

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Cytokine and CAM Antagonists****Clinical Edit Information Included in this Document****Actemra (Tocilizumab)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Cimzia (Certolizumab pegol)

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Kineret (Anakinra)

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Ilaris (Canakinumab)

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Orencia (Abatacept)

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Simponi (Golimumab)

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Stelara (Ustekinumab)

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Xeljanz (Tofacitinib)

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Revision Notes

- Added criteria information for canakinumab and updated references.



Actemra (Tocilizumab)

Drugs Requiring Prior Authorization

Actemra	
Label Name	GCN
ACTEMRA 162MG/0.9ML SYRINGE	35486



Actemra (Tocilizumab)

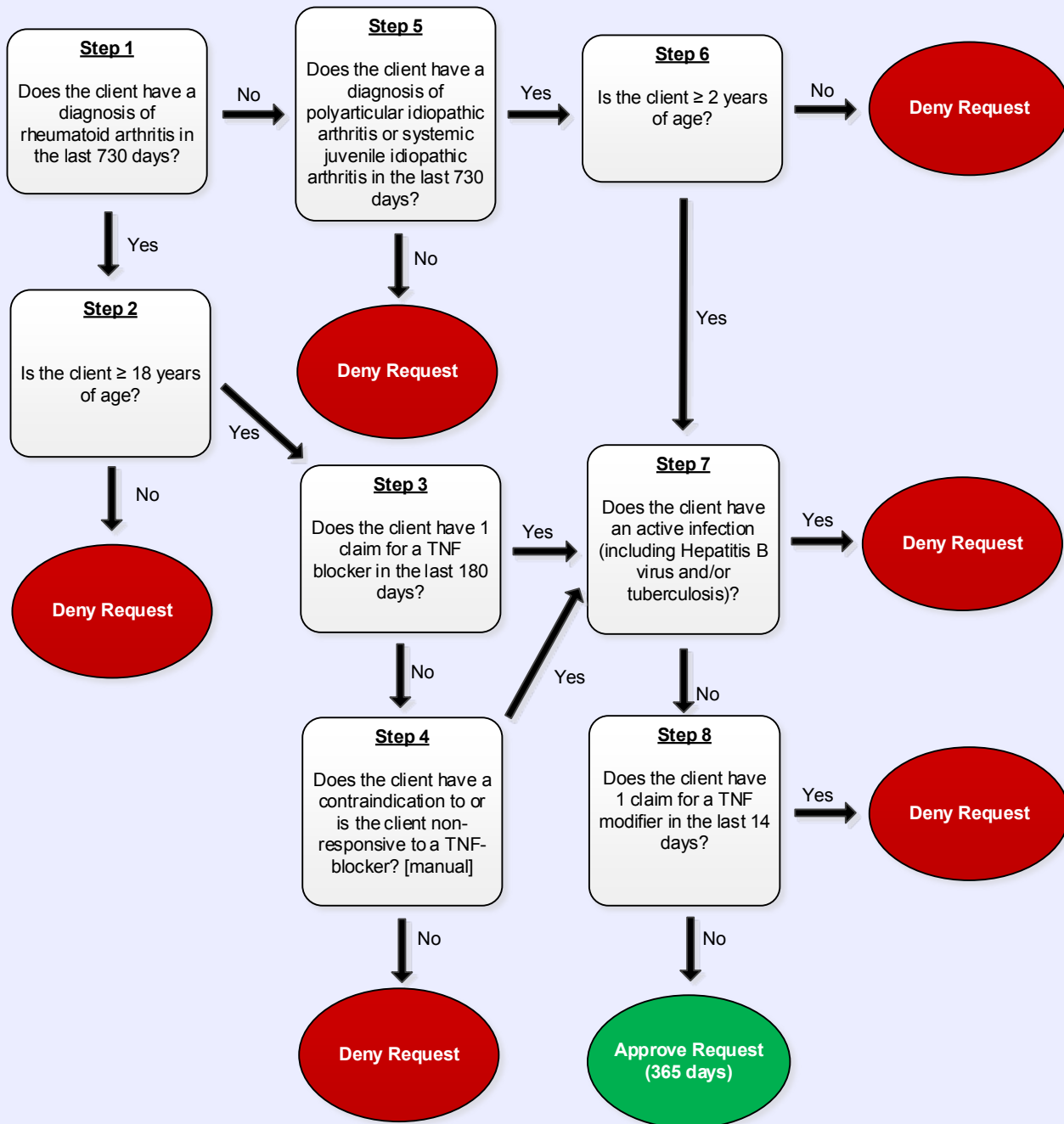
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #2
 No – Go to #5
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #3
 No – Deny
3. Does the client have 1 claim for a TNF blocker in the last 180 days?
 Yes – Go to #7
 No – Go to #4
4. Does the client have a contraindication to or is the client non-responsive to a TNF-blocker? [manual]
 Yes – Go to #7
 No – Deny
5. Does the client have a diagnosis of polyarticular idiopathic arthritis or systemic juvenile idiopathic arthritis in the last 730 days?
 Yes – Go to #6
 No – Deny
6. Is the client \geq 2 years of age?
 Yes – Go to #7
 No – Deny
7. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Go to #8
8. Does the client have 1 claim for a TNF modifier in the last 14 days?
 Yes – Deny
 No – Approve (365 days)



