GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
BIOLOGIC IMMUNOMODULATORS PA SUMMARY

Preferred	Non-Preferred
Adbry (tralokinumab) Arcalyst (rilonacept) Dupixent (dupilumab) Enbrel (etanercept) Fasenra Pen (benralizumab autoinjector) Humira (adalimumab) Ilaris (canakinumab) Kevzara (sarilumab) Nucala Pen (mepolizumab autoinjector) Otezla (apremilast) Taltz (ixekizumab) Xeljanz (tofacitinib tablets and oral solution) Xeljanz XR (tofacitinib extended-release)	Actemra Subcutaneous (tocilizumab) Amjevita (adalimumab-atto) Cibinqo (abrocitinib) Cimzia (certolizumab) Cosentyx (secukinumab) Enspryng (satralizumab-mwge) Kineret (anakinra) Olumiant (baricitinib) Orencia Subcutaneous (abatacept) Rezurock (belumosudil) Rinvoq (upadacitinib) Siliq (brodalumab) Simponi (golimumab) Sotyktu (deucravacitinib) Stelara (ustekinumab) Skyrizi (risankizumab) Tezspire (tezepelumab-ekko) Tremfya (guselkumab)

The drug names above include all available oral or subcutaneous formulations under the same primary name.

LENGTH OF AUTHORIZATION: Varies

NOTES:

- All preferred and non-preferred products require prior authorization. Intravenous (IV) formulations of the biologic immunomodulators are not covered under Pharmacy Services.
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Actemra Subcutaneous

- Approvable for members 2 years of age or older with a diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis (PJIA) who have tried methotrexate, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with methotrexate, Enbrel and Humira.
- Approvable for members 2 years of age or older with a diagnosis of moderately to severely active systemic juvenile idiopathic arthritis (SJIA) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with nonsteroidal anti-inflammatories (NSAIDs) and glucocorticosteroids, or members with

severe disease who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with Ilaris.

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another disease modifying antirheumatic drug (DMARD), and two of the following, Xeljanz, Kevzara, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with methotrexate and two of the following: Xeljanz, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of giant cell (temporal) arteritis (GCA) when used in combination with a tapering course of glucocorticoid.
- Approvable for members 18 years of age or older with a diagnosis of active systemic sclerosis-associated interstitial lung disease (SSc-ILD) who have experiences an inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects with mycophenolate mofetil and cyclophosphamide or azathioprine.

Adbry

- Approvable for members 12 years of age or older with a diagnosis of moderate to severe atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic).

Amjevita

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humira, is not appropriate for the member as well as the member must meet the criteria for Humira.

Arcalyst

- Approvable for members 12 years of age or older with a diagnosis of cryopyrin-associated periodic syndromes (CAPS, including familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS]).
- Approvable for members 10 kg or older with a diagnosis of deficiency of interleukin-1 receptor antagonist (DIRA).
- Approvable for members 12 years of age or older with a diagnosis of recurrent pericarditis (RP) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects with combination therapy with colchicine and nonsteroidal anti-inflammatory drugs (NSAIDs), glucocorticosteroids and/or aspirin.

Cibingo

- Approvable for members 12 years of age or older with a diagnosis of refractory moderate atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids and three of the following topical therapies (1) crisaborole (Eucrisa), (2) ruxolitinib (Opzelura) and (3) pimecrolimus (Elidel) or tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids and three of the following topical therapies (1) crisaborole (Eucrisa), (2) ruxolitinib (Opzelura) and (3) pimecrolimus (Elidel) or tacrolimus (Protopic).

- Approvable for members 12 years of age or older with a diagnosis of refractory severe atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids and topical tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids, topical tacrolimus (Protopic). In addition, members must have tried and failed to achieve an adequate response, or have allergies, contraindications, drug-drug interactions or intolerable side effects with Adbry and Dupixent.

Cimzia

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried two of the following, Taltz, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with two of the following, Taltz, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried two of the following, Xeljanz, Kevzara, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following, Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and three of the following, Enbrel, Humira, Otezla and Taltz, for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions or intolerable side effects with three of the following: Enbrel, Humira, Otezla and Taltz.
- Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Cosentyx

- Approvable for members 6 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and three of the following, Enbrel, Humira, Otezla and Taltz, for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy

due to logistical issues and who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Enbrel, Humira, Otezla and Taltz.

- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried Taltz, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Taltz, Enbrel and Humira.
- ❖ Approvable for members 2 to 17 years of age with a diagnosis of active psoriatic arthritis (PsA) who have tried at least two preferred disease modifying antirheumatic drugs (DMARDs) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with at least two preferred DMARDs.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal anti-inflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.
- ❖ Approvable for members 4 years of age or older with a diagnosis of active enthesitis-related arthritis (ERA) who have tried at least two preferred disease modifying antirheumatic drugs (DMARDs) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with at least two preferred DMARDs.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe hidradenitis suppurativa (acne inversa) who have tried and failed to achieve an adequate response with oral antibiotic therapy as well tried Humira for 3 months and failed to achieve an adequate response or have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.

Dupixent

- ❖ Approvable for members 6 months of age or older with a diagnosis of moderate to severe atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic) and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids and topical pimecrolimus (Elidel) or topical tacrolimus (Protopic).
- ❖ Approvable for members 6 years of age or older with a diagnosis of moderate to severe asthma of eosinophilic phenotype (eosinophil count ≥150 cells/mcL) who have tried a medium-to-high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.
- ❖ Approvable for members 6 years of age or older with a diagnosis of moderate to severe asthma who are dependent on an oral corticosteroid and who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller

medication and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP) who have tried oral corticosteroid therapy and failed to achieve an adequate response, or the member is not a candidate for oral corticosteroid therapy and who are currently using an intranasal corticosteroid therapy and failed to achieve an adequate response.
- ❖ Approvable for members 12 years of age or older who weigh 40 kg or more with a diagnosis of eosinophilic esophagitis (EoE) and whose intraepithelial eosinophils per high-power field (eos/hpf) level is ≥15 and who have tried and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with proton pump inhibitors (PPIs).
- ❖ Approvable for members 18 years of age or older with a diagnosis of prurigo nodularis (PN) who has 20 or more nodular lesions who have tried phototherapy and failed to achieve an adequate response or is unable to tolerate or try phototherapy due to logistical issues.

Enbrel

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) when the member has tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) when the member has tried a generic DMARD and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) when the member has tried two nonsteroidal anti-inflammatory drugs (NSAIDs) and failed to achieve an adequate response OR when NSAIDs are contraindicated.
- ❖ Approvable for members 4 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement when the member has tried phototherapy for 3 months or who are unable to tolerate or try phototherapy due to logistical issues as well as has tried topical and systemic therapy and failed to achieve an adequate response.
- ❖ Approvable for members 2 years of age or older with a diagnosis of moderately to severely active juvenile idiopathic arthritis (JIA)/juvenile rheumatoid arthritis (JRA) when the member has tried methotrexate for 3 months and failed to achieve an adequate response OR when methotrexate is contraindicated.
- ❖ Approvable for members 2 years of age or older with a diagnosis of active juvenile psoriatic arthritis (JPsA) when the member has tried a generic DMARD and failed to achieve an adequate response.

Enspryng

- ❖ Approvable for members 18 years of age or older with a diagnosis of neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive and who have a core clinical characteristic of NMOSD and have experienced at least one relapse in the last 12 months or two relapses in the last 2 years on current therapy.

Fasenra Pen

- ❖ Approvable for members 12 years of age or older with a diagnosis of severe asthma of eosinophilic phenotype (eosinophil count ≥150 cells/mcL) who have tried a high dose

inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and/or systemic glucocorticoids for 50% or more of the year and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.

