MEDICATION POLICY:

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

Generic Name: N/A

Applicable Drugs (if Therapeutic Class): Actemra® (tocilizumab), Adbry® (tralokinumab-ldrm), Avsola® (infliximab-axxq), Cibinqo™ (abrocitinib), Cimzia® (certolizumab pegol), Cosentyx® (secukinumab), Dupixent® (dupilumab), Enbrel® (etanercept), Entyvio® (vedolizumab), Humira® (adalimumab), Ilaris® (canakinumab), Ilumya® (tildrakizumab-asmn), Inflectra® (infliximab-dyyb), Kevzara® (sarilumab), Kineret® (anakinra), Olumiant® (baricitinib), Orencia® (abatacept), Otezla® (apremilast), Remicade® (infliximab), Renflexis® (infliximab-abda), Riabni® (rituximab-arrx), Rinvoq® (upadacitinib), Rituxan® (rituximab), Ruxience® (rituximab-pvvr), Siliq® (brodalumab), Simponi®/Simponi Aria® (golimumab), Skyrizi® (risankizumab), Sotyktu™ (deucravacitinib), Stelara® (ustekinumab), Taltz® (ixekizumab), Tremfya® (guselkumab), Truxima® (rituximab-abbs), Tysabri® (natalizumab), Xeljanz®/Xeljanz XR® (tofacitinib), Zeposia® (ozanimod)

Preferred: Humira® (adalimumab), Kevzara® (sarilumab), Rinvoq® (upadacitinib), Skyrizi® (risankizumab), Stelara® (ustekinumab), Xeljanz®/Xeljanz XR® (tofacitinib), Zeposia® (ozanimod)

Non-preferred: Actemra® (tocilizumab), Adbry® (tralokinumab-ldrm), Avsola® (infliximab-axxq), Cibinqo™ (abrocitinib), Cimzia® (certolizumab pegol), Cosentyx® (secukinumab), Dupixent® (dupilumab), Enbrel® (etanercept), Entyvio® (vedolizumab), Ilaris® (canakinumab), Ilumya® (tildrakizumab-asmn), Inflectra® (infliximab-dyyb), Kineret® (anakinra), Olumiant® (baricitinib), Orencia® (abatacept), Otezla® (apremilast), Remicade® (infliximab), Renflexis® (infliximab-abda), Riabni® (rituximab-arrx), Rituxan® (rituximab), Ruxience® (rituximab-pvvr), Siliq® (brodalumab), Simponi®/Simponi Aria® (golimumab), Sotyktu™ (deucravacitinib), Taltz® (ixekizumab), Tremfya® (guselkumab), Truxima® (rituximab-abbs), Tysabri® (natalizumab)

Date of Origin: 5/3/2022

Date Last Reviewed / Revised: 9/20/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met.)

I. Documented diagnosis of one of the following conditions A through J AND must meet criteria listed under applicable diagnosis.

A. Moderate to severe Atopic dermatitis (AD)

1. Documentation that the patient has Body Surface Area (BSA) involvement of at least 10% OR that the atopic dermatitis is impairing the patient's activities of daily living (ADLs).

2. Documented treatment failure or contraindication to two high or very high potency topical corticosteroids (eg, betamethasone dipropionate augmented 0.05% cream or ointment, triamcinolone acetonide 0.5% cream or ointment, etc.).

3. Documented treatment failure or contraindication to one topical calcineurin inhibitor (eg, pimecrolimus, tacrolimus).

4. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, azathioprine, cyclosporine, and methotrexate).
5. Treatment must be prescribed by or in consultation with a dermatologist, allergist, or immunologist.

B. Active ankylosing spondylitis (AS) or non-radiographic axial spondyloarthritis (nr-axSpA)

1. If the request is for a Janus Kinase (JAK) inhibitor, there must be documented treatment failure or contraindication to a tumor necrosis factor (TNF) inhibitor.
2. Treatment must be prescribed by or in consultation with a rheumatologist.

