Reference number(s)
4979-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: Marketplace Formulary (MF).

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 products 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 plaque psoriasis, all members requesting treatment with a targeted product.
- For psoriatic arthritis, all members requesting treatment with Abrilada, adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, Amjevita, Avsola, Cyltezo, Hadlima, Hulio, Humira, Idacio, Inflectra, Renflexis, Simlandi, Yuflyma, and Yusimry, and all members who are new to treatment with all other targeted products for the first time.
- For all other indications, all members requesting treatment with Abrilada, adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, Amjevita, Avsola, Cyltezo, Hadlima, Hulio, Humira, Idacio, Imuldosa, Inflectra, Otulfi, Renflexis, Selarsdi, Steqeyma, Simlandi, ustekinumab-ttwe, Wezlana, Yuflyma, Yusimry, and Zymfentra, and all members who are new to treatment with all other targeted products for the first time.

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

Table. Drugs for Autoimmune Conditions

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

Abbreviations: IV = intravenous; SC = subcutaneous

Indication: Hidradenitis Suppurativa

Preferred Product(s)	**Targeted Product(s)**
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Bimzelx (bimekizumab-bkzx) • Cosentyx (SC) (secukinumab) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Reference number(s)
4979-D

Indication: Plaque Psoriasis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) • Otezla (apremilast) • Pyzchiva (SC) (ustekinumab-ttwe) • Skyrizi (SC) (risankizumab-rzaa) • Stelara (SC) (ustekinumab) • Taltz (ixekizumab) • Tremfya (SC) (guselkumab) • Yesintek (SC) (ustekinumab-kfce)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Bimzelx (bimekizumab-bkzx) • Cimzia (certolizumab pegol) • Cosentyx (SC) (secukinumab) • Cyltezo (adalimumab-adbm) • Enbrel (etanercept) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Ilumya (tildrakizumab-asmn) • Imuldosa (SC) (ustekinumab-aauz) • Inflectra (infliximab-dyyb) • Otulfi (SC) (ustekinumab-aauz) • Renflexis (infliximab-abda) • Selarsdi (SC) (ustekinumab-aekn) • Siliq (brodalumab) • Simlandi (adalimumab-ryvk) • Sotyktu (deucravacitinib) • Steqeyma (SC) (ustekinumab-stba) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Ankylosing Spondylitis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) • Rinvoq (upadacitinib)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Bimzelx (bimekizumab-bkzx) • Cimzia (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Inflectra (infliximab-dyyb) • Renflexis (infliximab-abda) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Taltz (ixekizumab) • Xeljanz/Xeljanz XR (tofacitinib) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Polyarticular Juvenile Idiopathic Arthritis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz)	• Abrilada (adalimumab-afzb) • Actemra (IV/SC)/Actemra ACTPen (tocilizumab) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Cimzia (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf)

Preferred Product(s)	Targeted Product(s)
	• Orencia (IV/SC)/Orencia ClickJect (abatacept) • Simlandi (adalimumab-ryvk) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Psoriatic Arthritis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Cosentyx (SC) (secukinumab) • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) • Otezla (apremilast) • Rinvoq (upadacitinib) • Skyrizi (SC) (risankizumab-rzaa) • Tremfya (SC) (tulumba)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Bimzelx (bimekizumab-bkzx) • Cimzia (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Imuldosa (SC) (ustekinumab-srlf) • Inflectra (infliximab-dyyb) • Orencia (IV/SC)/Orencia ClickJect (abatacept) • Otulfi (SC) (ustekinumab-aauz) • Pyzchiva (SC) (ustekinumab-ttwe) • Renflexis (infliximab-abda) • Selarsdi (SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Stelara (SC) (ustekinumab) • Steqeyma (SC) (ustekinumab-stba) • Taltz (ixekizumab) • ustekinumab-ttwe (SC) • Wezlana (SC) (ustekinumab-auub) • Xeljanz/Xeljanz XR (tofacitinib) • Yesintek (SC) (ustekinumab-kfce) • Yuflyma (adalimumab-aaty)

