mercy care

Pharmacy Prior Authorization
Clinical Guideline – Cytokines and Cell Adhesion Molecule (CAM) Antagonists

Actemra (tocilizumab)
Arcalyst (rilonacept)
Avsola (infliximab)
Cimzia (certolizumab)
Cosentyx (secukinumab)
Enbrel (etanercept)
Entyvio (vedolizumab)
Humira (adalimumab)
Ilaris (canakinumab)
Ilumya (tildrakizumab)
Inflectra (infliximab-dyyb)
Kevzara (sarilumab)
Kineret (anakinra)
Olumiant (baricitinib)
Orencia (abatacept)
Otezla (apremilast)
Remicade (infliximab)
Renflexis (infliximab-adba)
Rinvoq (upadacitinib)
Stelara (ustekinumab)
Siliq (brodalumab)
Simponi Aria (golimumab)
Simponi (golimumab)
Taltz (ixekizumab)
Tremfya (guselkumab)
Tysabri (natalizumab)
Xeljanz (tofacitinib)
Xeljanz XR (tofacitinib)

Preferred Agents: Avsola, Enbrel, Humira, Otezla, and Xeljanz (IR only) are the preferred agents.

Non-Preferred agents: Require trial and failure of ALL preferred agents (where indicated), in addition to all other clinical criteria.

Remicade requires trial and failure of Avsola and Renflexis (where indicated).

NOTE: The authorization criteria for Tysabri in multiple sclerosis are included in the Multiple Sclerosis agents PA guideline.

General Authorization Guidelines for All Medications and Indications:

- Member is NOT on another cytokine or cell adhesion molecule (CAM) antagonist
- Prescribed by an appropriate specialist based on indication
- Member has been evaluated for and given the appropriate vaccinations as recommended per the Centers for Disease Control (CDC) for his/her risk factors
- Member has been screened for tuberculosis. If screening was positive for latent tuberculosis, member has received treatment for latent tuberculosis (exception: Tysabri).
- The prescribed dose is Food and Drug Administration (FDA)-approved for the indication. Doses above the Food and Drug Administration (FDA)-approved labeling will not be authorized. Quantity limits exist.
- Anti-tumor necrosis factors (TNFs) only: Member does NOT have New York Heart Association (NYHA) class III or IV Congestive Heart Failure
- For Anti-Tumor Necrosis Factors, Xeljanz, Xeljanz XR, Actemra, Ilaris, Orencia, and Rinvoq: Member has been screened for Hepatitis B. If member has active or chronic Hepatitis B, member is receiving appropriate antiviral treatment (initiation is not recommended with Rinvoq for those with active Hepatitis B).
- Entyvio and Tysabri: Will be used as monotherapy and NOT in combination with antineoplastic, immunosuppressive, or immunomodulating agents (for example, azathioprine, 6-mercaptopurine cyclosporine, methotrexate, tumor necrosis factors inhibitors)

Additional Criteria Based on Indication:

- Rheumatoid Arthritis: **Avsola, Enbrel, Humira, Cimzia, Remicade, Renflexis, Inflectra, Rinvoq, Simponi, Simponi Aria, Kineret, Olumiant, Orencia, Xeljanz, Actemra, Kevzara**
  - Member is at least 18 years old
  - Diagnosis of active moderate to severe Rheumatoid Arthritis (for example, swollen, tender joints with limited range of motion) confirmed by positive results for the following:

  - Rheumatoid factor (RF) and/or anti-citrullinated peptide/protein antibody (ACPA), such as Anti-cyclic citrullinated peptide (anti-CCP)
  - Elevated levels of C-reactive protein (CRP) or the erythrocyte sedimentation rate (ESR)
- Documented inadequate response to a three-month trial of methotrexate. If there is an intolerance or contraindication to methotrexate, member can use sulfasalazine, leflunomide or hydroxychloroquine

