

# New Hampshire Medicaid Fee-for-Service Program Systemic Immunomodulator Criteria

Approval Date: June 10, 2024

## Medications

Brand Names	Generic Names	Dosage Strength	Dosage Form
<b>Actemra®</b>	tocilizumab	80 mg/4 mL, 162 mg/0.9 mL, 200 mg/10 mL, 400 mg/20 mL	single-use vial, prefilled syringe, ACTPen
<b>Amjevita</b>	adalimumab-atto	10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL	syringe, SureClick
<b>Arava®</b>	leflunomide	10 mg, 20 mg, 100 mg	capsules
<b>Arcalyst®</b>	rilonacept	220 mg	single-use vial
<b>Avsola®</b>	infliximab-axxq	100 mg	intravenous infusion single-dose vial
<b>Bimzelx</b>	bimekizumab-bkzx	160 mg/mL	autoinjector, prefilled syringe
<b>Cimzia®</b>	certolizumab	200 mg	powder for subcutaneous (SC) injection, syringe kits, starter kits
<b>Cosentyx®</b>	secukinumab	75 mg/0.5mL, 125 mg/5 mL, 150 mg/mL, 300 mg/2 mL	single-use Sensoready pen, single-use prefilled syringe, Single-use vial (HCP admin only)
<b>Cyltezo (biosimilar to Humira)</b>	adalimumab-adbm	10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL	syringe, pen
<b>Enbrel®/Mini</b>	etanercept	25mg/0.5 mL, 50 mg/mL; Mini 50 mg/mL	prefilled syringe, autoinjector, single-use vials
<b>Entyvio®</b>	vedolizumab	108 mg/0.68 mL, 300 mg/20 mL	single-use vial, pen
<b>Hadlima (biosimilar to Humira)</b>	adalimumab-bwwd	40 mg/0.4 mL, 40 mg/0.8 mL	syringe, pushtouch pen
<b>Hulio (biosimilar to Humira)</b>	adalimumab-fkjp	20 mg/0.4 mL, 40 mg/0.8 mL	syringe, pen
<b>Humira®</b>	adalimumab	10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL	syringe, single-use pens, starter packages

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Brand Names	Generic Names	Dosage Strength	Dosage Form
<b>Hyrimoz</b> (biosimilar to Humira)	adalimumab-adaz	10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL	syringe, pen
<b>Idacio</b> (biosimilar to Humira)	adalimumab-aacf	40 mg/0.8 mL	syringe, pen
<b>Ilaris®</b>	canakinumab	150 mg/mL	single-use vial
<b>Ilumya</b>	tildrakizumab-asmn	100 mg/mL	syringe
<b>Inflectra®</b> (biosimilar to Remicade)	infliximab-dyyb	100 mg	intravenous infusion single-dose vial
<b>Kevzara®</b>	sarilumab	150 mg/1.14 mL, 200 mg/1.14 mL	single-dose pre-filled syringe, pen
<b>Kineret®</b>	anakinra	100 mg/0.67 mL	prefilled syringe
<b>Olumiant®</b>	baricitinib	1 mg, 2 mg, 4 mg	tablet
<b>Orencia®</b>	abatacept	50 mg/0.4 mL, 87.5 mg/0.7mL, 125 mg/ mL, 250 mg	single-dose vial, prefilled syringe, prefilled autoinjector
<b>Otezla®</b>	apremilast	30 mg	tablet, titration pack
<b>Remicade®</b>	infliximab	100 mg	single-use vial
<b>Renflexis®</b> (biosimilar to Remicade)	infliximab-abda	100 mg	single-dose vial
<b>Rinvoq</b>	upadacitinib	15 mg, 30 mg, 45 mg	ER tablet
<b>Siliq®</b>	brodalumab	210 mg/1.5 mL	single-dose pre-filled syringe
<b>Simponi®/ Simponi Aria®</b>	golimumab	50 mg/0.5 mL, 50 mg/4 mL, 100 mg/mL	single-dose prefilled syringe, SmartJect autoinjector vial
<b>Skyrizi</b>	risankizumab-rzaa	150 mg/mL, 90 mg/mL, 180 mg/1.2 mL, 360 mg/2.4 mL, 600 mg/10 mL	prefilled syringe, auto-injector, single- dose vial, cartridge
<b>Sotyktu</b>	deucravacitinib	6 mg	tablet
<b>Spevigo</b>	spesolimab-sbzo	450 mg/7.5 mL	single-dose vial
<b>Stelara®</b>	ustekinumab	45 mg/0.5 mL, 90 mg/mL, 130 mg/26 mL	single-use vial, prefilled syringe
<b>Taltz®</b>	ixekizumab	80 mg/mL	prefilled syringe, prefilled auto-injector

