MEDICATION POLICY:

Targeted Immune Modulators (TIM)

for Dermatologic Diseases, Rheumatologic Diseases, and Inflammatory Bowel Diseases

Applicable Drugs: Abrilada (adalimumab-afbz), Actemra (tocilizumab), Adalimumab-aacf (unbranded), Adalimumab-aaty (unbranded), Adalimumab-adaz (unbranded), Adalimumab-adbm (unbranded), Adalimumab-fkjp (unbranded), Adbry (tralokinumab-ldrm), Adquey (difamilast), Amjevita (adalimumab-atto), Anzupgo (delgocitinib), Avsola (infliximab-axxq), Avtozma (tocilizumab-anoh), Bimzelx (bimekizumab-bkzx), Cibinqo (abrocitinib), Cimzia (certolizumab pegol), Cosentyx (secukinumab), Cyltezo (adalimumab-adbm), Dupixent (dupilumab), Ebglyss (lebrikizumab-lbkz), Enbrel (etanercept), Entyvio (vedolizumab), Hadlima (adalimumab-bwwd), Humira (adalimumab), Hulio (adalimumab-fkjp), Hyrimoz (adalimumab-adaz), Icotyde (icotrokinra), Idacio (adalimumab-aacf), Ilaris (canakinumab), Ilumya (tildrakizumab-asmn), Imuldosa (ustekinumab-srlf), Inflectra (infliximab-dyyb), Ixifi (infliximab-qbtx), Kevzara (sarilumab), Kineret (anakinra), Leqselvi (deuruxolitinib), Litfulo (ritlecitinib), Nemluvio (nemolizumab-ilto), Olumiant (baricitinib), Omvoh (mirzikizumab), Opzelura (ruxolitinib), Orencia (abatacept), Otezla (apremilast), Otulfi (ustekinumab-aauz), Pyzchiva (ustekinumab-ttwe), Remicade (infliximab), Renflexis (infliximab-abda), Rhapsido (remibrutinib), Riabni (rituximab-arrx), Rinvoq/Rinvoq LQ (upadacitinib), Rituxan (rituximab), Ruxience (rituximab-pvvr), Selarsdi (ustekinumab-aekn), Siliq (brodalumab), Simlandi (adalimumab-ryvk), Simponi/Simponi Aria (golimumab), Skyrizi (risankizumab), Sotyktu (deucravacitinib), Spevigo (spesolimab-sbzo), Starjemza (ustekinumab-hmny), Stelara (ustekinumab), Steqeyma (ustekinumab-stba), Taltz (ixekizumab), Tofidence (tocilizumab-bavi), Tremfya (guselkumab), Truxima (rituximab-abbs), Tyenne (tocilizumab-aazg), Tysabri (natalizumab), Ustekinumab-ttwe (unbranded), Velsipity (etrasimod), Wezlana (ustekinumab-auub), Xeljanz/Xeljanz XR (tofacitinib), Xolair (omalizumab), Yesintek (ustekinumab-kfce), Yuflyma (adalimumab-aaty), Yusimry (adalimumab-aqvh), Zeposia (ozanimod), Zoryve (roflumilast), Zymfentra (infliximab-dyyb)

Date of Origin: 5/3/2022

Date Last Reviewed / Revised: 9/30/2026

Prior Authorization Criteria

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

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

A. Atopic dermatitis (AD)

1. Mild to moderate disease

a. Documentation that the patient has Body Surface Area (BSA) involvement of 3% to 20%.

b. Documented treatment failure or contraindication to two topical corticosteroids as appropriate for disease severity i or ii:

i. Mild disease: low or lower-mid potency topical corticosteroids (eg, betamethasone valerate 0.1% cream or lotion, desonide 0.05% cream or ointment, or hydrocortisone 0.1% cream, etc).

ii. Moderate disease: medium or high potency topical corticosteroids (eg, fluocinolone 0.025% ointment, triamcinolone 0.1% cream or ointment, betamethasone dipropionate 0.05% cream, etc).

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

2. Moderate to severe disease

a. 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).

b. Documented treatment failure or contraindication to one high or very high potency topical corticosteroid (eg, betamethasone dipropionate augmented 0.05% cream or ointment, triamcinolone acetonide 0.5% cream or ointment, etc) for adults or one medium potency topical corticosteroid for pediatric patients age 2 and under.

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

3. 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. Treatment must be prescribed by or in consultation with a rheumatologist.

C. Behcet's Disease

1. Documentation of recurrent oral ulcers caused by Behcet's disease.

2. Documentation of recurrence despite the use of oral, topical corticosteroids.

3. Documented treatment failure to one or contraindication to all systemic non-biologic agent(s) (eg, colchicine, azathioprine, etc).

4. Treatment must be prescribed by or in consultation with a rheumatologist or dermatologist.

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

1. Patient meets disease criteria a or b:

a. Documentation of at least one of the following:

i. Deep ulceration

ii. Extensive anatomical involvement

iii. Fistula and/or perianal abscess

iv. Prior hospitalization due to Crohn's disease

v. Penetrating and/or stricturing behavior

vi. Prior surgical resection

b. Documentation of at least one of the following:

i. 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. The patient is unable to taper corticosteroids without disease worsening.

iii. 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. Treatment must be prescribed by or in consultation with a gastroenterologist.

E. Bullous pemphigoid (BP)

1. Documentation of all the following:
   a. Direct immunofluorescence microscopy with positive linear (with a n-serrated pattern) deposits of IgG and/or C3 along the dermo-epidermal junction.
   b. IgG anti-basement membrane zone (BMZ) autoantibodies by indirect immunofluorescence microscopy.
   c. Histopathology showing all the following:
      i. Subepidermal bullae containing eosinophils and/or neutrophils.
      ii. Dermal infiltration of eosinophils and/or neutrophils.
      iii. Margination of eosinophils along the dermal–epidermal junction.
2. Documented Bullous Pemphigoid Disease Area Index (BPDAI) activity score of at least 24 at baseline.
3. Documented treatment failure with two or contraindication to all the following first-line treatments: high-dose oral corticosteroids, dapsone, and doxycycline.
4. Documented treatment failure with one or contraindication to all the following second-line treatments: azathioprine, mycophenolate, and methotrexate.
5. Treatment must be prescribed by or in consultation with a dermatologist.

