Targeted Immune Modulators

Effective 01/22/2004
Revised 10/03/2019

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tbody>
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<td>Available With Clinical Edits</td>
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</table>

- Cosentyx®
- Enbrel®
- Humira®
- Leflunomide
- Ridaura®
- Actemra®
- Arava®
- Benlysta®
- Cimzia®
- Entyvio®
- Ilumya™
- Inflectra®
- Kevzara®
- Kineret®
- Olumiant®
- Orencia® Vial and ClickJect®
- Otezla®
- Remicade®
- Renflexis®
- Siliq®
- Simponi®
- Simponi® Aria
- Skyrizi™
- Stelara®
- Taltz®
- Tremfya®
- Xeljanz®
- Xeljanz® XR

Approval Criteria

- Documented compliance on current therapy regimen OR
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents
- All appropriate agents with diagnosis of rheumatoid arthritis:
  - Previous trial of methotrexate (past 720 days) OR
  - Contraindication to methotrexate therapy
- Cosentyx
  - Documented trial period of 1 preferred TNF agent
- Xeljanz XR
  - Documented trial period of a minimum of 90 days with Xeljanz
• Kineret
  o Documented trial period of a preferred CAPS agents with diagnosis of Neonatal Onset Multisystem Inflammatory Disease

• Otezla
  o Documented trial period of triamcinolone, tetracycline or colchicine with diagnosis of oral ulcers associated with Behcet’s disease

• Infliximab and Entyvio
  o Documented trial period of Humira with diagnosis of Crohn’s disease

• Documentation of approvable diagnosis

Denial Criteria

• Lack of adequate trial on required preferred agents
• Therapy will be denied if no approval criteria are met
• Drug Prior Authorization Hotline: (800) 392-8030