Brand Names	Generic Names	Dosage Strength	Dosage Form
<b>Tremfya®</b>	guselkumab	100 mg/mL	single-dose prefilled syringe single-dose One-Press patient-controlled injector
<b>Velsipity</b>	etrasimod	2 mg	tablet
<b>Xeljanz®/XR</b>	tofacitinib	1 mg/mL 5 mg, 10 mg tablet 11 mg, 22 mg tablet (XR)	solution, tablet, ER tablet
<b>Yuflyma (biosimilar to Humira)</b>	adalimumab-aaty	40 mg/0.4 mL	syringe, auto-injector
<b>Yusimry (biosimilar to Humira)</b>	adalimumab-aqvh	40 mg/ 0.8 mL	pen

## Indications

Brand Names	Generic Names	Indications
<b>Actemra®</b>	tocilizumab	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms of active rheumatoid arthritis (RA) in patients <math>\geq</math> 18 years of age</li> <li>Juvenile idiopathic arthritis (JIA) in patients <math>\geq</math> 2 years of age (previously listed as Juvenile Rheumatoid Arthritis [JRA])</li> <li>Systemic onset juvenile chronic arthritis in patients <math>\geq</math> 2 years of age</li> <li>Giant cell arteritis in patients <math>\geq</math> 18 years of age</li> <li>Systemic sclerosis-associated interstitial lung disease in patients <math>\geq</math> 18 years of age</li> <li>Hospitalized patients <math>\geq</math> 18 years of age with COVID-19 who are receiving systemic corticosteroids and who require ventilation assistance</li> </ul>
<b>Amjevita</b>	adalimumab-atto	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms of active RA in patients <math>\geq</math> 18 years of age</li> <li>Moderate to severe chronic PP in patients <math>\geq</math> 18 years of age</li> <li>JIA in patients <math>\geq</math> 2 years of age</li> <li>PsA in patients <math>\geq</math> 18 years of age</li> <li>AS in patients <math>\geq</math> 18 years of age</li> <li>Moderately to severely active CD in patients <math>\geq</math> 6 years of age</li> <li>Moderately to severely active UC in patients <math>\geq</math> 18 years of age</li> <li>Hidradenitis suppurativa in patients <math>\geq</math> 18 years of age</li> </ul>
<b>Arava®</b>	leflunomide	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms of active RA in patients <math>\geq</math> 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Arcalyst®</b>	rilonacept	<ul style="list-style-type: none"> <li>• Cryopyrin-associated periodic syndromes (CAPS) in patients ≥ 12 years of age</li> <li>• Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in patients weighing ≥ 10 kg</li> <li>• Recurrent pericarditis in patients ≥ 12 years of age</li> </ul>
<b>Avsola®</b>	infliximab-axxq	<ul style="list-style-type: none"> <li>• Ankylosing spondylitis (AS) in patients ≥ 18 years of age</li> <li>• Fistulizing Crohn's disease (CD) in patients ≥ 18 years of age</li> <li>• Moderately to severely Crohn's disease in patients ≥ 6 years of age</li> <li>• Chronic severe plaque psoriasis (PP) in patients ≥ 18 years of age</li> <li>• Psoriatic arthritis (PsA) in patients ≥ 18 years of age</li> <li>• Moderately to severely RA in patients ≥ 18 years of age in combination with methotrexate</li> <li>• Moderately to severely ulcerative colitis (UC) in patients ≥ 6 years of age</li> </ul>
<b>Bimzelx</b>	bimekizumab-bkzx	<ul style="list-style-type: none"> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> </ul>
<b>Cimzia®</b>	certolizumab	<ul style="list-style-type: none"> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 18 years of age</li> <li>• Moderately to severely active RA in patients ≥ 18 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• Moderate to severe PP in patients ≥ 18 years of age</li> <li>• Non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in patients ≥ 18 years of age</li> </ul>
<b>Cosentyx®</b>	secukinumab	<ul style="list-style-type: none"> <li>• Moderate to severe PP in patients ≥ 6 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• PsA in patients ≥ 2 years of age</li> <li>• Non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in patients ≥ 18 years of age</li> <li>• Active enthesitis-related arthritis in patients ≥ 4 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Cyltezo (biosimilar to Humira)</b>	adalimumab-adbm	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>• Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>
<b>Enbrel®/Mini</b>	etanercept	<ul style="list-style-type: none"> <li>• Moderately to severely active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe JIA in patients ≥ 2 years of age (previously listed as JRA)</li> <li>• PsA in patients ≥ 2 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 4 years of age</li> </ul>
<b>Entyvio®</b>	vedolizumab	<ul style="list-style-type: none"> <li>• Moderately to severely active CD in patients ≥ 18 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> </ul>
<b>Hadlima (biosimilar to Humira)</b>	adalimumab-bwwd	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>• Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Hulio (biosimilar to Humira)</b>	adalimumab-fkjp	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>• Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>