F. Chronic spontaneous urticaria (CSU)

1. Documentation that a medical evaluation has been performed to rule out other possible causes of urticaria.
2. Documented treatment failure or contraindication to H1-antihistamine therapy taken at the maximally tolerated dose.
3. Documented treatment failure with one or contraindication to all the following drug regimens:
   a. H1-antihistamine used in combination with an H2-antihistamine.
   b. H1-antihistamine used in combination with a leukotriene receptor antagonist.
4. Treatment must be prescribed by or in consultation with a dermatologist, allergist, or immunologist.

G. Generalized pustular psoriasis (GPP)

1. Documentation of all the following:
   a. Presence of primary, sterile, macroscopically visible pustules on non-acral skin.
   b. Pustulation is not restricted to psoriatic plaques.

c. Biopsy confirming psoriasiform changes, neutrophilic subcorneal pustules, and Kogoj's spongiform pustules.

2. Documentation of current moderate to severe GPP flare meeting all the following:
   a. Generalized Pustular Psoriasis Physician Global Assessment (GPPPGA) total score of at least 3 AND GPPPGA pustulation sub-score of at least 2.
   b. Presence of fresh pustules (new appearance or worsening of pustules).
   c. At least 5% of body surface area covered with erythema and the presence of pustules.
3. Documented treatment failure with one or contraindication to all the following: acitretin, methotrexate, and cyclosporine.
4. Documented treatment failure with two or contraindication to all the following: infliximab, adalimumab, and Cosentyx (secukinumab).
5. Patient has not already received an infusion of Spevigo (spesolimab) for the current acute flare.
6. Treatment must be prescribed by or in consultation with a dermatologist.

H. Giant cell arteritis (GCA)
1. Documentation of either a or b:
   a. Documented visual symptoms, visual loss, or critical cranial ischemia.
   b. No visual symptoms, visual loss, or critical cranial ischemia.
2. Documented treatment failure or contraindication to at least one systemic corticosteroid(s).
3. Treatment must be prescribed by or in consultation with rheumatologist.

I. Moderate to severe hidradenitis suppurativa (HS)
1. Documentation of Hurley stage II or III.
2. Documented treatment failure to one or contraindication to all 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.
3. Treatment must be prescribed by or in consultation with a dermatologist.

J. Polyarticular juvenile idiopathic arthritis (PJIA)
1. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, cyclosporine, leflunomide, methotrexate, sulfasalazine, etc).
2. Treatment must be prescribed by or in consultation with a rheumatologist.

K. Polymyalgia rheumatica (PMR)
1. Documentation of either a or b:

a. Inadequate response to systemic corticosteroids.

b. Unable to taper corticosteroids without disease worsening.

2. Treatment must be prescribed by or in consultation with rheumatologist.

L. Prurigo nodularis (PN)

1. Documented history of chronic, severe pruritus meeting all the following:

a. Worst Itch Numeric Rating Scale score greater than 7.

b. Documentation of at least 20 nodular lesions in total on both legs and/or both arms and/or trunk.

2. Documented treatment failure or contraindication to at least one high or very high potency topical corticosteroids.

3. Documented treatment failure to one or contraindication to all the following: gabapentinoids, serotonin and norepinephrine reuptake inhibitors (SNRI), selective serotonin reuptake inhibitors (SSRI), and tricyclic antidepressants (TCA).

4. Documented treatment failure to one or contraindication to all conventional therapies (ie, phototherapy, azathioprine, cyclosporine, methotrexate, mycophenolate mofetil).

5. Treatment must be prescribed by or in consultation with a dermatologist.

M. Plaque psoriasis (PsO)

1. Mild to moderate disease

a. Documentation that the patient has Body Surface Area (BSA) involvement of 2% to 20%.

b. Documented treatment failure with three or more of the following topical therapies for a duration of at least 4 weeks:

i. Corticosteroids (eg, betamethasone, clobetasol, desonide)

ii. Vitamin D analogs (eg, calcitriol, calcipotriene)

iii. Tazarotene

iv. Calcineurin inhibitors (eg, tacrolimus, pimecrolimus)

v. Coal Tar

vi. Anthralin

2. Moderate to severe disease

a. Documented treatment failure or contraindication to phototherapy or photochemotherapy.

b. 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.

N. Active psoriatic arthritis (PsA)

1. Patient meets disease criteria a or b:
    a. Active axial disease.
    b. Moderate to severe PsA and meets all the following:
        i. Documentation of at least one symptom(s) from either severe psoriatic arthritis or severe psoriasis. Refer to Appendix Figure 1.
        ii. Documented treatment failure to one or contraindication to all conventional systemic immunosuppressant(s) (eg, cyclosporine, leflunomide, methotrexate, sulfasalazine, etc).
2. Treatment must be prescribed by or in consultation with a rheumatologist or dermatologist.

O. 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. Treatment must be prescribed by or in consultation with a rheumatologist.

P. Seborrheic dermatitis
1. Documented treatment failure with one agent from each of the following topical therapies for a duration of at least 4 weeks:
    a. Topical corticosteroids (eg, betamethasone, hydrocortisone)
    b. Topical, shampoo, or systemic antifungals (eg, ketoconazole, ciclopirox, itraconazole)
    c. Topical calcineurin inhibitors (eg, tacrolimus, pimecrolimus)
2. Treatment must be prescribed by or in consultation with a dermatologist.

Q. Systemic juvenile idiopathic arthritis (SJIA)/Still's Disease
1. Documentation of at least three active systemic features (eg, fever, arthralgia/arthritis, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, sore throat).
2. Documented treatment failure with one or contraindication to all conventional systemic immunosuppressant(s) (eg, cyclosporine, leflunomide, methotrexate, sulfasalazine, etc).
3. Treatment must be prescribed by or in consultation with a rheumatologist.

R. Moderately to severely active ulcerative colitis (UC)
1. Patient meets at least one of the treatment criteria:
    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. Treatment must be prescribed by or in consultation with a gastroenterologist.

S. 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 non-corticosteroid systemic immunosuppressant(s) (eg, azathioprine, cyclosporine, methotrexate, mycophenolate, etc).
3. Treatment must be prescribed by or in consultation with an ophthalmologist or rheumatologist.