C. Moderately to severely active Crohn's disease (CD)

1. Patient meets disease criteria a OR b below:
   a. Documentation of at least one of the following:
      i. Deep ulceration
      ii. Extensive anatomical involvement
      iii. Fistulizing disease
      iv. Prior hospitalization due to Crohn's disease
      v. Penetrating and/or stricturing behavior
      vi. Prior surgical resection
   b. Treatment of acute exacerbation when at least one of criteria i through iii is met:
      i. Documented treatment failure or contraindication to a trial of corticosteroids (eg, oral budesonide 9 mg daily, rectal budesonide, or oral prednisone 40 mg to 60 mg daily) for a duration of at least 7 days.
      ii. Documentation that the patient is unable to taper corticosteroids without disease worsening.
      iii. Documented treatment failure after a trial of conventional therapy (eg, azathioprine, balsalazide, mercaptopurine, mesalamine, methotrexate, sulfasalazine, etc.) for a duration of at least 8 weeks.
2. If the request is for Tysabri, there must be documented treatment failure or contraindication to a TNF inhibitor.
3. Treatment must be prescribed by or in consultation with a gastroenterologist.

D. Moderate to severe hidradenitis suppurativa (HS)

1. Documented treatment failure to one or contraindication to all of the following oral antibiotic regimen(s) at maximally indicated doses for a duration of at least 8 weeks:
   a. Tetracyclines (eg, doxycycline, minocycline, tetracycline)
   b. Combination of clindamycin with rifampin

c. Combination of metronidazole, moxifloxacin, and rifampin

2. The request is for Humira.
3. Treatment must be prescribed by or in consultation with a dermatologist.

E. Moderately to severely active polyarticular juvenile idiopathic arthritis (PJIA)

1. Documented treatment failure to one or contraindication to all conventional DMARD(s) (eg, leflunomide, methotrexate, sulfasalazine, etc.).
2. If the request is for a JAK inhibitor, there must be documented treatment failure or contraindication to a TNF inhibitor.
3. Treatment must be prescribed by or in consultation with a rheumatologist.

F. Moderate to severe chronic plaque psoriasis (PsO)

1. Documented treatment failure or contraindication to phototherapy or photochemotherapy.
2. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, acitretin, cyclosporine, methotrexate, etc.).
3. Treatment must be prescribed by or in consultation with a dermatologist or a rheumatologist.

G. Active psoriatic arthritis (PsA)

1. Patient meets disease criteria a OR b below:

a) Patient has active axial disease.

b) Patient has concurrent severe PsA and severe psoriasis and meets criteria i and ii:

i. Documentation of ≥ 1 symptom(s) from each: severe psoriatic arthritis and severe psoriasis (see Appendix Figure 1).

ii. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, cyclosporine, leflunomide, methotrexate, sulfasalazine, etc.).

2. If the request is for a JAK inhibitor, there must be documented treatment failure or contraindication to a TNF inhibitor.
3. Treatment must be prescribed by or in consultation with a rheumatologist or dermatologist.

H. Moderately to severely active rheumatoid arthritis (RA)

1. Documented treatment failure to one or contraindication to all conventional immunosuppressant(s) (eg, azathioprine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine, etc.).

2. If the request is for a JAK inhibitor or rituximab, there must be documented treatment failure or contraindication to a TNF inhibitor.
3. Treatment must be prescribed by or in consultation with a rheumatologist.

I. Moderately to severely active ulcerative colitis (UC)

1. Patient meets at least one of the treatment criteria a through c:
   a. Documented treatment failure or contraindication to a course of corticosteroids (eg, oral budesonide 9 mg daily, rectal budesonide, or oral prednisone 40 to 60 mg daily) for a duration of at least 7 days.
   b. Documentation that the patient is unable to taper corticosteroids without disease worsening.
   c. Documented treatment failure after a trial of conventional therapy (eg, azathioprine, balsalazide, mercaptopurine, mesalamine, methotrexate, sulfasalazine, etc.) for a duration of at least 8 weeks.
2. If the request is for a JAK inhibitor, there must be documented treatment failure or contraindication to a TNF inhibitor.
3. Treatment must be prescribed by or in consultation with a gastroenterologist.

J. Non-infectious uveitis (intermediate, posterior, or panuveitis)

1. Documented treatment failure or contraindication to corticosteroids (ophthalmic or systemic).
2. Documented treatment failure to one or contraindication to all noncorticosteroid systemic immunosuppressant(s) (eg, azathioprine, cyclosporine, methotrexate, mycophenolate, etc.).
3. Treatment must be prescribed by or in consultation with an ophthalmologist.