<b>Humira®</b>	adalimumab	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age (previously listed as JRA)</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 5 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 12 years of age</li> <li>• Uveitis in patients ≥ 2 years of age</li> </ul>
<b>Hyrimoz (biosimilar to Humira)</b>	adalimumab-adaz	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>• Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Idacio</b> (biosimilar to Humira)	adalimumab-aacf	<ul style="list-style-type: none"> <li>• Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>• Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>• JIA in patients ≥ 2 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• AS in patients ≥ 18 years of age</li> <li>• Moderately to severely active CD in patients ≥ 6 years of age</li> <li>• Moderately to severely active UC in patients ≥ 18 years of age</li> <li>• Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>• Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>
<b>Ilaris®</b>	canakinumab	<ul style="list-style-type: none"> <li>• JIA and Still's Disease in patients ≥ 2 years of age (previously listed as JRA)</li> <li>• CAPS in patients ≥ 4 years of age, including: <ul style="list-style-type: none"> <li>– Familial cold autoinflammatory syndrome (FCAS)</li> <li>– Muckle-Wells syndrome (MWS)</li> </ul> </li> <li>• Tumor necrosis factor receptor-associated periodic syndrome (TRAPS) in adult and pediatric patients</li> <li>• Hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD) in adult and pediatric patients</li> <li>• Familial Mediterranean fever (FMF) in adult and pediatric patients</li> <li>• Gout flares in adults in whom NSAIDs and colchicine are contraindicated, not tolerated, or do not provided response and in whom repeated corticosteroids are not appropriate</li> </ul>
<b>Ilumya®</b>	tildrakizumab-asmn	<ul style="list-style-type: none"> <li>• Moderate to severe PP in patients ≥ 18 years of age</li> </ul>
<b>Inflectra®</b> (biosimilar to Remicade)	infliximab-dyyb	<ul style="list-style-type: none"> <li>• AS in patients ≥ 18 years of age</li> <li>• Fistulizing CD in patients ≥ 18 years of age</li> <li>• Moderately to severe CD in patients ≥ 6 years of age</li> <li>• Chronic severe PP in patients ≥ 18 years of age</li> <li>• PsA in patients ≥ 18 years of age</li> <li>• Moderately to severely RA in patients ≥ 18 years of age in combination with methotrexate</li> <li>• Moderately to severely UC in patients ≥ 6 years of age</li> </ul>
<b>Kevzara®</b>	sarilumab	<ul style="list-style-type: none"> <li>• Moderately to severely active RA in patients ≥ 18 years of age who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs)</li> <li>• Polymyalgia rheumatica (PMR) in patients ≥ 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Kineret®</b>	anakinra	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age</li> <li>Neonatal-Onset Multisystem Inflammatory Disease (NOMID)</li> <li>Treatment of Deficiency of Interleukin-1 Receptor Antagonist (DIRA)</li> </ul>
<b>Olumiant®</b>	baricitinib	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age</li> <li>Severe alopecia areata in patients ≥ 18 years of age</li> <li>Hospitalized patients ≥ 18 years of age with COVID-19 who require ventilation assistance</li> </ul>
<b>Orencia®</b>	abatacept	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age</li> <li>JIA in patients ≥ 2 years of age (previously listed as JRA)</li> <li>PsA in patients ≥ 2 years of age</li> <li>Acute graft versus host disease (aGVHD) in combination with a calcineurin inhibitor and methotrexate in patients ≥ 2 years of age undergoing hematopoietic stem cell transplantation</li> </ul>
<b>Otezla®</b>	apremilast	<ul style="list-style-type: none"> <li>PsA in patients ≥ 18 years of age</li> <li>PP in patients ≥ 18 years of age</li> <li>Oral ulcers associated with Behçet's disease in patients ≥ 18 years of age</li> </ul>
<b>Remicade®</b>	infliximab	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age in combination with methotrexate</li> <li>PsA in patients ≥ 18 years of age</li> <li>AS in patients ≥ 18 years of age</li> <li>Chronic severe PP in patients ≥ 18 years of age</li> <li>Moderately to severely active CD in patients ≥ 6 years of age</li> <li>Fistulizing CD in patients ≥ 18 years of age</li> <li>Moderately to severely active UC in patients ≥ 6 years of age</li> </ul>
<b>Renflexis (biosimilar to Remicade)</b>	infliximab-abda	<ul style="list-style-type: none"> <li>AS in patients ≥ 18 years of age</li> <li>Fistulizing CD in patients ≥ 18 years of age</li> <li>Moderately to severely CD in patients ≥ 6 years of age</li> <li>Chronic severe PP in patients ≥ 18 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>Moderately to severely RA in patients ≥ 18 years of age in combination with methotrexate</li> <li>Moderately to severely UC in patients ≥ 6 years of age</li> </ul>