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

III. 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). Some plan benefit designs may differ. See Other Criteria.

Exclusion Criteria

- Active serious infection or sepsis.
- Coadministration with another TIM.
- Treatment of alopecia areata.
- Treatment of vitiligo.
- CSU: treatment of other allergic conditions or forms of urticaria other than chronic spontaneous urticaria.
- Medication-specific exclusion criteria as listed in Appendix Table 1.

Other Criteria

- Plan benefit designs with custom utilization management may require treatment failure with generic and/or biosimilar agents in accordance with FDA labeling and guideline recommendations.

Quantity / Days Supply Restrictions

- Requested quantities not exceeding limits listed in Appendix Table 1.

Approval Length

- **Authorization:**
  - Opzelura (ruxolitinib): One-time approval for 8 weeks.
  - All other drugs: 4 months

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

APPENDIX

Table 1. Select FDA indications, drug-specific criteria, and quantity limits for TIM. Please see the alternative medication policies for FDA indications not listed below.

BIOLOGICS: INJECTABLE AND INFUSION AGENTS
Anti-IgE antibody

Xolair (omalizumab)
Biosimilars: Omlyclo (omalizumab-igec)
• Indications:
  ○ CSU, Age ≥ 12 years
• Quantity limits:
  ○ One 150 or 300 mg syringe or autoinjector every 28 days
• Other:
  ○ Dosing is not dependent on serum IgE level or body weight.

Bruton's tyrosine kinase inhibitor (BTKi)

Rhapsido (remibrutinib)
• Indications:
  ○ CSU, Age ≥ 18 years
• Quantity limits:
  ○ 60 tablets every 30 days

CD20-directed cytolytic antibody

Rituxan(rituximab)
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 IV infusions separated by 2 weeks (one course) every 24 weeks
• Other:
  ○ Documented treatment failure with at least one TNF inhibitor.
  ○ Rituxan Hycela is indicated for malignant conditions only.
  ○ Medical benefit for IV infusion.

Interleukin 1 (IL-1) inhibitors

Ilaris (canakinumab)
• Indications:
  ○ SJIA, Still's disease, Age ≥ 2 years
• Quantity limits:
  ○ Two vials every 28 days
• Other:
  ○ Documented treatment failure or contraindication to tocilizumab.
  ○ Documented treatment failure or contraindication to anakinra.
  • Dosing is dependent on body weight

Kineret (anakinra)
- Indications:
  - RA, Age ≥ 18 years
- Quantity limits:
  - 28 syringes every 28 days

Interleukin 4/Interleukin 13 (IL-4/IL-13) inhibitors

Dupixent (dupilumab)
- Indications:
  - AD, Age ≥ 6 months
  - BP, PN, Age ≥ 18 years
  - CSU, Age ≥ 2 years
- Quantity limits:
  - Adult:
    - AD: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days
    - BP: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days
    - CSU: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days
    - PN: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days
  - Pediatric:
    - AD, 6 months to 5 years:
      - 5 to < 15 kg: Two 200 mg syringes or pens every 56 days
      - 15 to < 30 kg: Two 300 mg syringes or pens every 56 days
    - AD, 6 to 17 years:
      - 15 to < 30 kg: Two 300 mg syringes or pens for the first 28 days, then two 300 mg syringes or pens every 56 days
      - 30 to < 60 kg: Two 200 mg syringes or pens for the first 14 days, then two 200 mg syringes or pens every 28 days
      - ≥ 60 kg: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days
    - CSU, 2 to 5 years:
      - 5 to < 15 kg: Two 200 mg syringes or pens every 56 days
      - 15 to < 30 kg: Two 300 mg syringes or pens every 56 days
    - CSU, 6 to 17 years:
      - 15 kg to < 30 kg: Two 300 mg syringe or pen every 28 days, then two 300 mg syringes or pens every 56 days
      - 30 to < 60 kg: Two 200 mg syringes or pens for the first 14 days, then two 200 mg syringes or pens every 28 days
      - ≥ 60 kg: Two 300 mg syringes or pens for the first 14 days, then two 300 mg syringes or pens every 28 days

Interleukin 6 (IL-6) inhibitors

Actemra (tocilizumab)
Biosimilars: Avtozma (tocilizumab-anoh), Tofidence (tocilizumab-bavi), Tyenne (tocilizumab-aazg)

- Indications:
  - PJIA, SJIA, Age ≥ 2 years
  - GCA, RA, Age ≥ 18 years
- Quantity limits:
  - PJIA:
    - IV:
      - < 30 kg: 10 mg/kg every 4 weeks
      - ≥ 30 kg: 8 mg/kg every 4 weeks
    - SC:
      - < 30 kg: One syringe or pen every 21 days
      - ≥ 30 kg: Two syringes or pens every 28 days
  - SJIA:
    - IV:
      - < 30 kg: 12 mg/kg every 2 weeks
      - ≥ 30 kg: 8 mg/kg every 2 weeks
    - SC:
      - < 30 kg: Two syringes or pens every 28 days
      - ≥ 30 kg: Four syringes or pens every 28 days
  - GCA:
    - IV:
      - 6 mg/kg every 4 weeks
    - SC:
      - Four syringes or pens every 28 days
      - May consider two syringes or pens every 28 days
  - RA:
    - IV:
      - 4 mg/kg to 8 mg/kg every 4 weeks
    - SC:
      - < 100 kg: Two syringes or pens every 28 days
      - ≥ 100 kg: Four syringes or pens every 28 days

Kevzara (sarilumab)

- Indications:
  - PMR, RA, Age ≥ 18 years
  - PJIA, Weight ≥ 63 kg
- Quantity limits:
  - Two syringes or pens every 28 days

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

Stelara (ustekinumab)
Biosimilars: Imuldosa (ustekinumab-srlf), Otulfi (ustekinumab-aauz), Pyzchiva (ustekinumab-ttwe), Selarsdi (ustekinumab-aekn), Starjemza (ustekinumab-hmny), Steqeyma (ustekinumab-stba), Wezlana (ustekinumab-auub), Yesintek (ustekinumab-kfce)

- Indications:
  - UC, Age ≥ 18 years
  - CD, Age ≥ 2 years
  - PsO, PsA Age ≥ 6 years
- Quantity limits:
  - PsO:

