



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Services
Prior Authorization Criteria
Cytokine & CAM antagonist criteria
Effective 1/01/2022

[Prior Authorization Request Form](#)

Prior Authorization for any agent in this class requires the following criteria to be met. Additional criteria may be required for specific indications; off-label requests require an appeal:

- Diagnoses must accompany all requests
- Patient must meet the minimum age recommended by the manufacturer for the FDA-approved indication; **AND**
- Initial treatment plan must be done by, or in consultation with an appropriate specialist (such as a dermatologist, gastroenterologist or rheumatologist); **AND**
- A negative tuberculin skin test must be submitted prior to initiation of therapy.
- Off-label use must be appealed to the Medical Director and be accompanied by a letter from the prescriber detailing the clinical rationale for the request.
- *DMARD refers to a non-biologic disease-modifying anti-rheumatic drug and includes such agents as methotrexate (MTX), sulfasalazine, leflunomide, and cyclosporine among others.*
- Please refer to the table below for preferred agents (highlighted) and non-preferred agents with FDA-approved indications.

THE FOLLOWING INDICATION SPECIFIC CRITERIA MUST ALSO BE SATISFIED:

- **Ankylosing Spondylitis, Plaque Psoriasis, and Psoriatic Arthritis:**
 - **Plaque psoriasis:** Preferred agents require evidence of failure after at least 90 days of topical therapy* with two different agents classified as an emollient, corticosteroid, topical retinoid, or vitamin D analog. A 90-day trial of one DMARD (or a systemic retinoid such as acitretin) is also required.
**Topical therapy requirement is waived for moderate-to-severe disease affecting at least 5% of the BSA or crucial body areas such as the hands, feet, face, neck, genitals/groin, or intertriginous areas.*
 - **Psoriatic Arthritis:** Preferred agents require a 90-day trial of one DMARD.
 - **Ankylosing Spondylitis:** Preferred agents require failure of two 30-day trials of NSAIDs.
 - Note: Taltz may be authorized only after a 90-day trial of one preferred ANTI-TNF agent.
 - Non-preferred agents require 90-day trials of all preferred agents that are indicated for the diagnosis.
- **Rheumatoid Arthritis:**
 - Preferred agents require a 90-day trial of a DMARD.



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- Non-preferred agents require 90-day trials of each of the following: one DMARD and each preferred agent indicated for rheumatoid arthritis.
- **Juvenile Idiopathic Arthritis:**
 - Preferred agents require a 90-day trial of a DMARD.
 - Non-preferred agents each require 90-day trials of one DMARD and of each preferred agent indicated for juvenile idiopathic arthritis.
- **Crohn's Disease (Adult and Pediatric):**
 - Preferred agents may be authorized upon demonstration of an inadequate response to at least one 14-day trial of corticosteroids or an immunomodulator such as azathioprine, 6-mercaptopurine, or methotrexate.
 - In addition to the above criteria, non-preferred agents require a 90-day trial of each preferred agent indicated for Crohn's disease.
- **Ulcerative Colitis:**
 - Preferred agents may be authorized upon demonstration of an inadequate response to at least a 30-day course of aminosalicylates (e.g. sulfasalazine, mesalamine) requiring treatment for two (2) or more exacerbations using corticosteroids, such as prednisone.
 - In addition to the above criteria, non-preferred agents require a 90-day trial of each preferred agent indicated for ulcerative colitis.
- **Hidradenitis Suppurativa:**
 - Preferred agents may be authorized with documentation indicating that the patient has severe disease (Hurley stage III) OR moderate disease (Hurley stage II) despite treatment with an oral formulary tetracycline (i.e. doxycycline) OR topical clindamycin.
- **Uveitis:**
 - Preferred agents may be authorized for a diagnosis of non-infectious uveitis and failure to respond to an appropriate trial of oral/topical corticosteroid therapy, unless contraindicated.

FDA-approved indications – (**Preferred agents highlighted**). Current on 10/7/2025
(Table on following page)



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		Ankylosing Spondylitis	Plaque Psoriasis	Psoriatic Arthritis	Polyarticular JIA	Rheumatoid Arthritis	Crohn's Disease	Pediatric Crohn's Disease	Ulcerative Colitis	Hidradentis Suppurativa	Uveitis	Cytokine Release Syndrome	Giant Cell Arteritis	Systemic JIA	Periodic Fever Syndromes	Non-Radiographic Axial Spondyloarthritis	Mechanism of Action
Humira	adalimumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 5 y	<input checked="" type="checkbox"/> ≥ 12 y	<input checked="" type="checkbox"/> ≥ 2 y						Anti-TNF
Enbrel	etanercept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 4 y	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>											Anti-TNF
Avsola	infiximab-axxq	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y								Anti-TNF
Simponi	golimumab	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Anti-TNF
Kineret	anakinra					<input checked="" type="checkbox"/>											IL-1 RA
Orencia	abatacept			<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>											Select. T-Cell costim. blocker
Otezla	apremilast		<input checked="" type="checkbox"/> ≥ 6 y and > 20 kg	<input checked="" type="checkbox"/> ≥ 6 y and > 20 kg													PDE-4 Enzyme Inhibitor
Taltz	ixekizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/>												<input checked="" type="checkbox"/>	Anti-IL-17A
Xeljanz	tofacitinib	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									JAK inhibitor
Pyzchiva	ustekinumab-twe		<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Anti-IL-12/23
Tyenne	tocilizumab-aazg				<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y			Anti-IL-6
infiximab	infiximab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y								Anti-TNF
adalimumab-fkjp	Hulio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						Anti-TNF
Hadlima	adalimumab-bwwd	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						Anti-TNF
Simlandi	adalimumab-ryvk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 12 y	<input checked="" type="checkbox"/> ≥ 2 y						Anti-TNF
Cosentyx	secukinumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 2 y						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	Anti-IL-17A
Cimzia	certolizumab pegol		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>	Anti-TNF
Remicade	infiximab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y								Anti-TNF
Renflexis	infiximab-abda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y								Anti-TNF
Inflectra	infiximab-dyyb	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y								Anti-TNF
Simponi Aria	golimumab	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>											Anti-TNF
Actemra	tocilizumab				<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/> ≥ 2 y	b	<input checked="" type="checkbox"/> ≥ 2 y			Anti-IL-6
Entyvio	vedolizumab					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Select adhesion mol. inhib.
Ilaris	canakinumab												<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>			IL-1 Beta Inhibitor
Kevzara	sarilumab				<input checked="" type="checkbox"/> ≥ 63 kg	<input checked="" type="checkbox"/>											Anti-IL-6
Stelara	ustekinumab		<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Anti-IL-12/23
Tremfya	guselkumab		<input checked="" type="checkbox"/> ≥ 6 y	<input checked="" type="checkbox"/> ≥ 6 y		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Anti-IL-23
Skyrizi	riskankizumab-rzaa		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									Anti-IL-23
Olumiant	baricitinib					<input checked="" type="checkbox"/>											JAK inhibitor
Rinvoq ER	upadacitinib	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/> ≥ 2 y	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	JAK inhibitor
Ilumya	tildrakizumab-asmn		<input checked="" type="checkbox"/>														Anti-IL-23



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REFERENCES

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