Brand Names	Generic Names	Indications
<b>Rinvoq</b>	upadacitinib	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>Moderate to severe atopic dermatitis in patients ≥ 12 years of age*</li> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> <li>Non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in patients ≥ 18 years of age who have had an inadequate response or intolerance to TNF blocker therapy</li> <li>Moderately to severely active CD in patients ≥ 18 years of age</li> </ul>
<b>Siliq®</b>	brodalumab	<ul style="list-style-type: none"> <li>Moderate to severe PP in adult patients</li> </ul>
<b>Simponi®/ Simponi Aria®</b>	golimumab	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age, in combination with methotrexate</li> <li>Active PsA in patients ≥ 2 years of age</li> <li>Active AS in patients ≥ 18 years of age</li> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> <li>JIA in patients ≥ 2 years of age</li> </ul>
<b>Skyrizi</b>	risankizumab-rzaa	<ul style="list-style-type: none"> <li>Moderate to severe PP in patients ≥ 18 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>Moderately to severely active CD in patients ≥ 18 years of age</li> </ul>
<b>Sotyktu</b>	deucravacitinib	<ul style="list-style-type: none"> <li>Moderate to severe PP in patients ≥ 18 years of age</li> </ul>
<b>Spevigo</b>	spesolimab-sbzo	<ul style="list-style-type: none"> <li>Generalized pustular psoriasis (GPP) in patients ≥ 12 years of age and weighing at least 40 kg</li> </ul>
<b>Stelara®</b>	ustekinumab	<ul style="list-style-type: none"> <li>Moderate to severe PP in patients ≥ 6 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>Moderately to severely active CD in patients ≥ 18 years of age who have: <ul style="list-style-type: none"> <li>Failed or were intolerant to treatment with immunomodulators or corticosteroids, but never failed a tumor necrosis factor (TNF) blocker; or</li> <li>Failed or were intolerant to treatment with one or more TNF blockers</li> </ul> </li> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> </ul>
<b>Taltz®</b>	ixekizumab	<ul style="list-style-type: none"> <li>Moderate to severe PP in patients ≥ 6 years of age</li> <li>Active AS in patients ≥ 18 years of age</li> <li>Active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation in patients ≥ 18 years of age</li> <li>Active PsA in patients ≥ 18 years of age</li> </ul>
<b>Tremfya®</b>	guselkumab	<ul style="list-style-type: none"> <li>Moderate to severe PP in patients ≥ 18 years of age</li> <li>PsA in patients ≥ 18 years of age</li> </ul>
<b>Velsipity</b>	etrasimod	<ul style="list-style-type: none"> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> </ul>