II. Absence of active serious infection or sepsis.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines. Refer to Table 1 for medication-specific criteria.

IV. Negative TB skin test within the previous 12 months or history of treatment for latent TB infection prior to initiation of therapy. Exceptions include Dupixent, Otezla, Rituxan (and biosimilars), Tysabri, and Zeposia.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

EXCLUSION CRITERIA

- Coadministration with another TIM.
- Treatment of alopecia areata.
- Medication-specific exclusion criteria as listed in Table 1.

OTHER CRITERIA

Table 1. Select FDA indications and quantity limits for TIM. Please see alternative medication policies for FDA indications not listed below.

BIOLOGICS: INJECTABLE AND INFUSION AGENTS
CD20-directed cytolytic antibody

Rituxan® (rituximab) and biosimilars
Riabni® (rituximab-arrx), Ruxience® (rituximab-pvvr), Truxima® (rituximab-abbs)
• Indications:
  • RA in combination with methotrexate, Age ≥ 18 years
• Quantity limits:
  • Two 1,000 mg intravenous infusions separated by 2 weeks (one course) every 24 weeks
• Medical benefit for IV infusion

Interleukin 1 (IL-1) inhibitors

Ilaris® (canakinumab)
• Indications:
  • SJIA, Still's disease, Age ≥ 2 years
• Quantity limits:
  • 2 vials per 28 days

Kineret® (anakinra)
• Indications:
  • RA, Age ≥ 18 years
• Quantity limits:
  • 28 syringes per 28 days

Interleukin 6 (IL-6) inhibitors

Actemra® (tocilizumab)
• Indications:
  • PJIA, SJIA, Age ≥ 2 years
  • RA, Age ≥ 18 years
• Quantity limits:
  • PJIA: 2 syringes or autoinjectors every 28 days
  • SJIA: 4 syringes or autoinjectors every 28 days
  • RA: 4 syringes or autoinjectors every 28 days

Kevzara® (sarilumab)
- Indications:
  - RA, Age ≥ 18 years
- Quantity limits:
  - 2 syringes or pens every 28 days

Interleukin 12/Interleukin 23 (IL-12/IL-23) inhibitors

Stelara® (ustekinumab)
- Indications:
  - CD, UC, Age ≥ 18 years
  - PsO, PsA Age ≥ 6 years
- Quantity limits:
  - PsO:
    - Adults and pediatrics ≤ 100 kg: One 45 mg syringe or vial for the first 28 days, then one 45 mg syringe or vial every 12 weeks
    - Adults and pediatrics > 100 kg: One 90 mg syringe for the first 28 days, then one 90 mg syringe every 12 weeks
  - PsA: One 45 mg syringe or vial for the first 28 days, then one 45 mg syringe or vial every 12 weeks
  - Concurrent PsA and PsO for adults and pediatrics > 100 kg: One 90 mg syringe for the first 28 days, then one 90 mg syringe every 12 weeks
  - CD and UC:
    - Single intravenous infusion induction dose:
      - ≤ 55 kg: 260 mg (two 130 mg vials)
      - 55.1 kg to 85 kg: 390 mg (three 130 mg vials)
      - > 85 kg: 520 mg (four 130 mg vials)
    - Maintenance: One 90 mg syringe at week 8, then every 8 weeks
- Medical benefit for IV infusion loading dose for CD and UC

Interleukin 13 (IL-13) inhibitors

Adbry® (tralokinumab-ldrm)
- Indications:
  - AD, Age ≥ 18 years
- Quantity limits:
  - 6 syringes for the first 28 days, then 4 syringes every 28 days

Dupixent® (dupilumab)
- Indications:
  - AD, Age ≥ 6 months
- Quantity limits:
  - Pediatric AD, patients 6 months to 5 years: 1 syringe or pen every 28 days
  - Pediatric and adult AD, patients age ≥ 6 years: 3 syringes for the first 28 days, then 2 syringes every 28 days

