powder, when the member meets one of the following:
  - The requested product is being used for a diagnosis of Crohn's disease, and the member has a documented inadequate response or intolerable adverse event with all of the preferred products (an infliximab product [Avsola or Remicade], Skyrizi IV, Tremfya IV, and an ustekinumab product [Pyzchiva IV, Stelara IV, or Yesintek IV]), unless the member is a documented primary non-responder to an IL-23 inhibitor.
  - Member has a documented inadequate response or intolerable adverse event with all of the preferred products (an infliximab product [Avsola or Remicade], Ilumya, and Simponi Aria) where the products' indications overlap.
  - Member is currently breastfeeding, pregnant, or planning pregnancy.
  - Member is currently receiving treatment with the requested targeted product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.
- For Omvoh IV, when the member meets one of the following:
  - The requested product is being used for a diagnosis of Crohn's disease or ulcerative colitis, and the member has a documented inadequate response or intolerable adverse event with all of the preferred products (an infliximab product [Avsola or Remicade], Skyrizi IV, Tremfya IV, and an ustekinumab product [Pyzchiva IV, Stelara IV, or Yesintek IV]), unless there is a clinical reason to avoid TNF inhibitors (see Appendix A).
  - Member is currently receiving treatment with the requested targeted product, excluding when it is obtained as samples or via manufacturer's patient assistance programs.
- For a targeted ustekinumab IV product, when the member meets both of the following:
  - Member has had a documented intolerable adverse event to all of the preferred ustekinumab products (Pyzchiva IV, Stelara IV, and Yesintek IV), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).
  - The requested product is being used for a diagnosis of Crohn's disease or ulcerative colitis, and the member has a documented inadequate response or intolerable adverse event with all of the preferred products (an infliximab product [Avsola or Remicade], Skyrizi IV, and Tremfya IV), unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix A).

Appendix

Appendix A: Clinical Reasons to Avoid TNF Inhibitors

- History of demyelinating disorder
- History of congestive heart failure
- History of hepatitis B virus infection
- Autoantibody formation/lupus-like syndrome
- History or risk of lymphoma or other malignancy
- History of being a primary non-responder to a TNF inhibitor

Appendix B: Clinical Reasons to Avoid JAK Inhibitors

- History or risk of lymphoma, lung cancer, non-melanoma skin cancer, or other malignancy
- History or risk of major adverse cardiovascular events (MI, stroke, etc.)
- History or risk of thrombotic events (PE, DVT, arterial thrombosis, etc.)
- History of hepatitis B or hepatitis C virus infection
- History of being a primary non-responder to a JAK inhibitor

References

1. Abrilada [package insert]. New York, NY: Pfizer Inc.; April 2024.
2. Actemra [package insert]. South San Francisco, CA: Genentech, Inc.; September 2024.
3. adalimumab-aacf [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; June 2024.
4. adalimumab-aaty [package insert]. Jersey City, NJ: Celltrion USA, Inc.; January 2025.
5. adalimumab-adaz [package insert]. Princeton, NJ: Sandoz Inc.; November 2024.
6. adalimumab-adbm [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; April 2024.
7. adalimumab-fkjp [package insert]. Cambridge, MA: Biocon Biologics Inc.; December 2023.
8. adalimumab-ryvk [package insert]. Leesburg, VA: Alvotech USA Inc.; February 2025.
9. Amjevita [package insert]. Thousand Oaks, CA: Amgen Inc.; August 2024.
10. Avsola [package insert]. Thousand Oaks, CA: Amgen, Inc.; September 2021.
11. Cimzia [package insert]. Smyrna, GA: UCB, Inc.; September 2024.
12. Cosentyx [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2024.
13. Cyltezo [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; April 2024.
14. Enbrel [package insert]. Thousand Oaks, CA: Immunex Corporation; October 2024.
15. Entyvio [package insert]. Cambridge, MA: Takeda Pharmaceuticals U.S.A., Inc.; May 2024.
16. Hadlima [package insert]. Jersey City, NJ: Organon & Co.; June 2024.
17. Hulio [package insert]. Cambridge, MA: Biocon Biologics Inc.; February 2025.
18. Humira [package insert]. North Chicago, IL: AbbVie Inc.; February 2024.
19. Hyrimoz [package insert]. Princeton, NJ: Sandoz Inc.; April 2024.
20. Idacio [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; January 2024.
21. Ilumya [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; April 2024.