- Adults ≤ 100 kg: One 45 mg syringe or vial for the first 28 days, then one 45 mg syringe or vial every 12 weeks
- Adults > 100 kg: One 90 mg syringe for the first 28 days, then one 90 mg syringe every 12 weeks
- Pediatrics < 60 kg: 0.75 mg/kg for the first 28 days, then 0.75 mg/kg every 12 weeks
- Pediatrics 60 kg to 100 kg: One 45 mg syringe or vial for the first 28 days, then one 45 mg syringe or vial every 12 weeks
- Pediatrics > 100 kg: One 90 mg syringe for the first 28 days, then one 90 mg syringe every 12 weeks

o PsA:
- Adults: 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
- Pediatrics < 60 kg: 0.75 mg/kg for the first 28 days, then 0.75 mg/kg every 12 weeks
- Pediatrics 60 kg to 100 kg: One 45 mg syringe or vial for the first 28 days, then one 45 mg syringe or vial every 12 weeks
- Pediatrics > 100 kg: One 90 mg syringe for the first 28 days, then one 90 mg syringe every 12 weeks

o Adult CD and UC:
- IV loading dose:
  - ≤ 55 kg: 260 mg (two 130 mg vials)
  - > 55 kg to 85 kg: 390 mg (three 130 mg vials)
  - > 85 kg: 520 mg (four 130 mg vials)
- SC maintenance: One 90 mg syringe on Week 8, then every 8 weeks

o Pediatric CD:
- IV loading dose:
  - 10 kg to 25 kg: 10 mg/kg
  - > 25 kg to 55 kg: 260 mg (two 130 mg vials)
  - > 55 kg to 85 kg: 390 mg (three 130 mg vials)
  - > 85 kg: 520 mg (four 130 mg vials)
- SC maintenance:
  - 10 kg to 35 kg: 2.5 mg/kg dose on Week 8, then every 8 weeks
  - > 35 kg: One 90 mg syringe on Week 8, then every 8 weeks

- Other
  - Medical benefit for IV infusion

Interleukin 13 (IL-13) inhibitors

Adbry (tralokinumab-ldrm)
- Indications:
  - AD, Age ≥ 12 years
- Quantity limits:
  - Adults:
    - 600 mg (four 150 mg prefilled syringes OR two 300 mg autoinjectors) for the first 14 days, then 600 mg (four 150 mg prefilled syringes OR two 300 mg autoinjectors) every 28 days
    - At renewal, there must be consideration of dosing 300 mg every 28 days for adults < 100 kg who achieve clear or almost clear skin after Week 16
  - Pediatrics:
    - 300 mg (two 150 mg prefilled syringes) for the first 14 days, then 300 mg (two syringes) every 28 days.

Ebglyss (lebrikizumab-lbkz)
- Indications:
  - AD, Age ≥ 12 years,Weight ≥ 40 kg
- Quantity Limits:

- Four pens or syringes for the first 28 days, then two pens or syringes every 28 days
  - At renewal, there must be consideration of dosing 250 mg (one pen or syringe) every 28 days OR 56 days for those who achieve clear or almost clear skin after Week 16

Interleukin 17 (IL-17) inhibitors

Bimzelx (bimekizumab-bkzx)

- Indications:
  - AS, HS, nr-axSpA, PsA, PsO, Age ≥ 18 years
- Quantity Limits:
  - AS: One 160 mg syringe or autoinjector every 28 days
  - HS: Two 320 mg syringe or autoinjector every 28 days for the first 4 months, then one 320 mg syringe or autoinjector every 28 days
  - nr-axSpA: One 160 mg syringe or autoinjector every 28 days
  - PsA: One 160 mg syringe or autoinjector every 28 days
  - PsO, PsA with PsO: One 320 mg syringe or autoinjector every 28 days for the first 4 months, then one 320 mg syringe or autoinjector every 56 days
    - For patients weighing ≥ 120 kg, consider 320 mg dosed every 28 days after Week 16

Cosentyx (secukinumab)

- Indications:
  - nr-axSpA, Age ≥ 18 years
  - AS, HS, Age ≥ 12 years
  - Active ERA, Age ≥ 4 years
  - PsO, Age ≥ 6 years
  - PsA, Age ≥ 2 years
- Quantity limits:
  - Adult:
    - ERA:
      - 15 kg to < 50 kg: Four 75 mg syringes for the first 28 days, then one 75 mg syringe every 28 days
      - ≥ 50 kg: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
    - AS, nr-axSpA, PsA, SC (may initiate with or without loading dose):
      - With loading dose: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
      - Without loading dose: One 150 mg syringe or pen every 28 days
      - For AS and PsA, may consider one 300 mg syringe or pen every 28 days with continued active disease on 150 mg dose
    - AS, nr-axSpA, PsA, IV (may initiate with or without loading dose):
      - With loading dose: 6 mg/kg given on Week 0 as a loading dose, followed by 1.75 mg/kg every 28 days thereafter. Maximum maintenance dose of 300 mg per infusion.
      - Without loading dose: 1.75 mg/kg every 28 days thereafter. Maximum maintenance dose of 300 mg per infusion
    - PsO, PsA with PsO:
      - Four 300 mg syringes or pens for the first 28 days, then one 300 mg syringe or pen every 28 days
      - May consider one 150 mg syringe or pen every 28 days
    - HS:
      - Four 300 mg syringes or pens for the first 28 days, then one 300 mg syringe or pen every 28 days
      - May consider two 300 mg syringes or pens every 28 days with continued active disease on one 300 mg per 28-day dose
  - Pediatric:

- AS, PsO:
  - < 50 kg: Four 75 mg syringes for the first 28 days, then one 75 mg syringe every 28 days
  - ≥ 50 kg: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
- Active ERA, PsA:
  - 15 kg to < 50 kg: Four 75 mg syringes for the first 28 days, then one 75 mg syringe every 28 days
  - ≥ 50 kg: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
- HS:
  - ≥ 30 kg and < 90: Four 150 mg syringes or pens for the first 28 days, then one 150 mg syringe or pen every 28 days
  - ≥ 90 kg: Four 300 mg syringes or pens for the first 28 days, then one 300 mg syringe or pen every 28 days