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

Interleukin 17 (IL-17) inhibitors

Cosentyx® (secukinumab)
• Indications:
  • AS, nr-axSpA, Age ≥ 18 years
  • Active enthesitis-related arthritis, Age ≥ 4 years
  • PsO, Age ≥ 6 years
  • PsA, Age ≥ 2 years
• Quantity limits:
  • AS, PsA: Four 150 mg syringes or pens for the first 28 days, then two 150 mg syringes or pens every 28 days
  • nr-axSpA, active enthesitis-related arthritis: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
  • PsO: Eight 150 mg syringes or pens for the first 28 days, then two 150 mg syringes or pens every 28 days
  • Pediatric patients 15 kg to ≤ 50 kg: Four 75 mg single-dose syringes for the first 28 days, then one 75 mg syringe or pen every 28 days

Taltz® (ixekizumab)
• Indications:
  • AS, nr-axSpA, PsA, Age ≥ 18 years
  • PsO, Age ≥ 6 years
• Quantity Limits:
  • AS and PsA: 2 syringes or pens for the first 28 days, then 1 syringe or pen every 28 days
  • nr-axSpA: 1 syringe or pen every 28 days
  • PsO: 3 syringes or pens for the first 28 days, then 2 syringes or pens every 28 days for the next 56 days, then 1 syringe or pen every 28 days
  • Pediatric PsO: 2 syringes or pens for the first 28 days, then 1 syringe or pen every 28 days

Siliq® (brodalumab)
• Indications:
  • PsO, Age ≥ 18 years
• Quantity Limits:
  • 3 syringes for the first 28 days, then 2 syringes every 28 days
• Exclusions:
  • Concurrent diagnosis of CD

Interleukin 23 (IL-23) inhibitors

Ilumya® (tildrakizumab-asmn)
• Indications:
  • PsO, Age ≥ 18 years
• Quantity limits:
  • 1 syringe for the first 28 days, then 1 syringe every 12 weeks

Skyrizi® (risankizumab)
- Indications:
  - CD, PsO, PsA, Age ≥ 18 years
- Quantity limits:
  - PsO, PsA: 1 syringe or pen for the first 28 days, then 1 syringe or pen every 12 weeks
  - CD: One 600 mg/10 ml vial per 28 days for 3 months, then one 360 mg/2.4 ml cartridge every 8 weeks
  - Medical benefit for IV infusion loading dose for CD

Tremfya® (guselkumab)
- Indications:
  - PsO, PsA, Age ≥ 18 years
- Quantity limits:
  - 1 syringe or autoinjector for the first 28 days, then 1 syringe or autoinjector every 8 weeks

Integrin Receptor Antagonists

Entyvio® (vedolizumab)
- Indications:
  - CD, UC, Age ≥ 18 years
- Quantity limits:
  - 2 vials for the first 42 days, then 1 vial every 8 weeks.
- Medical benefit for IV infusion

Tysabri® (natalizumab)
- Indications:
  - CD, Age ≥ 18 years
- Quantity limits:
  - 1 vial every 28 days
- Exclusions:
  - Concurrent use of immunosuppressants (eg, mercaptopurine, azathioprine, cyclosporine, or methotrexate)
- Medical benefit for IV infusion

Selective T-cell costimulation modulators

Orencia® (abatacept)
- Indications:
  - PJIA, Age ≥ 2 years (subcutaneous), Age ≥ 6 years (IV)
  - PsA, RA, Age ≥ 18 years
- Quantity limits:
  - 4 syringes or autoinjectors every 28 days
- Medical benefit for IV infusion

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

Tumor Necrosis Factor (TNF) inhibitors

Cimzia® (certolizumab pegol)
• Indications:
  • AS, CD, nr-axSpA, PsO, PsA, RA, Age ≥ 18 years
• Quantity limits:
  • PsO patients weighing > 90 kg: Four 200 mg syringes or vials every 28 days
  • All other diagnoses, including PsO patients weighing < 90 kg: 1 starter pack (six 200 mg syringes) for the first 28 days, then two 200 mg syringes or vials every 28 days

Enbrel® (etanercept)
• Indications:
  • AS, PsA, RA, Age ≥ 18 years
  • PsO, Age ≥ 4 years
  • PJIA, Age ≥ 2 years
• Quantity limits:
  • PsO: Eight 50 mg syringes or autoinjectors every 28 days for the first 3 months, then four 50 mg syringes (or eight 25 mg syringes or vials) every 28 days
  • Other diagnoses: Four 50 mg syringes or autoinjectors (or eight 25 mg syringes or vials) every 28 days