- **Systemic Juvenile Idiopathic Arthritis: Enbrel, Humira, Orencia IV**
  - Age Restriction (Enbrel and Humira): Member is at least 2 years old
  - Age Restriction (Orencia): Member is at least 6 years old
  - Documentation of one of the following:
    - Has had a 1-month trial of nonsteroidal anti-inflammatory drugs (NSAIDs) or inadequate response to intra-articular corticosteroid injection followed by a 1-month trial of Kineret
    - Has had a three-month treatment with methotrexate or leflunomide
- **Systemic Juvenile Idiopathic Arthritis: Kineret, Actemra, Ilaris**
  - Member is 2 years of age or older
  - Ilaris only: Member weighs at least 7.5kg
  - Documentation member meets one of the following:
    - Has had a 1-month trial of nonsteroidal anti-inflammatory drugs (NSAIDs)
    - Has had an inadequate response to a 2-week trial of corticosteroids
    - Has had a three-month treatment with methotrexate or leflunomide

  NOTE: Member does not require trial of Enbrel or Humira
- **Adult-Onset Still's Disease: Ilaris**
  - Member is 2 years of age or older
  - Member weighs at least 7.5kg
  - Documentation member meets one of the following:
    - Has had a 1-month trial of nonsteroidal anti-inflammatory drugs (NSAIDs)
    - Has had an inadequate response to a 2-week trial of corticosteroids
    - Has had a three-month treatment with methotrexate or leflunomide
- **Polyarticular Juvenile Idiopathic Arthritis: Enbrel, Humira, Orencia (intravenous/subcutaneous), Actemra, Xeljanz**
  - Member is 2 years of age or older - Enbrel, Humira, Orencia (subcutaneous), Actemra, and Xeljanz
  - Member is 6 years of age or older - Orencia (intravenous)
  - Documented inadequate response to a three-month trial of methotrexate
  - If member has an intolerance, or contraindication to methotrexate, a documented trial of leflunomide or sulfasalazine for 3 months is required
- **Oligoarticular Juvenile Idiopathic Arthritis: Enbrel, Humira**

  NOTE: anti- tumor necrosis factors (TNFs) are not the standard of therapy for most members as this is usually a self-limiting condition that rarely becomes chronic
  - Member is at least 2 years old
  - Member had inadequate response or intolerable side effects with 2 nonsteroidal anti-inflammatory drugs (NSAIDs) or has contraindications to nonsteroidal anti-inflammatory drugs (NSAIDs).
  - Member had inadequate response or intolerable side effects with an adequate 3-month trial of methotrexate (MTX) or has contraindications to methotrexate (MTX).

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- **Cryopyrin-Associated Periodic Syndromes (CAPS): Kineret**
  - Member has diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including neonatal-onset multisystem inflammatory disease (NOMID), Familial cold auto inflammatory syndrome (FCAS) or Muckle-Wells syndrome (MWS)

  NOTE: Member does not require trial of Enbrel or Humira
- **Cryopyrin-Associated Periodic Syndromes (CAPS): Ilaris, Arcalyst**
  - Member is at least 4 years old and weighs at least 15kg (Ilaris)
  - Member is at least 12 years old (Arcalyst)
  - Member has one of the following subtypes of Cryopyrin-Associated Periodic Syndromes (CAPS): Familial cold auto inflammatory syndrome (FCAS) or Muckle-Wells syndrome (MWS)
  - Member has failed a 3-month minimum trial of Kineret (Note: Kineret is also non-formulary and requires PA)

  NOTE: Member does not require trial of Enbrel or Humira
- **Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS): Ilaris**
  - Member is 2 years of age or older
  - Member has chronic or recurrent disease activity defined as 6 flares per year
  - Physician's Global Assessment (PGA) score greater than or equal to 2 or C-reactive protein (CRP) greater than 10 mg/L

  NOTE: Member does not require trial of formulary agents
- **Hyperimmunoglobulin D Syndrome/Mevalonate Kinase Deficiency (HIDS/MKD): Ilaris**
  - Member is 2 years of age or older
  - Member has history or greater than or equal to 3 febrile acute flares within a 6-month period
  - Physician's Global Assessment (PGA) score greater than or equal to 2 or C-reactive protein (CRP) greater than 10 mg/L