- Other
  - Medical benefit for IV infusion loading dose

Taltz (ixekizumab)
- Indications:
  - AS, nr-axSpA, PsA, Age ≥ 18 years
  - PsO, Age ≥ 6 years
- Quantity Limits:
  - AS, PsA: Two 80 mg syringes or pens for the first 28 days, then one 80 mg syringe or pen every 28 days
  - nr-axSpA: One 80 mg syringe or pen every 28 days
  - PsO, PsA with PsO:
    - Adult: Three syringes or pens for the first 28 days, then two 80 mg syringes or pens every 28 days for the next 56 days, then one 80 mg syringe or pen every 28 days
    - Pediatric < 25 kg: One 40 mg syringe or pen for the first 28 days, then one 20 mg syringe or pen every 28 days
    - Pediatric 25 to 50 kg: One 80 mg syringe or pen for the first 28 days, then one 40 mg syringe or pen every 28 days
    - Pediatric > 50 kg: Two 80 mg syringes or pens for the first 28 days, then one 80 mg syringe or pen every 28 days

Siliq (brodalumab)
- Indications:
  - PsO, Age ≥ 18 years
- Quantity Limits:
  - Three syringes for the first 28 days, then two syringes every 28 days
- Exclusions:
  - Concurrent diagnosis of CD

Interleukin 23 (IL-23) inhibitors

Icotyde (icotrokinra)
- Indications:
  - PsO, Age ≥ 12 years, Weight ≥ 40 kg
- Quantity limits:
  - 30 tablets per 30 days

Ilumya (tildrakizumab-asmn)
- Indications:
  - PsO, Age ≥ 18 years
- Quantity limits:

- One syringe for the first 28 days, then one syringe every 12 weeks

Omvoh (mirikizumab-mrkz)
- Indications:
  - CD, UC, Age ≥ 18 years
- Quantity limits:
  - CD:
    - IV loading dose: One 300 mg vial every 28 days for 3 months
    - SC maintenance dose: 300 mg (one 100 mg and one 200 mg pen or syringe) every 28 days
  - UC:
    - IV loading dose: One 300 mg vial every 28 days for 3 months
    - SC maintenance dose: One 200 mg pen or syringe every 28 days
- Other
  - Medical benefit for IV infusion

Skyrizi (risankizumab)
- Indications:
  - PsO, PsA, Age ≥ 6 years
  - CD, UC, Age ≥ 18 years
- Quantity limits:
  - PsO, PsA:
    - Pediatrics < 40 kg: One 55 mg pen or syringe for the first 28 days, then one 55 mg pen or syringe every 84 days
    - Pediatrics ≥ 40 kg: One 150 mg pen or syringe for the first 28 days, then one 150 mg pen or syringe every 84 days
    - Adults: One 150 mg pen or syringe for the first 28 days, then one 150 mg pen or syringe every 84 days
  - CD:
    - IV loading dose: One 600 mg vial every 28 days for 3 months
    - SC maintenance dose: Starting Week 12, one 180 mg syringe or cartridge OR one 360 mg syringe or cartridge every 56 days
  - UC:
    - IV loading dose: 1,200 mg (two 600 mg vials) every 28 days for 3 months
    - SC maintenance dose: Starting Week 12, one 180mg syringe or cartridge OR one 360 mg syringe or cartridge every 56 days
- Other
  - Medical benefit for IV infusion

Tremfya (guselkumab)
- Indications:
  - PsA, PsO, Age ≥ 6 years, Weight ≥ 40 kg
  - CD, UC, Age ≥ 18 years
- Quantity limits:
  - CD, UC:
    - IV loading dose: One 200 mg vial every 28 days for 3 months
    - SC loading dose: Two 200 mg syringes or pens every 28 days for 3 months
    - SC maintenance dose:
      - Starting on Week 16: One 100 mg syringe, pen or One-Press every 56 days
      - Starting on Week 12: One 200 mg syringe or pen every 28 days
  - PsO, PsA: One 100 mg syringe, autoinjector or One-Press for the first 28 days, then one 100 mg syringe, autoinjector or One-Press every 56 days
- Other

○ Medical benefit for IV infusion
Interleukin 31 (IL-31) inhibitors
Nemluvio (nemolizumab-ilto) • Indications: ○ AD, Age ≥ 12 years ▪ Will be used in combination with topical corticosteroids and/or topical calcineurin inhibitors ○ PN, Age ≥ 18 years • Quantity limits: ○ AD: Two pens for the first 28 days, then one pen every 28 days ▪ After 16 weeks, for patients who achieve clear or almost clear skin, a dosage of 30 mg (one pen) every 56 days is recommended. ○ PN, Adults ≤ 90 kg: Two pens for the first 28 days, then one pen every 28 days ○ PN, Adults ≥ 90 kg: Two pens for the first 28 days, then two pens every 28 days
Interleukin 36 (IL-36) inhibitors
Spevigo (spesolimab-sbzo) • Indications: ○ GPP, Age ≥ 12 years, Weight ≥ 40 kg • Quantity limits: ○ For treatment of GPP flare: 900 mg (two 450 mg vials) for a single IV infusion dose. For persistent symptoms, may repeat 900 mg (two 450 mg vials) after 1 week. ○ SC treatment for patients not experiencing a GPP flare: 600 mg (two 300 mg syringes OR four 150 mg syringes) for the first 28 days, then 300 mg (one 300 mg syringe OR two 150 mg syringes) every 28 days ○ SC use dosing after IV treatment for flare: Beginning 4 weeks after IV administration, 300 mg (one 300 mg syringe or two 150 mg syringes) every 28 days • Exclusions: ○ Treatment of Synovitis-acne-pustulosis-hyperostosis-osteitis (SAPHO) syndrome ○ Treatment of non-GPP types of psoriasis ○ Treatment with more than two infusions of Spevigo for a single flare • Other ○ Medical benefit for IV infusion
Integrin Receptor Antagonists
Entyvio (vedolizumab) • Indications: ○ CD, UC, Age ≥ 18 years • Quantity limits: ○ IV: Two 300 mg vials for the first 42 days, then one 300 mg vial every 56 days. ○ SC: Two 108 mg syringes or pens every 28 days beginning on Week 6 • Medical benefit for IV infusion

Tysabri (natalizumab)
- Indications:
  - CD, Age ≥ 18 years
    - Documented treatment failure or contraindication to a TNF inhibitor
- Quantity limits:
  - One vial every 28 days
- Exclusions:
  - Concurrent use of immunosuppressants (eg, mercaptopurine, azathioprine, cyclosporine, or methotrexate) or TNF inhibitors
- Other
  - Medical benefit for IV infusion