22. Imuldosa [package insert]. Raleigh, NC: Accord BioPharma Inc.; October 2024.
23. Inflectra [package insert]. New York, NY: Pfizer Inc.; April 2023.
24. infliximab [package insert]. Horsham, PA: Janssen Biotech, Inc.; March 2025.
25. Kevzara [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC /Regeneron Pharmaceuticals, Inc.; August 2024.
26. Kineret [package insert]. Stockholm, Sweden: Swedish Orphan Biovitrum AB (publ); September 2024.
27. Litfulo [package insert]. New York, NY: Pfizer Inc.; June 2023.
28. Olumiant [package insert]. Indianapolis, IN: Lilly USA, LLC; June 2022.
29. Omvoh [package insert]. Indianapolis, IN: Eli Lilly and Company; January 2025.
30. Orencia [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2024.
31. Otezla [package insert]. Thousand Oaks, CA: Amgen Inc.; April 2024.
32. Otulfi [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; March 2025.
33. Pyzchiva [package insert]. Princeton, NJ: Sandoz Inc.; December 2024.
34. Remicade [package insert]. Horsham, PA: Janssen Biotech, Inc.; February 2025.
35. Renflexis [package insert]. Jersey City, NJ: Organon & Co.; December 2023.
36. Rinvoq [package insert]. North Chicago, IL: AbbVie Inc.; April 2025.
37. Selarsdi [package insert]. Leesburg, VA: Alvotech USA Inc.; February 2025.
38. Siliq [package insert]. Bridgewater, NJ: Bausch Health US, LLC; August 2024.
39. Simlandi [package insert]. Leesburg, VA: Alvotech USA Inc.; February 2025.
40. Simponi [package insert]. Horsham, PA: Janssen Biotech, Inc.; April 2025.
41. Simponi Aria [package insert]. Horsham, PA: Janssen Biotech, Inc.; April 2025.
42. Skyrizi [package insert]. North Chicago, IL: AbbVie Inc.; May 2025.
43. Sotyktu [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; September 2022.
44. Stelara [package insert]. Horsham, PA: Janssen Biotech, Inc.; November 2024.
45. Steqeyma [package insert]. Jersey City, NJ: Celltrion USA, Inc.; December 2024.
46. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; August 2024.
47. Tofidence [package insert]. Cambridge, MA: Biogen MA Inc.; March 2025.
48. Tremfya [package insert]. Horsham, PA: Janssen Biotech, Inc.; March 2025.
49. Tyenne [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC; February 2025.
50. ustekinumab-ttwe [package insert]. Grand Cayman, Cayman Islands: Quallent Pharmaceuticals Health LLC; March 2025.
51. Velsipity [package insert]. New York, NY: Pfizer Inc.; June 2024.
52. Wezlana [package insert]. Thousand Oaks, CA: Amgen Inc.; January 2025.
53. Xeljanz/Xeljanz XR [package insert]. New York, NY: Pfizer Labs; February 2025.
54. Yesintek [package insert]. Cambridge, MA: Biocon Biologics Inc.; November 2024.
55. Yuflyma [package insert]. Jersey City, NJ: Celltrion USA, Inc.; January 2024.
56. Yusimry [package insert]. Chicago, IL: Meitheal Pharmaceuticals; October 2024.
57. Zeposia [package insert]. Princeton, NJ: Celgene Corporation; August 2024.
58. Zymfentra [package insert]. Jersey City, NJ: Celltrion USA, Inc.; July 2024.