Actemra (Tocilizumab)

Clinical Edit Criteria Logic Diagram





Actemra (Tocilizumab)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of Rheumatoid Arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 4 (prior therapy with a TNF blocker) Required quantity: 1 Look back timeframe: 180 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK
61501	REMICADE 100MG VIAL
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL

Step 6 (diagnosis of Polyarticular Idiopathic Arthritis or Systemic Juvenile Idiopathic Arthritis)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
714.3	JUVENILE CHRONIC POLYARTHRITIS
ICD-10 Code	Description
M08.0	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS
M08.2	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET
M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M08.4	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS

Step 8 (Active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS

Step 9 (therapy with a TNF modifier)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
30137	ARZERRA 1000MG/50ML VIAL
27827	ARZERRA 100MG/5ML VIAL
14867	KINERET 100MG/0.67ML SYRINGE
30289	ORENCIA 125MG/ML SYRINGE
26306	ORENCIA 250MG VIAL
70151	RITUXAN 10MG/ML VIAL



Cimzia (Certolizumab pegol)

Drugs Requiring Prior Authorization

Cimzia	
Label Name	GCN
CIMZIA 200MG VIAL KIT	99615
CIMZIA 200MG/ML STARTER KIT	23471



Cimzia (Certolizumab pegol)

