

Medical Policy:
Inflammatory Conditions

Last review date: 10/1/2026
Priorreview date: 4/20/2026

Applicable Products:	
Actemra (tocilizumab)	Omvoh (mirikizumab-mrkz)
Abrilada (adalimumab-afzb)	Otulfy (ustekinumab-aaaz)
Amjevita (adalimumab-atto)	Orencia (abatacept)
Arcalyst (rilonacept)	Pyzchiva IV (ustekinumab-ttwe)
Avtozma (tocilizumab-anoh)	Selarsdi IV (ustekinumab-aekn)
Cimzia (certolizumab)	Selarsdi SQ (ustekinumab-aekn)
Cosentyx IV (secukinumab)	Simlandi (adalimumab-ryvk)
Cyltezo (adalimumab-adbm)	Simponi Aria (golimumab)
Enbrel (etanercept)	Skyrizi (risankizumab-rzaa)
Entyvio (vedolizumab)	Stelara IV (ustekinumab)
Hadlima (adalimumab-bwwd)	Stelara SC (ustekinumab)
Hulio (adalimumab-fkjp)	Steqeyma IV (ustekinumab-stba)
Humira (adalimumab)	Steqeyma SQ (ustekinumab-stba)
Hyrimoz (adalimumab-adaz)	Tofidence (tocilizumab-bavi)
Idacio (adalimumab-aacf)	Tyenne (tocilizumab-aazg)
Imuldosa IV (ustekinumab-srlf)	Tremfya (guselkumab)
Imuldosa SQ (ustekinumab-srlf)	ustekinumab
Ilaris (canakinumab)	Wezlana (ustekinumab-auub)
Ilumya (tildrakizumab-asmn)	Yesintek (ustekinumab-kfce)
Kevzara (sarilumab)	Yuflyma (adalimumab-aaty)
Kineret (anakinra)	Yusimry (adalimumab-aqvh)

Initial Approval Criteria:

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

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

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

- One of the following:
 - Patient is 18 years of age or older; **OR**

- Patient is 6 years of age or older (Humira only); **OR**
 - Patient is 2 years of age or older (Stelara only); **AND**
- Patient has moderately to severely active disease and have had an inadequate response to conventional therapy; **AND**
- Patient has tried and failed corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate)

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

- One of the following:
 - Patient is 18 years of age or older; **OR**
 - Patient is 5 years of age or older (Humira only); **AND**
- Patient has moderately to severely active disease ulcerative colitis; **AND**
- Patient has tried and failed conventional therapy (e.g., aminosalicylates, corticosteroids or immunomodulators like azathioprine, 6-mercaptopurine, or methotrexate)

Giant Cell Arteritis (GCA) (Actemra, Avtozma, Tofidence, Tynne)

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

Rheumatoid Arthritis (Cimzia, Cosentyx, Enbrel, Humira, Kevzara, Kineret, Orencia, Simponi Aria)

- Patient is 18 years of age or older; **AND**
- Patient has moderately to severely active rheumatoid arthritis (RA); **AND**
- Patient has tried and failed previous therapy with at least one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, etc.

Polyarticular Juvenile Idiopathic Arthritis (Actemra, Avtozma, Enbrel, Humira, Kevzara, Orencia, Simponi Aria, Tofidence, Tynne)

- One of the following:
 - Patient weighs 63kg or greater (Kevzara only); **OR**
 - Patient is 2 years of age or older (all others); **AND**
- Patient has moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)

Systemic Juvenile Idiopathic Arthritis (SJIA) (Actemra, Avtozma, Ilaris, Tofidence, Tynne)

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

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

- Patient has active psoriatic arthritis (PsA); **AND**
- One of the following:
 - Patient is 18 years of age or older (Cimzia, Enbrel, and Humira only)

- Patient is 2 years of age or older (Cosentyx, Orencia, and Simponi Aria only)
- Patient is 6 years of age or older (Imuldosa, Otulfi, Pyzchiva, Selarsdi, Stelara, Steqeyma, Wezlana, Yesintek only)
- Patient is 6 years of age or older and weighs > 40 kg (Tremfya only); **AND**
- Patient has tried and failed previous therapy with at least one oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, hydroxychloroquine, etc.

Juvenile Psoriatic Arthritis (Enbrel)

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

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

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

Non-radiographic Axial Spondyloarthritis (Cimzia, Cosentyx)

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

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

- Patient has moderate-to-severe plaque psoriasis (PsO); **AND**
- Patient is a candidate for systemic therapy or phototherapy; **AND**
- One of the following:
 - Patient is 18 years of age or older (Cimzia, Humira, Ilumya, Skyrizi only)
 - Patient is 6 years of age or older (Cosentyx, Imuldosa, Otulfi, Pyzchiva, Selarsdi, Stelara, Steqeyma, Wezlana, Yesintek only)
 - Patient is 6 years of age or older and weighs > 40 kg (Tremfya only)
 - Patient is 4 years of age or older (Enbrel only); **AND**
- Patient tried and failed at least one topical agents (i.e., corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, etc.); **AND**
- Patient tried and failed at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, methotrexate, etc.)

Enthesitis-Related Arthritis (Cosentyx)

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

Hidradenitis Suppurativa (Cosentyx, Humira)

- One of the following:
 - Patient is 18 years of age or older (Cosentyx only); **OR**
 - Patient is 12 years of age or older (Humira only); **AND**
- Patient has moderate to severe hidradenitis suppurativa (HS)

Prophylaxis for Acute Graft versus Host Disease (Orencia)

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

Uveitis (Humira)

- Patient is 2 years of age or older; **AND**
- Patient has a diagnosis of non-infectious intermediate uveitis, posterior uveitis, or panuveitis

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

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

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

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

Polymyalgia Rheumatica (PMR) (Kevzara)

- Patient is 18 years of age or older; **AND**
- Patient has polymyalgia rheumatica and has had an inadequate response to corticosteroids or cannot tolerate a corticosteroid taper

Cryopyrin-Associated Periodic Syndromes (CAPS) (Kineret)

- Patient has Neonatal-Onset Multisystem Inflammatory Disease (NOMID); **AND**
- Patient is not receiving concomitant therapy with another systemic immunomodulator

Deficiency of Interleukin-1 Receptor Antagonist (DIRA) (Arcalyst, Kineret)

- Arcalyst
 - Patient weighs at least 10kg; **AND**
 - Patient has diagnosis of deficiency of Interleukin-1 Receptor Antagonist; **AND**
 - Arcalyst is used for the maintenance of remission of DIRA; **AND**
 - Patient is not receiving concomitant therapy with another systemic immunomodulator
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- Kineret
 - Patient has diagnosis of deficiency of Interleukin-1 Receptor Antagonist; **AND**
 - Patient is not receiving concomitant therapy with another systemic immunomodulator

Recurrent Pericarditis (Arcalyst)

- Patient is 12 years of age or older; **AND**
- Patient has diagnosis of recurrent pericarditis and product is being used for the reduction in risk of recurrence

Cryopyrin-Associated Periodic Syndromes, Familial Cold Autoinflammatory Syndrome and Muckle-Wells Syndrome (Arcalyst)

- Patient is 12 years of age or older; **AND**
- Patient has a diagnosis of Cryopyrin-Associated Periodic Syndromes, Familial Cold Autoinflammatory Syndrome, or Muckle-Wells Syndrome

Renewal Criteria:

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

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

Length of Authorization:

12 months

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

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