Humira® (adalimumab)
• Indications:
  • AS, PsO, PsA, RA, Age ≥ 18 years
  • CD, Age ≥ 6 years
  • HS, Age ≥ 12 years
  • PJIA, Uveitis, Age ≥ 2 years
  • UC, Age ≥ 5 years
• Quantity Limits:
  • AS, PsA, or RA: Two 40 mg pens or syringes every 28 days
  • Adult PsO or uveitis: Four 40 mg pens or syringes (or one 80 mg pen plus two 40 mg pens or syringes) for the first 28 days, then two 40 mg pens or syringes every 28 days
  • Adult CD or UC: Six 40 mg (or three 80 mg) pens or syringes for the first 28 days, then two 40 mg pens or syringes every 28 days
  • HS: Six 40 mg (or three 80 mg) pens or syringes for the first 28 days, then four 40 mg (or two 80 mg) pens or syringes every 28 days
  • PJIA or pediatric uveitis: Two 10 mg, 20 mg, or 40 mg syringes every 28 days
  • Pediatric CD:
  • 17 kg to 39 kg: Three 40 mg (or one 80 mg plus one 40 mg) pens or syringe for the first 28 days, then two 20 mg syringes every 28 days
  • ≥40 kg: Six 40 mg (or three 80 mg) pens or syringes for the first 28 days, then two 40 mg pens or syringes every 28 days
  • Pediatric UC:
  • 20 kg to 39 kg: Four 40 mg (or one 80 mg plus two 40 mg) pens or syringes for the first 28 days, then four 20 mg (or two 40 mg) pens or syringes every 28 days
  • ≥ 40 kg: Four 80 mg pens or syringes for the first 28 days, then four 40 mg (or two 80 mg) pens or syringes every 28 days

Remicade® (infliximab) and biosimilars
Avsola® (infliximab-axxq), Inflectra® (infliximab-dyyb), Renflexis® (infliximab-abda)

- Indications:
  - AS, PsO, PsA, RA, Age ≥ 18 years
  - CD, UC, Age ≥ 6 years
- Quantity limit:
  - Two doses of 5 mg/kg in the first 42 days, then one dose of 5 mg/kg every 8 weeks
- Exclusions:
  - Doses > 5 mg/kg in moderate or severe heart failure
- Medical benefit for IV infusion

Simponi® (golimumab)

- Indications:
  - AS, PsA, RA, UC, Age ≥ 18 years
- Quantity limits:
  - AS, PsA, RA: One 50 mg syringe or autoinjector every 28 days
  - UC: Three 100 mg syringes or autoinjectors for the first 28 days, then one 100 mg syringe or autoinjector every 28 days

Simponi Aria® (golimumab)

- Indications:
  - AS, RA, Age ≥ 18 years
  - PJIA, PsA, Age ≥ 2 years
- Quantity limits:
  - Adults: One dose of 2 mg/kg for the first 28 days, then one dose of 2 mg/kg every 8 weeks
  - Pediatrics: One dose of 80 mg/m^2 for the first 28 days, then one dose of 80 mg/m^2 every 8 weeks
- Medical benefit for IV infusion

Tyrosine Kinase 2 (TYK2) inhibitors

Sotyktu™ (deucravacitinib)

- Indications:
  - PsO, Age ≥ 18 years
- Quantity Limits: 30 tablets per 30 days
- Exclusions:
  - Severe hepatic impairment (Child Pugh C)

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

ORAL TARGETED SYNTHETIC DMARDS
Janus Kinase (JAK) inhibitors

Cibinqo™ (abrocitinib)
• Indications:
  • AD, Age ≥ 18 years
• Quantity limits:
  • 30 tablets per 30 days
• Exclusions:
  • Concurrent use of antiplatelet therapy (other than aspirin ≤ 81 mg) during the first 3 months of therapy
  • Concurrent use of potent immunosuppressants (ie, azathioprine or cyclosporine)

Olumiant® (baricitinib)
• Indications:
  • RA, Age ≥ 18 years
• Quantity limits:
  • 30 tablets per 30 days
• Exclusions:
  • Concurrent use of potent immunosuppressants (ie, azathioprine or cyclosporine)