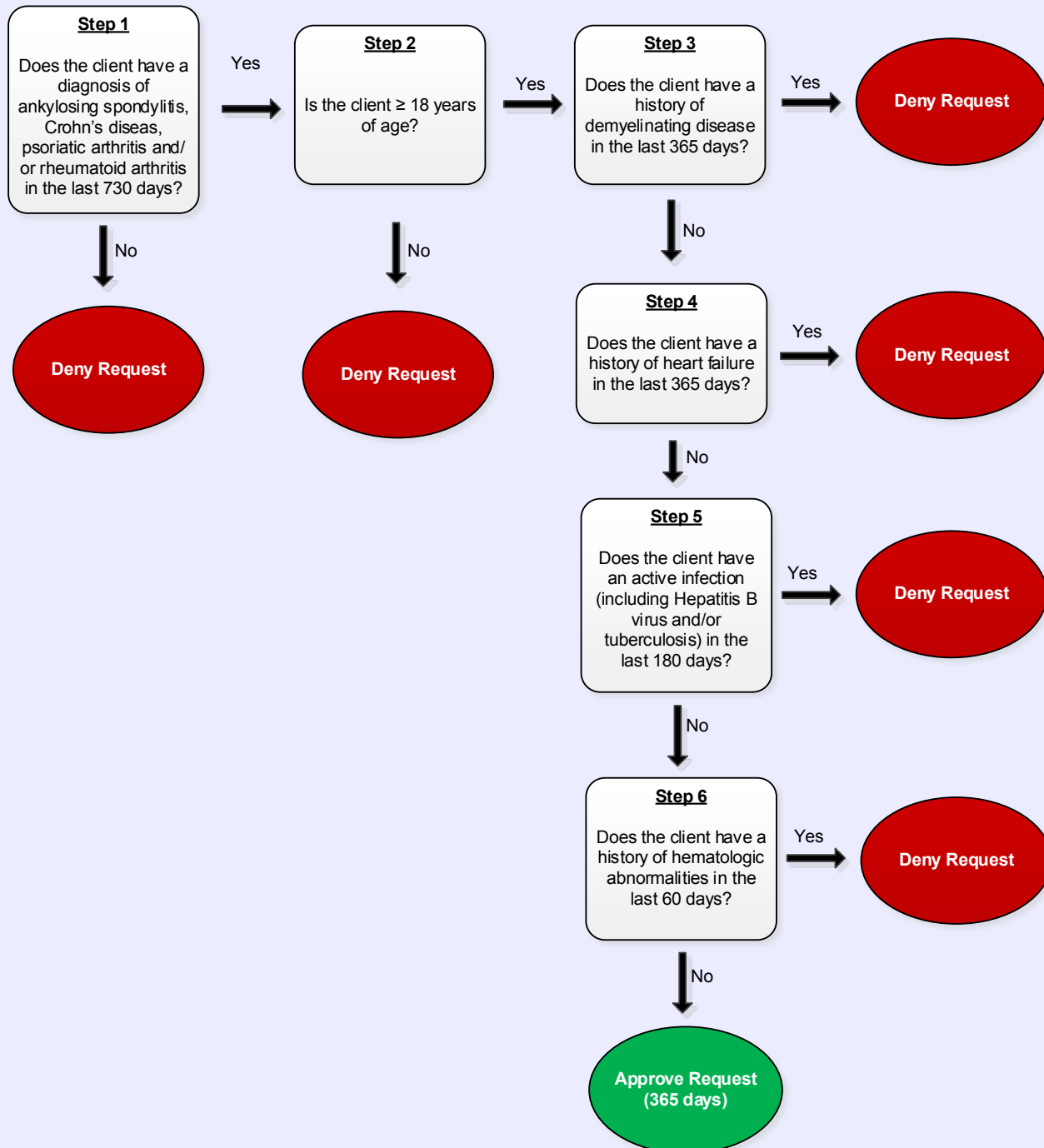
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of ankylosing spondylitis, Crohn's disease, psoriatic arthritis and/or rheumatoid arthritis in the last 730 days?
 Yes – Go to #2
 No – Deny
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #3
 No – Deny
3. Does the client have a history of a demyelinating disease (multiple sclerosis, optic neuritis, Guillain-Barre syndrome) in the last 365 days?
 Yes – Deny
 No – Go to #4
4. Does the client have a history of heart failure in the last 365 days?
 Yes – Deny
 No – Go to #5
5. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Go to #6
6. Does the client have a history of hematologic abnormalities in the last 60 days?
 Yes – Deny
 No – Approve (365 days)



Cimzia (Certolizumab pegol)

Clinical Edit Criteria Logic Diagram





Cimzia (Certolizumab pegol)

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of Ankylosing spondylitis, Crohn's disease, psoriatic arthritis and/or rheumatoid arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
720.0	ANKYLOSING SPONDYLITIS
555	REGIONAL ENTERITIS
555.0	REGIONAL ENTERITIS OF SMALL INTESTINE
555.1	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTRITIS OF UNSPECIFIED SITE
696.0	PSORIATIC ARTHROPATHY
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M45	ANKYLOSING SPONDYLITIS
M45.0	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE
M45.1	ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION
M45.2	ANKYLOSING SPONDYLITIS OF CERVICAL REGION
M45.3	ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION
M45.4	ANKYLOSING SPONDYLITIS OF THORACIC REGION
M45.5	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION
M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION
M45.7	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION
M45.8	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION
M45.9	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE
K50	CROHN'S DISEASE
K50.0	CROHN'S DISEASE OF SMALL INTESTINE
K50.1	CROHN'S DISEASE OF LARGE INTESTINE
K50.8	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE
K50.9	CROHN'S DISEASE, UNSPECIFIED
L40.5	ARTHROPATHIC PSORIASIS
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 3 (history of demyelinating disease)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
340	MULTIPLE SCLEROSIS
377.3	OPTIC NEURITIS
357.0	GUILLAIN-BARRE SYNDROME
ICD-10 Code	Description
G35	MULTIPLE SCLEROSIS
H46	OPTIC NEURITIS
H46.0	OPTIC PAPILLITIS
H46.1	RETROBULBAR NEURITIS
H46.2	NUTRITIONAL OPTIC NEUROPATHY
H46.3	TOXIC OPTIC NEUROPATHY
H46.8	OTHER OPTIC NEURITIS
H46.9	UNSPECIFIED OPTIC NEURITIS
G61.0	GUILLAIN-BARRE SYNDROME