  NOTE: Member does not require trial of formulary agents
- **Familial Mediterranean Fever: Ilaris**
  - Age less than 2 years
  - C-reactive protein (CRP) greater than 10 mg/L
  - Member has history of at least one flare per month
  - Member had inadequate response, intolerance, or contraindication with colchicine at maximum indicated dose.
- **Giant Cell Arteritis: Actemra**
  - Member is 18 years of age or older
  - Had inadequate response, intolerance, or contraindication with glucocorticoids (for example prednisone, methylprednisolone). If intolerance or contraindication to glucocorticoids, methotrexate or cyclophosphamide should be tried.
  - Actemra will be used in combination with a tapering course of glucocorticoids
- **Ankylosing Spondylitis: Avsola, Enbrel, Humira, Cimzia, Remicade, Renflexis, Inflectra, Simponi, Cosentyx, Taltz, Xeljanz, Xeljanz XR**
  - Member is at least 18 years old

- Member had an inadequate response to a one (1)month trial of TWO non-steroidal anti-inflammatory drugs (NSAIDs) at an adequate dose OR has a contraindication or intolerance to oral non-steroidal anti-inflammatory drugs (NSAIDs).

- **Non-Radiographic Axial Spondylarthritis: Cosentyx, Taltz**
  - Member is 18 years of age or older
  - Documented inadequate response to a one-month trial of two Non-Steroidal Anti-Inflammatory Drugs, or member has a contraindication or intolerance to oral Non-Steroidal Anti-Inflammatory Drugs

  NOTE: Member does not require trial of formulary agents
- **Enthesitis-Related Arthritis: Cosentyx**
  - Member is 4 years of age or older
  - Documented inadequate response, or intolerable side effect to a 3-month trial of methotrexate or sulfasalazine

  NOTE: Member does not require trial of formulary agents
- **Psoriatic Arthritis: Avsola, Enbrel, Humira, Otezla, Cimzia, Orencia, Remicade, Renflexis, Inflectra, Rinvoq, Simponi, Cosentyx, Skyrizi, Stelara, Taltz, Tremfaya, Xeljanz, Xeljanz XR**
  - Member is 18 years of age or older - Enbrel, Humira, Avsola, Cimzia, Inflectra, Orencia, Remicade, Renflexis, Rinvoq, Simponi, Simponi Aria, Skyrizi, Stelara, Taltz, Tremfaya, Xeljanz, Xeljanz XR
  - Member is 2 years of age or older - Cosentyx
  - Member meets ONE of the following:
    - Has active psoriatic arthritis AND had an inadequate response to a three month trial of methotrexate (MTX); or If intolerance or contraindication to methotrexate (MTX), sulfasalazine (SSZ), or leflunomide (LEF) for 3 months.
    - Member has predominantly axial disease or active enthesitis/dactylitis AND had an inadequate response to one (1)-month trial of TWO non-steroidal anti-inflammatory drugs (NSAIDs); or has a contraindication or intolerance to TWO oral non-steroidal anti-inflammatory drugs (NSAIDs).

  Note:
    - Member should continue use of non-steroidal anti-inflammatory drugs (NSAIDs) as needed as bridging or adjunctive therapy when starting disease-modifying antirheumatic drug (DMARD)
    - Cosentyx and Stelara should be considered if member has contraindication to tumor necrosis factor inhibitors (for example, Heart failure, Multiple Sclerosis) but tumor necrosis factor inhibitor is indicated.
- **Plaque Psoriasis: Avsola, Enbrel, Humira, Otezla, Remicade, Renflexis, Inflectra, Ilumya, Cosentyx, Taltz, Siliq, Stelara, Tremfya**
  - Member is 18 years of age or older - Humira, Avsola, Cimzia, Ilumya, Inflectra, Remicade, Renflexis, Siliq, Skyrizi, Tremfya
  - Member is 4 years of age or older - Enbrel
  - Member is 6 years of age or older – Cosentyx, Stelara, Taltz
  - Member had an inadequate response, intolerance, or contraindication to at least one oral systemic therapy such as methotrexate (MTX), cyclosporine for 3 months or more
  - Member has ONE of the following:
    - More than 10% of body surface area affected OR

  - Less than 10% BSA is affected but involves sensitive areas (i.e., hands, feet, face, or genitals) that interferes with daily activities OR
  - PASI score of more than 10
- Phototherapy (PUVA (psoralen ultraviolet type A), UVB (ultraviolet type B)) has been ineffective
- For Siliq: Mental health evaluation has been done by the prescriber or by a psychiatrist if member has history of prior suicide attempt, bipolar disorder, or depressive disorder.