Rinvoq® (upadacitinib)
• Indications:
  • AD, Age ≥ 12 years
  • AS, PsA, RA, UC, Age ≥ 18 years
• Quantity limits:
  • AD, AS, PsA, RA: Thirty 15 mg tablets per 30 days
  • UC: Thirty 45 mg tablets per 30 days for 8 weeks, then thirty 15 mg tablets (or thirty 30 mg tablets) per 30 days
• Exclusions:
  • Concurrent use of potent immunosuppressants (ie, azathioprine or cyclosporine)

Xeljanz®/Xeljanz XR® (tofacitinib)
• Indications:
  • AS, PsA, RA, UC, Age ≥ 18 years
  • PJIA, Age ≥ 2 years (oral solution only)
• Quantity limits:
  • AS, PsA, RA: Sixty 5 mg IR tablets per 30 days or thirty 11 mg XR tablets per 30 days
  • UC: Sixty 10 mg IR tablets per 30 days for 16 weeks, then sixty 5 mg IR tablets per 30 days or thirty 22 mg XR tablets per 30 days for 16 weeks, then thirty 11 mg XR tablets per 30 days
  • PJIA: 300 ml per 30 days or sixty 5 mg tablets per 30 days
• Exclusions:
  • Concurrent use of potent immunosuppressants (ie, azathioprine or cyclosporine)

Phosphodiesterase 4 (PDE4) inhibitors

Otezla® (apremilast)
• Indications:
  • Behcet's disease, PsO, PsA, Age ≥ 18 years
• Quantity limits:
  • 60 tablets per 30 days

Sphingosine-1-phosphate (S1P) receptor modulators

Zeposia® (ozanimod)
• Indications:
  • UC, Age ≥ 18 years
• Required documentation:
  • Evidence of varicella-zoster vaccination, or history of chickenpox, or evidence of immunity
  • Baseline LFT, bilirubin levels, and CBC
  • Baseline electrocardiogram
  • Ophthalmologic examination
• Quantity limits:
  • Loading dose: One 7-day starter pack including 7 capsules (Four 0.23 mg capsules and three 0.46 mg capsules) or One starter kit (37-capsule starter kit including four 0.23 mg capsules and three 0.46 mg capsules and thirty 0.92 mg capsules)
  • Maintenance: Thirty 0.92 mg capsules per 30 days
• Exclusions:
  • Severe untreated sleep apnea
  • History of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III or IV heart failure in past 6 months
  • Presence of Mobitz type II second-degree or third-degree atrioventricular block, sick sinus syndrome, or sino-atrial block in members without a functioning pacemaker
  • Concurrent use of monoamine oxidase inhibitor

AD: atopic dermatitis, AS: ankylosing spondylitis AST: aspartate aminotransferase CBC: complete blood count, CD: Crohn's disease, DMARD: disease-modifying antirheumatic drug, FDA: U.S. Food and Drug Administration, HS: hidradenitis suppurativa, IL: interleukin, IR: immediate release, IV: intravenously, JAK: janus kinase, LFT: liver function test, nr-axSpA: non-radiographic axial spondylarthritis, PJIA: polyarticular juvenile idiopathic arthritis, PsO: plaque psoriasis, PsA: psoriatic arthritis, RA: rheumatoid arthritis, S1P: sphingosine-1-phosphate, SJIA: systemic juvenile idiopathic arthritis, TIM: targeted immune modulator, TNF: tumor necrosis factor, UC: ulcerative colitis, XR: extended release

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Requested quantities not exceeding limits listed in Table 1.

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

Approval Length

- **Authorization:** 4 months
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing improvement or maintenance with the medication.

Appendix

- Figure 1 - Examples of severe PsO and severe PsA.

Severe Psoriatic Arthritis	Severe Psoriasis
• Erosive disease • Elevated markers of inflammation (ESR, CRP) attributable to PsA • Long-term damage that interferes with function (i.e., joint deformities) • Highly active disease that causes a major impairment in quality of life • Active PsA at many sites including dactylitis, enthesitis • Function-limiting PsA at a few sites • Rapidly progressive disease	• PASI of 12 or more • BSA of 5-10% or more • Significant involvement in specific areas • (e.g., face, hands or feet, nails, intertriginous areas, scalp) where the burden of the disease causes significant disability • Impairment of physical or mental functioning can warrant a designation of moderate-to-severe disease despite the lower amount of surface area of skin involved

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MEDICATION POLICY:

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Irritable Bowel Disease

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.