Humira

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) when the member has tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.
- Approvable for members 6 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) when the member has tried conventional therapy (corticosteroids, immunosuppressants, sulfasalazine, mesalamine) and failed to achieve an adequate response.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) when the member has tried a generic DMARD and failed to achieve an adequate response.
- Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) when the member has tried two NSAIDs and failed to achieve an adequate response OR when NSAIDs are contraindicated.
- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement when the member has tried phototherapy for 3 months or who are unable to tolerate or try phototherapy due to logistical issues as well as has tried topical and systemic therapy and failed to achieve an adequate response.
- Approvable for members 2 years of age or older with a diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis/juvenile rheumatoid arthritis (JIA/JRA) when the member has tried methotrexate for 3 months and failed to achieve an adequate response OR when methotrexate is contraindicated.
- Approvable for members 5 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) when the member has tried oral or intravenous corticosteroids AND at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response.
- Approvable for members 12 years of age or older with a diagnosis of moderate to severe hidradenitis suppurativa (acne inversa) who have tried oral antibiotic therapy and failed to achieve an adequate response.
- Approvable for members 2 years of age or older with a diagnosis of non-infectious intermediate uveitis, posterior uveitis or panuveitis when the member has tried antimetabolite (e.g., azathioprine, methotrexate, mycophenolate mofetil) or calcineurin inhibitor therapy (e.g., cyclosporine, tacrolimus) and failed to achieve an adequate response.

Ilaris

- Approvable for members 4 years of age or older with a diagnosis of cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS]).
- Approvable for members 2 years of age or older with a diagnosis of moderately active systemic juvenile idiopathic arthritis (SJIA) who have experienced inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects with NSAIDs and glucocorticosteroids.

- Approvable for members 2 years of age or older with a diagnosis of severely active SJIA.
- Approvable for members 2 years of age or older with a diagnosis of tumor necrosis factor receptor (TNF) associated periodic syndrome (TRAPS), hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD) or familial Mediterranean fever (FMF).
- Approvable for members 2 years of age or older with a diagnosis of active Still's disease (SD), including adult-onset Still's disease (AOSD), who have tried a glucocorticoid (i.e., prednisone) for 2 months and failed to achieve an adequate response or was unable to lower dose.
- Approvable for members 18 years of age or older with a diagnosis of gout who have experienced 3 or more gout flares in the previous year who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with NSAIDs and colchicine, and in whom repeated courses of corticosteroids are not appropriate.

Kevzara

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried one of the following, Xeljanz, Enbrel or Humira, for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with one of the following: Xeljanz, Enbrel or Humira.
- Approvable for members 18 years of age or older with a diagnosis of polymyalgia rheumatica (PMR) who have had an inadequate response to corticosteroids or cannot tolerate corticosteroid taper.

Kineret

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried two of the following, Xeljanz, Kevzara, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members with a diagnosis of neonatal-onset multisystem inflammatory disease (NOMID) associated with cryopyrin-associated periodic syndromes (CAPS).
- Approvable for members with a diagnosis of deficiency of interleukin-1 receptor antagonist (DIRA).

Nucala Pen

- Approvable for members 6 years of age or older with a diagnosis of severe asthma of eosinophilic phenotype (eosinophil count $\geq$150 cells/mcL) who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and/or systemic glucocorticoids for 50% or more of the year and failed to achieve asthma control and when the medication is being added on to the member's current maintenance asthma therapy.
- Approvable for members 18 years of age or older with a diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA) who have tried glucocorticoid (e.g., prednisone, methylprednisolone, prednisolone) in combination with an immunosuppressant (e.g., cyclophosphamide, azathioprine, methotrexate, leflunomide) for at least 6 months and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions or intolerable side effects to glucocorticoids and immunosuppressants.

- Approvable for member 12 years of age or older with a diagnosis of hypereosinophilic syndrome (HES) for at least 6 months without an identifiable non-hematologic secondary cause who have an eosinophil count ≥1000 cells/mcL and who have been on stable HES therapy (e.g., corticosteroid, immunosuppressive and/or cytotoxic therapy) and have experienced 2 or more flares in the previous 12 months.
- Approvable for members 18 years of age or older with a diagnosis of chronic rhinosinusitis with nasal polyposis (CRSwNP) who have tried oral corticosteroid therapy and failed to achieve an adequate response, or the member is not a candidate for oral corticosteroid therapy and who are currently using an intranasal corticosteroid therapy and failed to achieve an adequate response.

Olumiant

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another DMARD, as well as Xeljanz, Kevzara, Enbrel and Humira for 3 months each and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of severe alopecia areata for at least 6 months with 50% or more scalp hair loss.