- **Oral Ulcers Associated with Behçet's Disease: Otezla**
  - Diagnosis of Behçet's disease with active recurrent oral ulcers
  - Age is 18 years or older
  - Documentation of previous trial and failure with at least one Non-Biologic Disease-Modifying Anti-Rheumatic Drug such as methotrexate, leflunomide, sulfasalazine or hydroxychloroquine
- **Ulcerative Colitis: Avsola, Humira, Remicade, Renflexis, Inflectra, Simponi, Entyvio, Xeljanz, Xeljanz XR**
  - Member is 18 years of age or older - Entyvio, Inflectra, Rinvoq, Simponi, Stelara, Xeljanz, Xeljanz XR
  - Member is 6 years of age or older – Avsola, Remicade, Renflexis
  - Member is 5 years of age or older – Humira
  - Documentation of one of the following:
    - Inadequate response, or intolerable side effects, to systemic corticosteroids or 5-aminosalicylates
      - for example, mesalamine, Apriso, Asacol, Pentasa
    - Member has been hospitalized for acute severe ulcerative colitis and failed to respond to 3 – 5 days of intravenous corticosteroids
- **Crohn's Disease: Humira, Avsola, Cimzia, Entyvio, Inflectra, Remicade, Renflexis, Stelara, Tysabri**
  - Member is 18 years of age or older - Cimzia, Entyvio, Stelara, Tysabri
  - Member is 6 years of age or older - Humira, Avsola, Inflectra, Remicade, Renflexis
  - Documentation of one of the following:
    - Inadequate response, or intolerable side effects, to systemic corticosteroids, thiopurines (for example azathioprine), or methotrexate
    - Medication is being used for the treatment of fistulizing disease
- **Hidradenitis Suppurative (acne inversa): Humira**
- **Hidradenitis Suppurativa (Acne Inversa): Humira**
  - Member is 12 years of age or older
  - Member has moderate to severe disease (Hurley stage II-III)
  - Documentation of trial and failure of a 90-day treatment with oral antibiotics (for example, doxycycline, minocycline, or clindamycin with rifampin)
- **Uveitis: Humira**
  - Member is 2 years of age or older
  - Intermediate, posterior, or pan uveitis is not caused by infection
  - Documented inadequate response, or intolerable side effect, with any of the following:
    - Corticosteroids, methotrexate, azathioprine, mycophenolate, cyclosporine, tacrolimus, or medications are not appropriate
- **Cytokine Release Syndrome: Actemra Intravenous Only**
  - Member is 2 years of age or older

- Member has Grade three or four of severe or life-threatening diagnosis due to chimeric antigen receptor-T cell therapy

NOTE: Member does not require trial of formulary agents

- **Deficiency of Interleukin-1 Receptor Antagonist (DIRA) -- Treatment: Kineret**
  - Member has a genetically confirmed diagnosis of DIRA with documentation of IL1RN mutation status

  NOTE: Member does not require trial of formulary agents
- **Deficiency of Interleukin-1 Receptor Antagonist (DIRA) – Maintenance of Remission: Arcalyst**
  - Member has a genetically confirmed diagnosis of DIRA with documentation IL1RN loss-of-function mutations
  - Medication will be used after achievement of remission using Kineret
  - Member weighs 10kg or more

  NOTE: Member does not require trial of formulary agents
- **Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD): Actemra subcutaneous only**
  - Member is 18 years of age or older
  - Documentation showing the diagnosis was confirmed by a high-resolution computed tomography (HRCT) study of the chest

  NOTE: Member does not require trial of formulary agents
- **Acute Graft Versus Host Disease: Orencia**
  - Member is 2 years of age or older
  - Medication will be used for prophylaxis of acute graft versus host disease (aGVHD) in combination with a calcineurin inhibitor and methotrexate
  - Member is undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor

  NOTE: Member does not require trial of formulary agents and approvals will be for 1 month. Each approval must meet initial criteria.
- **Recurrent Pericarditis: Arcalyst**
  - Member is 12 years of age or older
  - Member has had at least two episodes or pericarditis
  - Member has failed therapy with multiple attempts at therapy with colchicine plus a Non-Steroidal Anti-Inflammatory Drug and has refractory, corticosteroid-dependent disease

  NOTE: Member does not require trial of formulary agents
- **Atopic Dermatitis: Rinvoq**
  - Member is 12 years of age or older
  - Documentation showing member has atopic dermatitis evidenced by one of the following:
    - Validated Investigator's Global Assessment (vIGA-AD) score greater than or equal to 3
    - Eczema Area and Severity Index (EASI) score greater than or equal to 16
    - A minimum body surface area (BSA) involvement of greater than or equal to 10%
  - Member had inadequate response, intolerable side effect, or contraindication to all the following therapies:
    - Two preferred (medium to very high potency) topical corticosteroids
      - For example, triamcinolone, clobetasol, mometasone, betamethasone, fluocinonide

      OR

- One preferred low potency topical corticosteroid, for sensitive areas
  - For example, face, neck, and other skin folds
- One preferred topical calcineurin inhibitor such as tacrolimus
- One oral systemic therapy, if appropriate

NOTE: Member does not require trial of formulary agents

Initial Approval:

4 months

Renewal Approval:

1 year - Requires member to have shown improvement in signs and symptoms of disease.

Dosing and administration:

- **Humira:**
  - Hidradenitis suppurativa:
    - Adults: 160 mg day 1, followed by 80 mg day 15 (6 syringes/28 days) for induction period, thereafter 40 mg once a week starting day 29 (4 syringes/28 days)
    - Children 12-17 years old:
      - >60 kg or more: 160 mg day 1, followed by 80 mg day 15 (6 syringes/28 days) for induction period, thereafter 40 mg once a week starting day 29 (4 syringes/28 days)
      - 30-59 kg: 80 mg on day 1, then maintenance treatment of 40 mg once every other week starting on day 8.
  - Rheumatoid Arthritis, Ankylosing Spondylitis, and Psoriatic Arthritis:
    - Two syringes/pens per 28 days
    - In the treatment of RA some patients may derive additional benefit from the use of 4 syringes/pens per 28 days
  - Crohn's, Ulcerative Colitis:
    - Adults: Six syringes/pens in initial 28 days and
    - two syringes/pens per 28 days after induction period
    - Crohn's in Children:
      - 17-39kg: 120 mg in the initial 28 days then 20mg every other week
      - 40 kg or more: 240 mg in the initial 28 days then 40 mg every other week
    - UC in Children:
      - 20 kg to 39 kg: 160 mg in the initial 28 days then 40 mg every other week or 20 mg every week
      - 40 kg or more: 320 mg in the initial 28 days then 80 mg every other week or 40 mg every week
  - Psoriasis and Adult Uveitis
    - Four syringes/pens in the initial 28 days
    - Two syringes/pens per 28 days after induction period
  - Juvenile Idiopathic Arthritis and Pediatric Uveitis:
    - Children 2 years of age and older:
      - 30 kg or more: 40 mg every other week
      - 15-29 kg: 20 mg every other week