Preferred Product(s)	Targeted Product(s)
	• Yusimry (adalimumab-aqvh)

Indication: Rheumatoid Arthritis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Enbrel (etanercept) • Hyrimoz (adalimumab-adaz) • Kevzara (sarilumab) • Rinvoq (upadacitinib) • Xeljanz/Xeljanz XR (tofacitinib)	• Abrilada (adalimumab-afzb) • Actemra (IV/SC)/Actemra ACTPen (tocilizumab) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Cimzia (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Inflectra (infliximab-dyyb) • Kineret (anakinra) • Olumiant (baricitinib) • Orencia (IV/SC)/Orencia ClickJect (abatacept) • Renflexis (infliximab-abda) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Tofidence (tocilizumab-bavi) • Tyenne (IV/SC) (tocilizumab-aazg) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Uveitis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto)

Preferred Product(s)	Targeted Product(s)
	• Cyltezo (adalimumab-adbm) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Simlandi (adalimumab-ryvk) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh)

Indication: Crohn's Disease

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) • Pyzchiva (IV/SC) (ustekinumab-ttwe) • Rinvoq (upadacitinib) • Skyrizi (IV/SC) (risankizumab-rzaa) • Stelara (IV/SC) (ustekinumab) • Tremfya (IV/SC) (guselkumab) • Yesintek (IV/SC) (ustekinumab-kfce)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Cimzia (certolizumab pegol) • Cyltezo (adalimumab-adbm) • Entyvio (IV/SC) (vedolizumab) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Imuldosa (IV/SC) (ustekinumab-srlf) • Inflectra (infliximab-dyyb) • Omvoh (IV/SC) (mirikizumab-mrkz) • Otulfi (IV/SC) (ustekinumab-aauz) • Renflexis (infliximab-abda) • Selarsdi (IV/SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Steqeyma (IV/SC) (ustekinumab-stba) • ustekinumab-ttwe (IV/SC) • Wezlana (IV/SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh) • Zymfentra (infliximab-dyyb)

Indication: Ulcerative Colitis

Preferred Product(s)	Targeted Product(s)
• adalimumab-adaz • adalimumab-fkjp • Hyrimoz (adalimumab-adaz) • Pyzchiva (IV/SC) (ustekinumab-ttwe) • Rinvoq (upadacitinib) • Skyrizi (IV/SC) (risankizumab-rzaa) • Stelara (IV/SC) (ustekinumab) • Tremfya (IV/SC) (guselkumab) • Velsipity (etrasimod) • Xeljanz/Xeljanz XR (tofacitinib) • Yesintek (IV/SC) (ustekinumab-kfce)	• Abrilada (adalimumab-afzb) • adalimumab-aacf • adalimumab-aaty • adalimumab-adbm • adalimumab-ryvk • Amjevita (adalimumab-atto) • Avsola (infliximab-axxq) • Cyltezo (adalimumab-adbm) • Entyvio (IV/SC) (vedolizumab) • Hadlima (adalimumab-bwwd) • Hulio (adalimumab-fkjp) • Humira (adalimumab) • Idacio (adalimumab-aacf) • Imuldosa (IV/SC) (ustekinumab-srlf) • Inflectra (infliximab-dyyb) • Omvoh (IV/SC) (mirikizumab-mrkz) • Otulfi (IV/SC) (ustekinumab-aauz) • Renflexis (infliximab-abda) • Selarsdi (IV/SC) (ustekinumab-aekn) • Simlandi (adalimumab-ryvk) • Simponi (golimumab) • Steqeyma (IV/SC) (ustekinumab-stba) • ustekinumab-ttwe (IV/SC) • Wezlana (IV/SC) (ustekinumab-auub) • Yuflyma (adalimumab-aaty) • Yusimry (adalimumab-aqvh) • Zeposia (ozanimod) • Zymfentra (infliximab-dyyb)

Exception Criteria

Coverage for a targeted product is provided when any of the following criteria is met:

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, and Rinvoq). If the member has a documented clinical reason to

avoid tumor necrosis factor (TNF) inhibitors (see Appendix A) or Janus kinase (JAK) inhibitors (see Appendix B), then the member would not need to use the corresponding preferred product(s) 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, and Rinvoq), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Bimzelx, Cimzia, Simponi, Taltz, or Xeljanz/Xeljanz XR, 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 IV/SC, Tremfya IV/SC, and an ustekinumab product [Pyzchiva IV/SC, Stelara IV/SC, or Yesintek IV/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 interleukin-23 (IL-23) inhibitor, then the member would not need to use the corresponding preferred product(s) 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 IV/SC, Tremfya IV/SC, and an ustekinumab product [Pyzchiva IV/SC, Stelara IV/SC, or Yesintek IV/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 product(s) 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 IV/SC, Stelara IV/SC, and Yesintek IV/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 IV/SC, and Tremfya IV/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 product(s) from the respective class.
- The requested product is Cimzia, 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, Entyvio IV/SC, or Omvoh IV/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.

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], Otezla, Skyrizi SC, Taltz, Tremfya SC, and an ustekinumab product [Pyzchiva SC, Stelara SC, or Yesintek SC]), unless there is a documented clinical reason to avoid 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 (Otezla, Skyrizi SC, Taltz, 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], Otezla, Skyrizi SC, Taltz, and Tremfya SC), unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix A).
- The requested product is Cimzia, and the member is currently breastfeeding, pregnant, or planning pregnancy.

Psoriatic Arthritis

- Member has a documented inadequate response or intolerable adverse event with at least six of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz], Cosentyx SC, Enbrel, Otezla, Rinvoq, Skyrizi SC, 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 product(s) 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 five of the preferred products (Cosentyx SC, Enbrel, Otezla, Rinvoq, Skyrizi SC, Tremfya SC), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Bimzelx, Cimzia, Imuldosa SC, Orencia IV/SC/Orencia ClickJect, Otulfi SC, Pyzchiva SC, Selarsdi SC, Simponi, Stelara SC, Steqeyma SC, Taltz, ustekinumab-ttwe SC, Wezlana SC, Xeljanz/Xeljanz XR, or Yesintek 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.

Rheumatoid 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, Kevzara, 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 product(s) 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, Kevzara, Rinvoq, and Xeljanz/Xeljanz XR), unless there is a documented clinical reason to avoid JAK inhibitors (see Appendix B).
- The requested product is Cimzia, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Actemra IV/SC/Actemra ACTPen, Cimzia, Kineret, Olumiant, Orencia IV/SC/Orencia ClickJect, Simponi, Tofidence, or Tyenne IV/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.

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 IV/SC, Tremfya IV/SC, an ustekinumab product [Pyzchiva IV/SC, Stelara IV/SC, or Yesintek IV/SC], Velsipity, 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), or is a documented primary non-responder to an IL-23 inhibitor, then the member would not need to use the corresponding preferred product(s) 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 IV/SC, Tremfya IV/SC, an ustekinumab product [Pyzchiva IV/SC, Stelara IV/SC, or Yesintek IV/SC], Velsipity, and Xeljanz/Xeljanz XR). 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 product(s) 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 IV/SC, Stelara IV/SC, and Yesintek IV/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 IV/SC, Tremfya IV/SC, Velsipity, 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 product(s) from the respective class.
- The requested product is Entyvio IV/SC.
- The requested product is Omvoh SC and the member received Omvoh IV for induction therapy.
- The requested product is Omvoh IV/SC, Simponi, or Zeposia, 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 both of the preferred products (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz] and Enbrel), unless there is a documented clinical reason to avoid 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 the preferred product (Enbrel).

- The requested product is Cimzia, and the member is currently breastfeeding, pregnant, or planning pregnancy.
- The requested product is Actemra IV/SC/Actemra ACTPen, Cimzia, or Orencia IV/SC/Orencia ClickJect, 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

- Member has a documented inadequate response or intolerable adverse event to the preferred product (an adalimumab product [adalimumab-adaz, adalimumab-fkjp, or Hyrimoz]), unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix A).
- The requested product is a targeted adalimumab product, and the 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).
- The requested product is Bimzelx or Cosentyx 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.

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).

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

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