Orencia Subcutaneous

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another disease modifying antirheumatic drug (DMARD), and two of the following, Xeljanz, Kevzara, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members 2 to 17 years of age or with a diagnosis of active psoriatic arthritis (PsA) who have tried Enbrel for 3 months and failed to achieve an adequate response, or who has an allergy, contraindication, drug-drug interaction, or intolerable side effect with Enbrel.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.
- Approvable for members 2 years of age or older with a diagnosis of moderately to severely active juvenile idiopathic arthritis/juvenile rheumatoid arthritis (JIA/JRA) who have tried Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Enbrel and Humira.

Otezla

- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried one generic DMARD and failed to achieve an adequate response.
- Approvable for members 18 years of age or older with plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy for 3 months or who are unable to tolerate or try phototherapy due to logistical issues as well as have tried topical and systemic therapy and failed to achieve an adequate response.

- Approvable for members 18 years of age or older with a diagnosis of at least 2 active oral ulcers associated with Behcet's disease and when other causes of the oral ulcers have been ruled out.

Rezurock

- Approvable for members 12 years of age or older with a diagnosis of chronic graft-versus-host disease (chronic GVHD) who are previous recipient of an allogeneic hematopoietic stem cell transplant and have experienced inadequate response, allergies, contraindications, drug-drug interactions, or intolerable side effects with at least 2 prior lines of systemic therapy.

Rinvoq

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate, alone or in combination with another DMARD, as well as Xeljanz, Kevzara, Enbrel and Humira for 3 months each and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira for 3 months each and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.
- Approvable for members 12 years of age or older with a diagnosis of refractory, moderate atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids, three of the following topical therapies (1) crisaborole (Eucrisa), (2) ruxolitinib (Opzelura) and (3) pimecrolimus (Elidel) or tacrolimus (Protopic), and Dupixent and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids, three of the following topical therapies (1) crisaborole (Eucrisa), (2) ruxolitinib (Opzelura) and (3) pimecrolimus (Elidel) or tacrolimus (Protopic), and Dupixent.
- Approvable for members 12 years of age or older with a diagnosis of refractory, severe atopic dermatitis (AD, eczema) with ≥10% of body surface area involvement who have tried medium to very high potency topical corticosteroids, topical tacrolimus (Protopic) and Dupixent and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with topical corticosteroids, topical tacrolimus (Protopic) and Dupixent.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response and who have tried Humira and Xeljanz for 3 months each and failed to achieve an adequate response, or who have an allergies, contraindications, drug-drug interactions or intolerable side effects with Humira and Xeljanz.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira.
- Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried Taltz, Enbrel and Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Taltz, Enbrel and Humira.

- Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Siliq

- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and three of the following, Otezla, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Taltz, Enbrel and Humira.

Simponi

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate who have tried two of the following, Xeljanz, Kevzara, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with methotrexate and two of the following: Xeljanz, Kevzara, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried two of the following, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Taltz, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Humira.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.

Skyrizi

- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and three of the following, Enbrel, Humira, Otezla, and Taltz for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Enbrel, Humira, Otezla and Taltz.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies,

contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Humira.

Sotyktu

- Approvable if the following criteria are met:
  - Member has a diagnosis of moderate to severe plaque psoriasis (PsO); *AND*
  - Member is 18 years of age or older; *AND*
  - Percentage of member's body surface area involved is 10% or greater; *AND*
  - Member has tried phototherapy for 3 months and failed to achieve at least a 75% improvement or a clear or almost clear response or member is unable to tolerate or try phototherapy due to logistical issues (financial, travel, etc.); *AND*
  - Member has tried three of the following, Enbrel, Humira, Otezla, Taltz, for 3 months each and failed to achieve at least a 75% improvement or a clear or almost clear response; *OR*
  - Member has allergies, contraindications, drug-drug interactions or intolerable side effects to three of the following, Enbrel, Humira, Otezla, Taltz.

Stelara

- Approvable for member 6 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy as well as three of the following, Otezla, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have allergies, contraindications, drug-drug interactions or intolerable side effects with three of the following: Otezla, Taltz, Enbrel and Humira.
- Approvable for members 6 to 17 years of age with a diagnosis of active psoriatic arthritis (PsA) who have tried at least two preferred disease modifying antirheumatic drugs (DMARDs) and failed to achieve an adequate response.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active Crohn's disease (CD) who have tried Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Humira.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response and who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Humira.