  - 10-14 kg: 10 mg every other week

- **Enbrel**
  - Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Juvenile Idiopathic Arthritis:
    - Four, 50mg syringes, OR eight 25mg syringes per 28 days
  - Psoriasis:
    - 8, 50mg syringes per 28 days for the initial 3 months
    - 4, 50mg syringes per 28 days after induction period
- **Actemra Subcutaneous**
  - Rheumatoid Arthritis:
    - Weight <100kg: Two syringes per 28 days. Max dose is 4 syringes per 28 days
    - Weight ≥100kg: Four syringes per 28 days
  - Giant Cell Arteritis:
    - 162mg once weekly in combination with a tapering course of glucocorticoids
    - 162mg once every other week in combination with a tapering course of glucocorticoids may be prescribed based on clinical presentation.
  - Systemic Sclerosis-Associated Interstitial Lung Disease
    - 162mg once weekly
  - Polyarticular Juvenile Idiopathic Arthritis:
    - Weight <30kg: 162mg once every 3 weeks
    - Weight ≥30kg: 162mg every 2 weeks
  - Systemic Juvenile Idiopathic Arthritis:
    - Weight <30kg: 162mg every 2 weeks
    - Weight ≥30kg: 162mg once weekly
- **Actemra intravenous**
  - Rheumatoid Arthritis: 4 to 8mg/kg every 28 days
  - Giant Cell Arteritis: 6mg/kg every 28 days with a tapering course of glucocorticoids
  - Polyarticular Juvenile Idiopathic Arthritis:
    - Weight <30kg: 10mg/kg every 28 days
    - Weight ≥30kg: 8mg/kg every 28 days
  - Systemic Juvenile Idiopathic Arthritis:
    - Weight <30kg: 12mg/kg every 2 weeks
    - Weight ≥30kg: 8mg/kg every 2 weeks
  - Cytokine Release Syndrome:
    - 30 kg or more: 8 mg/kg for one dose, up to 3 additional doses if no clinical improvement (max dose 800 mg)
    - Less than 30 kg: 12 mg/kg for one dose, up to 3 additional doses If no clinical improvement (max dose 800 mg)
- **Arcalyst**
  - Cryopyrin-Associated Periodic Syndromes, Familial Cold Autoinflammatory Syndrome, Muckle-Wells Syndrome, Recurrent Pericarditis
    - 5 vials in the initial 28 days then 4 vials every 28 days
  - Deficiency of IL-1 Receptor Antagonist

- 8 vials every 28 days

- **Avsola**
  - Rheumatoid Arthritis:
    - 3mg/kg at week 0, 2 and 6, then every 8 weeks thereafter. Max dose 10mg/kg every 8 weeks or 3mg/kg every 4 weeks.
  - Crohns:
    - 5mg/kg at week 0, 2, 6, then every 8 weeks thereafter. Max dose 10mg/kg every 8 weeks
  - Ulcerative Colitis, Psoriatic Arthritis, Psoriasis:
    - 5mg/kg at week 0, 2, 6, then every 8 weeks thereafter
  - Ankylosing Spondylitis:
    - 5mg/kg at week 0, 2, 6, then every 6 weeks thereafter
- **Cimzia**
  - Eight vials/syringes per 28 days
- **Cosentyx**
  - Ankylosing Spondylitis and Psoriatic Arthritis:
    - Five syringes/pens in the initial 28 days
    - One syringe/pen per 28 days after induction period; two syringes/pens per 28 days may be used for those who continue to have active disease
  - Psoriasis
    - Ten syringes/pens in the initial 28 days
    - Two syringes/pens per 28 days after induction period
  - Non-Radiographic Axial Spondylarthritis and Enthesitis-Related Arthritis:
    - Five syringes/pens in the initial 28 days
    - One syringes/pens per 28 days after induction period
- **Entyvio**
  - Crohns and Ulcerative Colitis:
    - 300 mg at weeks 0, 2, 6 for induction (3 vials/6 weeks), then 300 mg (1 vial) every 8 weeks after induction period
- **Ilaris**
  - Cryopyrin-Associated Periodic Syndromes (>40 kg):
    - 150mg every 8 weeks, one vial per 56 days
  - Cryopyrin-Associated Periodic Syndromes (≤40 kg):
    - 2mg/kg every 8 weeks, one vial per 56 days. Dose may be increased to 3mg/kg given every 8 weeks
  - Systemic Juvenile Idiopathic Arthritis and Still's Disease:
    - 4mg/kg (max 300mg) every 4 weeks
    - QLL for doses <180mg: One vial per 28 days
    - QLL for doses >180mg: Two vials per 28 days
  - Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS), Hyperimmunoglobulin D Syndrome/Mevalonate Kinase Deficiency (HIDS/MKD), and Familial Mediterranean Fever (FMF):
    - >40 kg: 150mg every 4 weeks, one vial per 28 days