Selective T-cell costimulation modulators

Orencia (abatacept)
- Indications:
  - PJIA, PsA, Age ≥ 2 years (SC), Age ≥ 6 years (IV)
  - RA, Age ≥ 18 years
- Quantity limits:
  - PJIA:
    - IV, Age ≥ 6 years:
      - < 75 kg: 10 mg/kg at Weeks 0, 2, and 4, then every 4 weeks
      - ≤ 75 kg: Follow dosing regimen for adult RA
    - SC, Age ≥ 2 years:
      - 10 to < 25 kg: Four 50 mg syringes every 28 days
      - 25 kg to < 50 kg: Four 87.5 mg syringes every 28 days
      - ≥ 50 kg: Four 125 mg syringes or autoinjectors every 28 days
  - Adult PsA:
    - IV:
      - < 60 kg: 500 mg (two 250 mg vials) for the first 28 days, then 500 mg (two 250 mg vials) every 28 days
      - 60 kg to ≤ 100kg: 750 mg (three 250 mg vials) for the first 28 days, then 750 mg (three 250 mg vials) every 28 days.
      - > 100 kg: 1000 mg (four 250 mg vials) for the first 28 days, then 1000 mg (four 250 mg vials) every 28 days
    - SC:
      - Four 125 mg syringes or autoinjectors every 28 days
  - Pediatric PsA:
    - SC, Age ≥ 2 years:
      - 10 to < 25 kg: Four 50 mg syringes every 28 days
      - 25 kg to < 50 kg: Four 87.5 mg syringes every 28 days
      - ≥ 50 kg: Four 125 mg syringes or autoinjectors every 28 days
  - RA:
    - IV:
      - < 60 kg: 500 mg (two 250 mg vials) for the first 28 days, then 500 mg (two 250 mg vials) every 28 days
      - 60 kg to ≤ 100kg: 750 mg (three 250 mg vials) for the first 28 days, then 750 mg (three 250 mg vials) every 28 days.
      - > 100 kg: 1000 mg (four 250 mg vials) for the first 28 days, then 1000 mg (four 250 mg vials) every 28 days
    - SC:

- Four 125 mg syringes or autoinjectors every 28 days
- May administer optional loading dose via IV infusion

- Exclusions:
  - Concurrent use with other immunosuppressants
- Other
  - Medical benefit for IV infusion

Tumor Necrosis Factor (TNF) inhibitors

Cimzia (certolizumab pegol)
- Indications:
  - AS, CD, nr-axSpA, PsO, PsA, RA, Age ≥ 18 years
  - PJIA, Age ≥ 2 years
- Quantity limits:
  - AS, CD, nr-axSpa, PsA, RA: One starter pack (six 200 mg syringes) for the first 28 days, then two 200 mg syringes or vials every 28 daysPsO:
    - > 90 kg: Four 200 mg syringes or vials every 28 days
    - ≤ 90 kg: One starter pack (six 200 mg syringes) for the first 28 days, then two 200 mg syringes or vials every 28 days
  - PJIA:
    - 10 kg to < 20 kg: 100 mg at Weeks 0, 2, and 4, followed by 50 mg every other week
    - 20 kg to < 40 kg: 200 mg at Weeks 0, 2, and 4, followed by 100 mg every other week
    - ≥ 40 kg: 400 mg at Weeks 0, 2, and 4, followed by 200 mg every other week

Enbrel (etanercept)
- Indications:
  - AS, RA, Age ≥ 18 years
  - PsO, Age ≥ 4 years
  - PJIA, PsA, 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
  - AS, RA, PJIA, PsA: Four 50 mg syringes or autoinjectors (or eight 25 mg syringes or vials) every 28 days

Humira (adalimumab)
Biosimilars: Abrilada (adalimumab-afzb), Adalimumab-aacf, Adalimumab-aaty, Adalimumab-adaz, Adalimumab-adbm, Adalimumab-bwwd, Adalimumab-fkjp, Adalimumab-ryvk, Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm), Hadlima (adalimumab-bwwd), Hulio (adalimumab-fkjp), Hyrimoz (adalimumab-adaz), Idacio (adalimumab-aacf), Simlandi (adalimumab-ryvk), Yuflyma (adalimumab-aaty), Yusimry (adalimumab-aqvh)
- 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: Two 40 mg pens or syringes every 28 days
  - RA: Two 40 mg pens or syringes every 28 days
    - A maintenance dose of 40 mg every week or 80 mg every other week may be considered in patients not taking methotrexate

- Adult PsO,adult 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,adult 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
- Adult 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, pediatric uveitis:
  - 10 kg to < 15 kg: Two 10 mg syringes every 28 days
  - 15 kg to < 30 kg: Two 20 mg syringes every 28 days
  - ≥ 30 kg: Two 40 mg syringes every 28 days
- Pediatric CD:
  - 17 kg to < 40 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 < 40 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
- Pediatric HS:
  - 30 kg to < 60 kg: Four 40 mg (or one 80 mg plus two 40 mg) pens or syringes for the first 28 days, then two 40 mg pens or syringes every 28 days
  - ≥ 60 kg: 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

Remicade (infliximab)
Biosimilars: Avsola (infliximab-axxq), Inflectra (infliximab-dyyb), Ixifi (infliximab-qbtx), Renflexis (infliximab-abda)

- Indications:
  - AS, PsO, PsA, RA, Age ≥ 18 years
  - CD, UC, Age ≥ 6 years
- Quantity limits:
  - AS: 5 mg/kg at weeks 0, 2, and 6 weeks, then every 6 weeks
  - PsO, PsA, CD, UC: 5 mg/kg at weeks 0, 2, and 6 weeks, then every 8 weeks
    - CD: May increase to 10 mg/kg every 8 weeks
  - RA: 3 mg/kg at weeks 0, 2 and 6, then every 8 weeks
    - May increase to 10 mg/kg every 8 weeks or treating as often as every 4 weeks
- Exclusions:
  - Doses > 5 mg/kg in moderate or severe heart failure
- Other
  - Medical benefit for IV infusion

Simponi (golimumab)