Taltz

- Approvable for members 6-17 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and Enbrel for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Enbrel.
- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with Humira.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried one of the following, Otezla, Xeljanz, Enbrel or Humira, for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with one of the following: Otezla, Xeljanz, Enbrel or Humira.
- Approvable for members 18 years of age or older with a diagnosis of active ankylosing spondylitis (AS) who have tried Enbrel or Humira for 3 months and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Enbrel or Humira.
- Approvable for members 18 years of age or older with a diagnosis of active non-radiographic axial spondyloarthritis (nr-axSpA) who have objective signs of inflammation confirmed by C-reactive protein (CRP) levels above the upper limit of normal (ULN) or sacroiliitis on magnetic resonance imaging (MRI) and who have tried at least two nonsteroidal antiinflammatory drugs (NSAIDs) at maximally-tolerated doses for at least 4 weeks and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect to NSAIDs.

Tezspire

- Approvable for members 12 years of age or older with a diagnosis of severe asthma who have tried a high dose inhaled corticosteroid with a long-acting beta agonist or other non-corticosteroid controller medication and/or systemic glucocorticoids for 50% or more of the year and failed to achieve asthma control and who have tried Dupixent, Fasenra and Nucala and failed to achieve an adequate response or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Dupixent, Fasenra and Nucala
- Medication must be added on to the member's current maintenance asthma therapy.

Tremfya

- Approvable for members 18 years of age or older with a diagnosis of moderate to severe plaque psoriasis (PsO) with ≥10% of body surface area involvement who have tried phototherapy and three of the following, Enbrel, Otezla, Taltz and Humira for 3 months each and failed to achieve an adequate response, or who are unable to tolerate or try phototherapy due to logistical issues and who have an allergy, contraindication, drug-drug interaction, or intolerable side effect with three of the following: Enbrel, Otezla, Humira and Taltz.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried three of the following, Otezla, Xeljanz, Taltz, Enbrel and Humira, for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with three of the following: Otezla, Xeljanz, Taltz, Enbrel and Humira.

Xeljanz and Xeljanz XR

- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active rheumatoid arthritis (RA) who have tried methotrexate alone or in combination with another DMARD for 3 months and failed to achieve an adequate response.
- Approvable for members 18 years of age or older with a diagnosis of active psoriatic arthritis (PsA) who have tried a generic DMARD and failed to achieve an adequate response and who will use concurrent therapy with a nonbiologic DMARD.
- Approvable for members 18 years of age or older with a diagnosis of moderately to severely active ulcerative colitis (UC) who have tried oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine and failed to achieve an adequate response and who have tried Humira for 3 months each and failed to achieve an adequate response, or who have an allergy, contraindication, drug-drug interaction or intolerable side effect with Humira and when the lowest effective dose for the shortest duration needed to achieve/maintain therapeutic response will be used.
- Approvable for members 2 years of age or older with a diagnosis of active polyarticular course juvenile idiopathic arthritis (pcJIA) who have tried methotrexate for 3 months and failed to achieve an adequate response unless methotrexate is contraindicated.
- Approvable for members 18 years of age or older with a diagnosis of ankylosing spondylitis (AS) who have tried Enbrel or Humira for 3 months each and failed to achieve an adequate response, or who have allergies, contraindications, drug-drug interactions, or intolerable side effects with Enbrel and Humira.
- In addition to meeting the criteria above for Xeljanz XR, prescriber must also submit a written letter of medical necessity stating the reasons Xeljanz (regular-release) is not appropriate for the member.

Xeljanz Oral Solution

- Approvable for members 2 to 12 years of age with a diagnosis of active polyarticular course juvenile idiopathic arthritis (pcJIA) who have tried methotrexate for 3 months and failed to achieve an adequate response unless methotrexate is contraindicated.
- Approvable for member 13 years of age or older with a diagnosis of active pcJIA who have tried methotrexate for 3 months and failed to achieve an adequate response unless methotrexate is contraindicated and who are unable to swallow solid oral dosage formulations (i.e., tablets) or require dosing that cannot be obtained with the 5 mg tablets.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.