  - ≤40kg: 2mg/kg every 4 weeks, one vial per 28 days. Dose may be increased to 4mg/kg every 4 weeks.
- **Ilumya**
  - Plaque Psoriasis:
    - 100 mg (two syringes) per 28 days for the induction period; then 100 mg (one syringe) every 12 weeks after the induction period.
- **Kevzara**
  - Rheumatoid Arthritis:
    - 200mg SC every 2 weeks, two syringes per 28 days
- **Kineret**
  - Rheumatoid Arthritis, Juvenile Idiopathic Arthritis:
    - One syringe per day
  - Cryopyrin-Associated Periodic Syndromes and Deficiency of Interleukin-1 Receptor Antagonist:
    - Maximum dose of 8mg/kg/day
- **Olumiant**
  - Rheumatoid Arthritis:
    - One tablet (2mg) daily, 28 tablets per 28 days
- **Orencia IV:**
  - Rheumatoid Arthritis, Psoriatic Arthritis:
    - Weight <60kg: 4 vials for the initial 28 days and 2 vials per 28 days thereafter
    - Weight 60-100kg: 6 vials for the initial 28 days and 3 vials per 28 days thereafter
    - Weight >100kg: 8 vials for the initial 28 days and 4 vials per 28 days thereafter
  - Juvenile Idiopathic Arthritis:
    - Weight <75kg: 6 vials for the initial 28 days and 3 vials per 28 days thereafter
    - Weight 75 - 100kg: 6 vials for the initial 28 days and 3 vials per 28 days thereafter
    - Weight >100kg: 8 vials for the initial 28 days and 4 vials per 28 days thereafter
  - Acute Graft Versus Host Disease:
    - Children 2 to less than 6 years old: 15mg/kg on Day (-1), followed by 12mg/kg on Days 5, 14, and 28
    - 6 years and older: 16 vials per 30 days. 4 vials on Day (-1), followed by 4 vials each on Days 5, 14, and 28
- **Orencia Subcutaneous**
  - Rheumatoid Arthritis:
    - 125 mg once a week
  - Polyarticular juvenile idiopathic arthritis:
    - Children and adolescents 2 years and older weighing greater 50 kg: 125 mg subcutaneously once a week
    - Children and adolescents 2 years and older weighing 25 kg to less than 50 kg: 87.5 mg subcutaneously once a week
    - Children and adolescents 2 years and older weighing 10kg to 25 kg: 50 mg subcutaneously once a week
  - Psoriatic Arthritis:

- 125 mg subcutaneously once a week

- **Remicade/Inflectra/Renflexis/Avsola**
  - Rheumatoid Arthritis:
    - 3mg/kg at week 0, 2 and 6, then every 8 weeks thereafter. Max dose 10mg/kg every 8 weeks or 3mg/kg every 4 weeks.
  - Crohns:
    - 5mg/kg at week 0, 2, 6, then every 8 weeks thereafter. Max dose 10mg/kg every 8 weeks
  - Ulcerative Colitis, Psoriatic Arthritis, Psoriasis:
    - 5mg/kg at week 0, 2, 6, then every 8 weeks thereafter
  - Ankylosing Spondylitis:
    - 5mg/kg at week 0, 2, 6, then every 6 weeks thereafter
- **Rinvoq**
  - Atopic Dermatitis, Rheumatoid Arthritis, Psoriatic Arthritis, and Ulcerative Colitis:
    - 28 tablets per 28 days
- **Siliq**
  - Psoriasis:
    - Three (210mg) syringes for first 28 days; Two syringes per 28 days thereafter. Treatment should be discontinued if inadequate response after 12 to 16 weeks
- **Simponi**
  - Rheumatoid Arthritis, Ankylosing Spondylitis, and Psoriatic Arthritis:
    - One, 50mg syringe per 28 days
  - Ulcerative Colitis:
    - Three, 100mg syringes allowed in the initial 54 days
    - One, 100mg syringe per 28 days after induction period
- **Simponi Aria**
  - Rheumatoid Arthritis:
    - 2mg/kg at week 0 and 4, then every 8 weeks thereafter
- **Skyrizi**
  - Plaque psoriasis and Psoriatic Arthritis:
    - 4 syringes in the initial 28 days
    - 2 syringes per 84 days after induction period
- **Stelara**
  - Psoriasis adults:
    - Weight ≤100kg: One, 45mg syringe per 28 days for initial 2 months; then one, 45mg syringe per 84 days
    - Weight >100kg: One, 90mg syringe per 28 days for initial 2 months; then one, 90mg syringe per 84 days
  - Psoriasis pediatrics:
    - Weight < 60kg: One, 45mg syringe per 28 days for initial 2 months; then one, 45mg syringe per 84 days
    - Weight 60 to 100kg: One, 45mg syringe per 28 days for initial 2 months; then one, 45mg syringe per 84 days