Step 4 (history of heart failure)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
428	HEART FAILURE
428.0	LEFT HEART FAILURE
428.1	LEFT HEART FAILURE
428.2	SYSTOLIC HEART FAILURE
428.20	SYSTOLIC HEART FAILURE, UNSPECIFIED
428.21	ACUTE SYSTOLIC HEART FAILURE
428.22	CHRONIC SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.3	DIASTOLIC HEART FAILURE
428.30	DIASTOLIC HEART FAILURE, UNSPECIFIED
428.31	ACUTE DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.40	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE, UNSPECIFIED
428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE

Step 4 (history of heart failure)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE, UNSPECIFIED
ICD-10 Code	Description
I50	HEART FAILURE
I50.1	LEFT VENTRICULAR FAILURE
I50.2	SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.3	DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.31	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.4	COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.40	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.41	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.9	HEART FAILURE, UNSPECIFIED

Step 5 (Active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS

Step 5 (Active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS

Step 6 (history of hematologic abnormalities)	
Required quantity: 1	
Look back timeframe: 60 days	
ICD-9 Code	Description
284.1	PANCYTOPENIA
284.0	CONSTITUTIONAL APLASTIC ANEMIA
284.8	OTHER SPECIFIED APLASTIC ANEMIAS
284.9	APLASTIC ANEMIA, UNSPECIFIED
288.5	DECREASED WHITE BLOOD CELL COUNT
287.3	PRIMARY THROMBOCYTOPENIA
287.4	SECONDARY THROMBOCYTOPENIA
287.5	THROMBOCYTOPENIA, UNSPECIFIED
288.0	NEUTROPENIA
ICD-10 Code	Description
D61.81	PANCYTOPENIA
D61.0	CONSTITUTIONAL APLASTIC ANEMIA
D61.2	APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS
D61.3	IDIOPATHIC APLASTIC ANEMIA
D61.9	APLASTIC ANEMIA, UNSPECIFIED
D72.81	DECREASED WHITE BLOOD CELL COUNT
D69.4	OTHER PRIMARY THROMBOCYTOPENIA
D69.5	SECONDARY THROMBOCYTOPENIA
D69.6	THROMBOCYTOPENIA, UNSPECIFIED
D70	NEUTROPENIA

Step 6 (history of hematologic abnormalities)	
Required quantity: 1	
Look back timeframe: 60 days	
D70.0	CONGENITAL AGRANULOCYTOSIS
D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY
D70.2	OTHER DRUG-INDUCED AGRANULOCYTOSIS
D70.3	NEUTROPENIA DUE TO INFECTION
D70.4	CYCLIC NEUTROPENIA
D70.8	OTHER NEUTROPENIA
D70.9	NEUTROPENIA, UNSPECIFIED



Kineret (Anakinra)

Drugs Requiring Prior Authorization

Kineret	
Label Name	GCN
KINERET 100MG/0.67ML SYRINGE	14867



Kineret (Anakinra)