- Indications:
  - AS, PsA, RA, Age ≥ 18 years
  - UC, Weight ≥ 15 kg
- Quantity limits:
  - AS, PsA, RA: One 50 mg syringe or autoinjector every 28 days
  - UC:
    - Pediatrics15 kg to < 40 kg: One 100 mg syringe or autoinjector for 14 days, then one 50 mg syringe or autoinjector every 28 days

- Adults and pediatrics ≥ 40 kg: Two 100 mg syringes or autoinjectors for the first 14 days, then one 100 mg syringe or autoinjector every 28 days

Simponi Aria (golimumab)
- Indications:
  - AS, RA, Age ≥ 18 years
    - RA: Used in combination with methotrexate
  - PJIA, PsA, Age ≥ 2 years
- Quantity limits:
  - Adult RA, PsA, AS: One dose of 2 mg/kg for the first 28 days, then one dose of 2 mg/kg every 8 weeks
  - Pediatric PJIA, PsA: One dose of 80 mg/m^2 for the first 28 days, then one dose of 80 mg/m^2 every 8 weeks
- Other
  - Medical benefit for IV infusion

Zymfentra (infliximab-dyyb)
- Indications:
  - CD, UC, Age ≥ 18 years
- Quantity limits:
  - CD, UC: Two syringes or pens every 28 days
- Exclusions:
  - Use for treatment induction
- Other:
  - Documented response to infliximab infusion induction
  - Used for maintenance dosing beginning at week 10

ORAL TARGETED SYNTHETIC DMARDS

Janus Kinase (JAK) inhibitors

Cibinqo (abrocitinib)
- Indications
  - AD, Age ≥ 12 years
    - Documentation of inadequate control with other systemic drug products, including biologics, or when those therapies are inadvisable
- Quantity limits:
  - Thirty 100 mg tablets every 30 days
  - A maintenance dosage of 200 mg tablets may be considered for patients with inadequate response to the 100 mg dose
- 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)

Leqselvi (deuruxolitinib)
- Indications:
  - AA, Age ≥ 18 years
    - Coverage for alopecia areata must be included under the member's benefit plan
- Quantity limits:
  - 60 tablets every 30 days
- Exclusions:
  - Concurrent use with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.

Litfulo (ritlecitinib)
- Indications:
  - AA, Age ≥ 12 years
    - Coverage for alopecia areata must be included under the member's benefit plan
- Quantity limits:
  - 28 tablets every 28 days
- Exclusions:
  - Concurrent use with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.

Olumiant (baricitinib)
- Indications:
  - RA, Age ≥ 18 years
    - Documented treatment failure or contraindication to a TNF inhibitor
  - AA, Age ≥ 12 years
    - Coverage for alopecia areata must be included under the member's benefit plan
- Quantity limits:
  - 30 tablets every 30 days
- Exclusions:
  - Concurrent use with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.

Rinvoq (upadacitinib)
- Indications:
  - AD, Age ≥ 12 years
    - Documentation of inadequate control with other systemic drug products, including biologics, or when those therapies are inadvisable
  - AS, nr-axSpA, RA, Age ≥ 18 years
    - Documented treatment failure or contraindication to a TNF inhibitor
  - CD, UC, Age ≥ 18 years
    - Documented treatment failure or contraindication to a TNF inhibitor. If TNF blockers are clinically inadvisable, documented treatment failure on at least one approved systemic therapy (eg, biologics, S1P modulators, etc)
  - GCA, Age ≥ 18 years
  - PJIA, PsA, Age ≥ 2 years
    - Documented treatment failure or contraindication to a TNF inhibitor
- Quantity limits:
  - AD:
    - Adults ≥ 65 years or Severe Renal Impairment: Thirty 15 mg tablets every 30 days
    - Adults < 65 years and Pediatrics ≥ 40 kg: Thirty 15 mg tablets every 30 days
    - A maintenance dosage of 30 mg once daily may be considered for patients with inadequate response to the 15 mg dose
  - AS, nr-axSpA, RA: Thirty 15 mg tablets every 30 days
  - CD: Twenty-eight 45 mg tablets every 28 days for 12 weeks, then thirty 15 mg tablets every 30 days
    - A maintenance dosage of 30 mg once daily may be considered for patients with refractory, severe, or extensive disease
    - Discontinue if an adequate therapeutic response is not achieved with the 30 mg dosage
  - GCA: Thirty 15 mg tablets every 30 days
  - PJIA:
    - 10 kg to < 20 kg: One 180 mL bottle every 30 days
    - 20 kg to < 30 kg: One 180 mL bottle every 23 days

- ≥ 30 kg: Two 180 mL bottles every 30 days OR thirty 15 mg tablets every 30 days
  - PsA:
    - Adults: Thirty 15 mg tablets every 30 days.
    - Pediatrics:
      - 10 kg to < 20 kg: One 180 mL bottle every 30 days
      - 20 kg to < 30 kg: One 180 mL bottle every 23 days
      - ≥ 30 kg: Two 180 mL bottles every 30 days OR thirty 15 mg tablets every 30 days
  - UC:
    - Induction: Twenty-eight 45 mg tablets every 28 days for 8 weeks
    - Maintenance: Thirty 15 mg tablets every 30 days
      - A maintenance dosage of 30 mg once daily may be considered for patients with refractory, severe, or extensive disease
- Exclusions:
  - Concurrent use with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.
  - Use of Rinvoq LQ for diagnosis other than PJIA and PsA

Xeljanz/Xeljanz XR (tofacitinib)
- Indications:
  - AS, RA, UC, Age ≥ 18 years
    - Documented treatment failure or contraindication to a TNF inhibitor.
  - PJIA, PsA, Age ≥ 2 years (oral solution only)
    - Documented treatment failure or contraindication to a TNF inhibitor.
- Quantity limits:
  - AS, RA: Sixty 5 mg IR tablets every 30 days OR thirty 11 mg XR tablets every 30 days
  - PsA:
    - Adults: Sixty 5 mg IR tablets every 30 days OR thirty 11 mg XR tablets every 30 days
    - Pediatrics ≥ 40 kg: Sixty 5 mg IR tablets every 30 days
    - Pediatrics 10 kg to < 40 kg: Weight-based dosing using oral solution or tablets. See prescribing information.
  - UC:
    - Induction: Sixty 10 mg IR tablets every 30 days OR thirty 22 mg XR tablets every 30 days for up to 16 weeks
    - Maintenance: Sixty 5 mg IR tablets every 30 days OR thirty 11 mg XR tablets every 30 days
    - Discontinue 10 mg twice daily or XR 22 mg once daily after 16 weeks if adequate therapeutic response is not achieved
  - PJIA:
    - Pediatrics ≥40 kg: Sixty 5 mg IR tablets per 30 days or 300 ml per 30 days
    - Pediatrics 10 kg to <40 kg: Weight-based dosing using oral solution or tablets. See prescribing information.
- Exclusions:
  - Concurrent use with other JAK inhibitors, biologic immunomodulators, cyclosporine, or other potent immunosuppressants.