Brand Names	Generic Names	Indications
<b>Xeljanz®/XR</b>	tofacitinib	<ul style="list-style-type: none"> <li>Moderately to severely active RA in patients ≥ 18 years of age alone or in combination with methotrexate or other DMARDS</li> <li>PsA in patients ≥ 18 years of age</li> <li>Moderate to severe UC in patients ≥ 18 years of age</li> <li>Active AS in patients ≥ 18 years of age</li> </ul>
<b>Yuflyma (biosimilar to Humira)</b>	adalimumab-aaty	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>JIA in patients ≥ 2 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>AS in patients ≥ 18 years of age</li> <li>Moderately to severely active CD in patients ≥ 6 years of age</li> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> <li>Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>
<b>Yusimry (biosimilar to Humira)</b>	adalimumab-aqvh	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms of active RA in patients ≥ 18 years of age</li> <li>Moderate to severe chronic PP in patients ≥ 18 years of age</li> <li>JIA in patients ≥ 2 years of age</li> <li>PsA in patients ≥ 18 years of age</li> <li>AS in patients ≥ 18 years of age</li> <li>Moderately to severely active CD in patients ≥ 6 years of age</li> <li>Moderately to severely active UC in patients ≥ 18 years of age</li> <li>Hidradenitis suppurativa in patients ≥ 18 years of age</li> <li>Non-infectious intermediate, posterior, and panuveitis in patients ≥ 18 years of age</li> </ul>

**\*For requests for Rinvoq (upadacitinib) for Atopic Dermatitis, use Skin Disorders Criteria.**

## Criteria for Approval

Prior authorization will only be granted for the approved FDA indications listed above **and** must be prescribed by a rheumatologist, gastroenterologist, or dermatologist based on the approved FDA indication.

- Ankylosing spondylitis:
  - Trial and failure required with a nonsteroidal anti-inflammatory drugs (NSAID).
- Juvenile idiopathic arthritis (JIA) (previously listed as JRA):
  - Trial and failure of, contraindication, or adverse reaction to methotrexate.

3. Moderately to severely active Crohn's disease (CD):
  - 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).
4. Moderately to severely active ulcerative colitis (UC) (all the following must be met):
  - Trial and failure of a compliant regimen of oral or rectal aminosalicylates (e.g., sulfasalazine or mesalamine) for two consecutive months; **AND**
  - Trial and failure of a compliant regimen of oral corticosteroids (for moderate to severe ulcerative colitis) unless contraindicated, or intravenous corticosteroids (for severe and fulminant ulcerative colitis or failure to respond to oral corticosteroids); **AND**
  - Trial and failure of a compliant regimen of azathioprine or mercaptopurine for three consecutive months.
5. Moderate to severe chronic plaque psoriasis (PsO):
  - Must have a previous failure on a topical psoriasis agent.
6. Psoriatic arthritis (PsA):
  - Trial and failure required with methotrexate first or in combination with methotrexate if appropriate.
7. Rheumatoid arthritis (RA):
  - Trial and failure of, contraindication, or adverse reaction to methotrexate and at least one other DMARD (e.g., sulfasalazine, hydroxychloroquine, minocycline).

#### **Length of Approval:**

1. Initial three months for Crohn's disease or ulcerative colitis.
2. One year for all other indications.
3. One-year renewal dependent upon medical records supporting response to therapy and review of prescription history.

## **Criteria for Denial**

1. Moderate to severe heart failure (New York Heart Association [NYHA] Functional Class III/IV).
2. Live vaccines should not be given concurrently.
3. Presence of active infections.
4. Current or recent malignancy.
5. Concomitant treatment with azathioprine or 6-mercaptopurine due to increased risk of fatal hepatosplenic T-cell lymphomas (for Remicade, Avsola, Inflectra, and Renflexis requests only).
6. Pregnancy (for Arava request only).
7. Concomitant use with other systemic immunomodulators.
8. Concurrent diagnosis of irritable bowel syndrome (for Cosentyx only).

**Non-preferred drugs on the Preferred Drug List (PDL) require additional prior authorization.**

## References

Available upon request.

## Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy and Therapeutic Committee	New	11/06/2008
Commissioner	Approval	12/01/2008
DUR Committee	Revision	03/22/2010
Commissioner	Approval	04/30/2010
DUR Committee	Revision	03/23/2011
Commissioner	Approval	06/07/2011
DUR Board	Revision	05/12/2015
Commissioner	Approval	06/30/2015
DUR Board	Revision	05/31/2016
Commissioner	Approval	06/18/2016
DUR Board	Revision	10/11/2016
Commissioner	Approval	11/22/2016
DUR Board	Revision	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/08/2021
Commissioner Designee	Approval	08/13/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/13/2022
Commissioner Designee	Approval	01/26/2023

<b>Reviewed by</b>	<b>Reason for Review</b>	<b>Date Approved</b>
DUR Board	Revision	06/19/2023
Commissioner Designee	Approval	06/29/2023
DUR Board	Revision	12/08/2023
Commissioner Designee	Approval	01/22/2024
DUR Board	Revision	05/07/2024
Commissioner Designee	Approval	06/10/2024