Reference number(s)
7465-D

Exceptions Criteria Sotyktu-Psoriatic Arthritis (PsA)-Indication Block

This document informs prescribers of formulary alternatives and provides an exception process for non-formulary products through prior authorization.

Plan Design Summary

This program applies to non-formulary medications. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the formulary alternatives and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Psoriatic Arthritis Products

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

Abbreviation: SC = subcutaneous

Formulary	**Preferred Products**
Advanced Control Specialty Choice Formulary (ACSCF)	adalimumab-adaz, Bimzelx, Cimzia, Cosentyx SC, Enbrel, Humira, Hyrimoz (Cordavis), Otezla/Otezla XR, Pyzchiva (Cordavis) SC, Rinvoq, Skyrizi SC, Tremfya SC, Yesintek SC
Advanced Control Specialty Formulary (ACSF)	adalimumab-adaz, adalimumab-fkjp, Bimzelx, Cimzia, Cosentyx SC, Enbrel, Hyrimoz (Cordavis), Otezla/Otezla XR, Pyzchiva (Cordavis) SC, Rinvoq, Skyrizi SC, Tremfya SC, Yesintek SC
Combined Benefit Management Pharmacy (CBMP)	adalimumab-adaz, adalimumab-fkjp, Bimzelx, Cimzia, Cosentyx SC, Enbrel, Hyrimoz (Cordavis),

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Formulary	Preferred Products
	Otezla/Otezla XR, Pyzchiva (Cordavis) SC, Rinvoq, Skyrizi SC, Tremfya SC, Yesintek SC
Value Formulary (VF)	adalimumab-adaz, Bimzelx, Cimzia, Cosentyx SC, Enbrel, Hadlima, Hyrimoz (Cordavis), Otezla/Otezla XR, Pyzchiva (Cordavis) SC, Rinvoq, Skyrizi SC, Tremfya SC, Yesintek SC
Advanced Control Specialty Formulary CHART (ACSFC)	adalimumab-adaz, adalimumab-fkjp, Cosentyx SC, Enbrel, Hyrimoz (Cordavis), Otezla/Otezla XR, Rinvoq, Skyrizi SC, Tremfya SC
Value Formulary CHART (VFC)	adalimumab-adaz, Cosentyx SC, Enbrel, Hadlima, Hyrimoz (Cordavis), Otezla/Otezla XR, Rinvoq, Skyrizi SC, Tremfya SC

Exception Criteria

Coverage for Sotyktu for psoriatic arthritis is provided if the member has had a documented inadequate response, intolerable adverse reaction, or contraindication to at least three of the formulary alternatives.

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