Phosphodiesterase 4 (PDE4) inhibitors

Otezla (apremilast)
- Indications:
  - Behcet's disease, Age ≥ 18 years
  - PsA, PsO, Age ≥ 6 years
- Quantity limits:
  - Adult Behcet's disease, PsA, PsO:

- Loading dose: One titration pack for the first 28 days at the initiation of therapy
- Maintenance: Sixty 30 mg IR tablets every 30 days OR thirty 75 mg XR tablets every 30 days

- Pediatric PsA, PsO:
  - Loading dose: One titration pack for the first 28 days at the initiation of therapy
  - Maintenance:
    - 20 kg to < 50 kg: Sixty 20 mg IR tablets every 30 days
    - ≥ 50 kg: Sixty 30 mg IR tablets every 30 days OR thirty 75 mg XR tablets every 30 days

Sphingosine-1-phosphate (S1P) receptor modulators

Zeposia (ozanimod)
- Indications:
  - UC, Age ≥ 18 years
- Quantity limits:
  - Loading dose: One 7-day starter pack for the first 7 days OR one starter kit (7-day starter pack and 30-count bottle) for the first 37 days
  - Maintenance: Thirty 0.92 mg capsules every 30 days
- Exclusions:
  - Concurrent use of monoamine oxidase inhibitor

Velsipity (etrasimod)
- Indications:
  - UC, Age ≥ 18 years
- Quantity limits:
  - 30 tablets every 30 days

Tyrosine Kinase 2 (TYK2) inhibitors

Sotyktu (deucravacitinib)
- Indications:
  - PsO, Age ≥ 18 years
- Quantity Limits
  - 30 tablets every 30 days
- Exclusions:
  - Concurrent use of potent immunosuppressants

TOPICAL TARGETED SYNTHETIC DMARDS

Janus Kinase (JAK) inhibitors

Anzupgo (delgocitinib)
- Indications:
  - Chronic hand eczema, Age ≥ 18 years
- Quantity limits:
  - Two 30-gram tubes every 30 days
- Exclusions:
  - Concurrent use with other JAK inhibitors or other potent immunosuppressants

Opzelura (ruxolitinib)
- Indications:
  - Mild to Moderate AD, Age ≥ 2 years
  - NSV, Age ≥ 12 years
    - Coverage for nonsegmental vitiligo must be included under the member's benefit plan
- Quantity limits:
  - Age ≥ 12 years: one 60-gram tube per week or 100-gram tube per 2 weeks
  - Age 2 to 11 years: one 60-gram tube per 2 weeks

- Exclusions:
  - Long-term, continuous use for atopic dermatitis
  - Concurrent use with other JAK inhibitors or other potent immunosuppressants

Phosphodiesterase 4 (PDE4) inhibitors

Adquey (difamilast)
- Indications:
  - Mild to Moderate AD, Age ≥ 2 years
- Quantity limits:
  - One 27-gram or 85-gram tube every 30 days

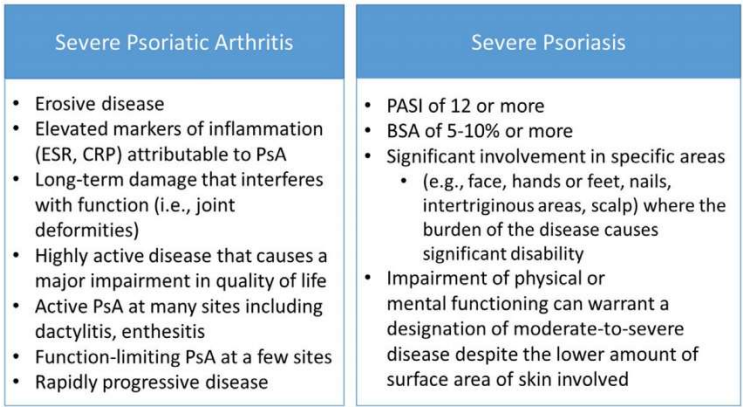
Zoryve (roflumilast)
- Indications:

Roflumilast Formulation	Indication	Age
Cream, 0.05%	Mild to moderate AD	2 to 5 years
Cream, 0.15%	Mild to moderate AD	≥ 6 years
Cream, 0.3%	PsO	≥ 2 years
Foam, 0.3%	Seborrheic dermatitis PsO	≥ 9 years ≥ 12 years

- Quantity limits:
  - One 60-gram tube or pressurized can per 30 days
- Exclusions:
  - Concomitant diagnosis of nonplaque psoriasis (eg, guttate, erythrodermic/exfoliative, palmoplantar-only involvement, or pustular psoriasis)

AA: alopecia areata, AD: atopic dermatitis, AS: ankylosing spondylitis, BP: bullous pemphigoid, CD: Crohn's disease, CSU: chronic spontaneous urticaria, DMARD: disease-modifying antirheumatic drug, ERA: enthesitis-related arthritis, FDA: U.S. Food and Drug Administration, GCA: giant cell arteritis, GPP: generalized pustular psoriasis, HS: hidradenitis suppurativa, IL: interleukin, IR: immediate release, IV: intravenous, JAK: janus kinase, nr-axSpA: non-radiographic axial spondylarthritis, NSV: nonsegmental vitiligo, PJIA: polyarticular juvenile idiopathic arthritis, PsO: plaque psoriasis, PMR: polymyalgia rheumatica, PN: prurigo nodularis, PsA: psoriatic arthritis, RA: rheumatoid arthritis, S1P: sphingosine-1-phosphate, SC: subcutaneous, SJIA: systemic juvenile idiopathic arthritis, TNF: tumor necrosis factor, UC: ulcerative colitis, XR: extended release

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



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