

Last review date: 4/2/2025

Applicable Products:	
Actemra (tocilizumab)	Simponi Aria (golimumab)
Cimzia (certolizumab)	Skyrizi (risankizumab-rzaa)
Cosentyx IV (secukinumab)	Stelara IV (ustekinumab)
Enbrel (etanercept)	Stelara SC (ustekinumab)
Entyvio (vedolizumab)	Steqeyma (ustekinumab-stba)
Ilumya (tildrakizumab-asmn)	Tofidence (tocilizumab-bavi)
Omvoh (mirikizumab-mrkz)	Tyenne (tocilizumab-aazg)
Orencia (abatacept)	Tremfya (guselkumab)
Pyzchiva IV (ustekinumab-ttwe)	Wezlana (ustekinumab-auub)
Selarsdi (ustekinumab-aekn)	Yesintek (ustekinumab-kfce)

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Disease-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Crohn's Disease (Cimzia, Entyvio, Omvoh, Pyzchiva, Selarsdi, Skyrizi, Stelara, Steqeyma, Tremfya, Wezlana, Yesintek)

- Patient is 18 years of age or older; **AND**
- Patient has moderately to severely active disease and have had an inadequate response to conventional therapy; **AND**
- Patient has tried and failed corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate)

Ulcerative Colitis (Entyvio, Omvoh, Pyzchiva, Selarsdi, Skyrizi, Stelara, Steqeyma, Tremfya, Wezlana, Yesintek)

- Patient is 18 years of age or older; **AND**
- Patient has moderately to severely active disease ulcerative colitis; **AND**
- Patient has tried and failed conventional therapy (e.g., aminosaliclates, corticosteroids or immunomodulators like azathioprine, 6-mercaptopurine, or methotrexate)

Giant Cell Arteritis (GCA) Actemra, Tofidence, Tyenne)

- Patient is 18 years of age or older; **AND**
- Patient has diagnosis of Giant Cell Arteritis (GCA); **AND**
- Treatment with at least 1 systemic corticosteroid (e.g. prednisone) was ineffective and not tolerated

Rheumatoid Arthritis (Cimzia, Cosentyx, Enbrel, Orencia, Simponi Aria)

- Patient is 18 years of age or older; **AND**

- Patient has moderately to severely active rheumatoid arthritis (RA); **AND**
- Patient has tried and failed previous therapy with at least one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, etc.

Polyarticular Juvenile Idiopathic Arthritis (Enbrel, Orencia, Simponi Aria, Actemra, Tofidence, Tylene)

- Patient is 2 years of age or older; **AND**
- Patient has moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)

Systemic Juvenile Idiopathic Arthritis (SJIA) (Actemra, Tofidence, Tylene)

- Patient is 2 years of age or older; **AND**
- Patient has active systemic juvenile idiopathic arthritis

Psoriatic Arthritis (Cimzia, Cosentyx, Enbrel, Orencia, Pyzchiva, Selarsdi, Simponi Aria, Stelara, Steqeyma, Tremfya, Wezlana, Yesintek)

- Patient has active psoriatic arthritis (PsA); **AND**
- One of the following:
 - Patient is 18 years of age or older (Cimzia or Enbrel or Tremfya only)
 - Patient is 2 years of age or older (Cosentyx or Orencia or Simponi Aria only)
 - Patient is 6 years of age or older (Pyzchiva, Selarsdi, Stelara, Steqeyma, Wezlana, Yesintek only); **AND**
- Patient has tried and failed previous therapy with at least one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, etc.

Juvenile Psoriatic Arthritis (Enbrel)

- Patient is 2 years of age or older; **AND**
- Patient has active juvenile psoriatic arthritis (JPsA)

Ankylosing Spondylitis (Cimzia, Cosentyx, Enbrel, Simponi Aria)

- Patient is 18 years of age or older; **AND**
- Patient has active ankylosing spondylitis (AS); **AND**
- Patient has tried and failed at least one non-steroidal anti-inflammatory agent (NSAID)

Non-radiographic Axial Spondyloarthritis (Cimzia, Cosentyx)

- Patient is 18 years of age or older; **AND**
- Patient has active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation; **AND**
- Patient has tried and failed at least one non-steroidal anti-inflammatory agent (NSAID)

Plaque Psoriasis (Cimzia, Cosentyx, Enbrel, Ilumya, Pyzchiva, Selarsdi, Skyrizi, Stelara, Steqeyma, Tremfya, Wezlana, Yesintek)

- Patient has moderate-to-severe plaque psoriasis (PsO); **AND**
- Patient is a candidate for systemic therapy or phototherapy; **AND**
- One of the following:
 - Patient is 18 years of age or older (Cimzia or Ilumya or Skyrizi or Tremfya only)
 - Patient is 6 years of age or older (Cosentyx, Pyzchiva, Selarsdi, Stelara, Steqeyma, Wezlana, Yesintek only)
 - Patient is 4 years of age or older (Enbrel only); **AND**
- Patient tried and failed at least one topical agents (i.e., corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, etc.); **AND**

- Patient tried and failed at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, methotrexate, etc.)

Enthesitis-Related Arthritis (Cosentyx)

- Patient is 4 years of age or older; **AND**
- Patient has active enthesitis-related arthritis (ERA); **AND**
- Patient has tried and failed at least one corticosteroids or immunomodulators (e.g. azathioprine, 6-mercaptopurine, or methotrexate)

Hidradenitis Suppurativa (Cosentyx)

- Patient is 18 years of age or older; **AND**
- Patient has moderate to severe hidradenitis suppurativa (HS)

Prophylaxis for Acute Graft versus Host Disease (Orencia)

- Patient is 2 years of age or older; **AND**
- Agent will be used in combination with a calcineurin inhibitor and methotrexate; **AND**
- Patient is undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated-donor

Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD) (Actemra, Tofidence, Tyenne)

- Patient is 18 years of age or older; **AND**
- Patient has a diagnosis of SSc-ILD

Cytokine Release Syndrome (CRS) (Actemra, Tofidence, Tyenne)

- Patient is 2 years of age or older; **AND**
- Patient has chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.