        - Weight >100kg: One, 90mg syringe per 28 days for initial 2 months; then one, 90mg syringe per 84 day
    - Psoriatic Arthritis:
        - One, 45mg syringe per 28 days for initial 2 months; then 1, 45mg syringe per 84 days
    - Crohns:
        - Initial:
            - Up to 55kg: 260 mg (2, 130mg vials)
            - 55kg < to ≤ 85kg: 390 mg (3, 130mg vials)
            - > 85 kg: 520 mg (4, 130mg vials)
        - Maintenance: One, 90mg syringe per 56 days starting 8 weeks after initial dose
- **Taltz**
    - Psoriasis:
        - Four syringes in the first 28 days
        - Two syringes per 28 days for months 2 and 3
        - One syringe per 28 days after induction
    - Psoriatic Arthritis and Ankylosing Spondylitis:
        - Two syringes in the first 28 days then one syringe per 28 days
    - Non-radiographic Axial Spondylarthritis:
        - One syringe per 28 days
- **Tremfya**
    - Plaque psoriasis and psoriatic arthritis:
        - Two syringes or injectors in the initial 28 days then one syringe or injector every 8 weeks
- **Tysabri**
    - Crohn's:
        - 1 vial per 28 days
- **Xeljanz**
    - Rheumatoid Arthritis, Psoriatic Arthritis, and Ankylosing Spondylitis:
        - Two (5 mg) tablets per day
    - Ulcerative Colitis:
        - 10 mg twice a day for 8 weeks, then 5 mg or 10 mg twice a day
    - Polyarticular Juvenile Idiopathic Arthritis
        - 9 kg ≤ to <20 kg: 3.2 mg (3.2 mL oral solution) twice daily
        - 20 kg ≤ to < 40 kg: 4 mg (4 mL oral solution) twice daily
        - ≥ 40 kg: 5 mg (one 5 mg tablet or 5 mL oral solution) twice daily
- **Xeljanz XR**
    - Rheumatoid Arthritis, Psoriatic Arthritis, and Ankylosing Spondylitis:
        - One (11 mg) tablet per day
    - Ulcerative Colitis:
        - 22 mg twice a day for 8 weeks, then 11 mg or 22 mg once a day

Additional information:

Examples of Contraindications to Methotrexate

- Alcoholism, alcoholic liver disease or other chronic liver disease
- Breastfeeding
- Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
- Elevated liver transaminases
- History of intolerance or adverse event
- Hypersensitivity
- Interstitial pneumonitis or clinically significant pulmonary fibrosis
- Myelodysplasia
- Pregnancy or planning pregnancy (male or female)
- Renal impairment
- Significant drug interaction

Examples of clinical reasons to avoid treatment with methotrexate, cyclosporine:

- Alcoholism, alcoholic liver disease or other chronic liver disease
- Breastfeeding
- Drug interaction
- Cannot be used due to risk of treatment-related toxicity
- Pregnancy or planning pregnancy (male or female)
- Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

Examples of Contraindications to the Use of NSAIDs

- Allergic-type reaction following aspirin or other NSAID administration
- Asthma
- Gastrointestinal bleeding
- History of intolerance or adverse event
- Urticaria
- Significant drug interaction

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