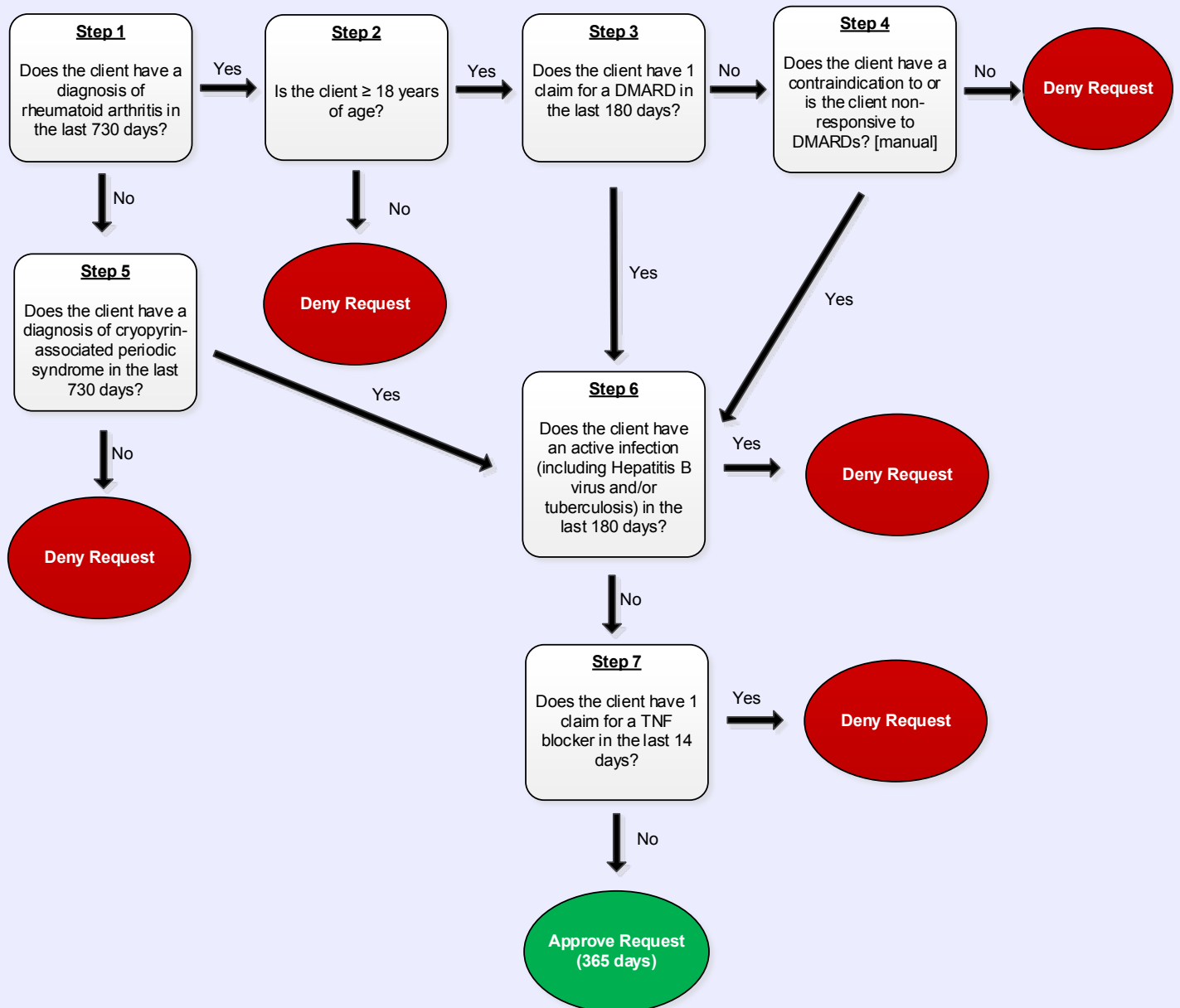
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #2
 No – Go to #5
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #3
 No – Deny
3. Does the client have 1 claim for a disease modifying antirheumatic drug (DMARD) in the last 180 days?
 Yes – Go to #6
 No – Go to #4
4. Does the client have a contraindication to or is the client non-responsive to DMARDs? [manual]
 Yes – Go to #6
 No – Deny
5. Does the client have a diagnosis of cryopyrin-associated periodic syndrome (CAPS) in the last 730 days?
 Yes - Go to #6
 No - Deny
6. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Go to #7
7. Does the client have 1 claim for a TNF blocker in the last 14 days?
 Yes – Deny
 No – Approve (365 days)



Kineret (Anakinra)

Clinical Edit Criteria Logic Diagram





Kineret (Anakinra)

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of rheumatoid arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 3 (history of DMARD) Required quantity: 1 Look back timeframe: 180 days	
Label Name	GCN
AZASAN 75 MG TABLET	19170
AZASAN 100 MG TABLET	19173
AZATHIOPRINE 50 MG TABLET	46771
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MODIFIED 25 MG	13918
CYCLOSPORINE 50 MG CAPSULE	13913
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE MODIFIED 100 MG	13919
CYCLOSPORINE 100 MG/ML	13917
CYCLOSPORINE 100 MG/ML	08220
HYDROXYCHLOROQUINE 200 MG TABLET	42940
LEFLUNOMIDE 10 MG TABLET	67031
LEFLUNOMIDE 20 MG TABLET	67032
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 2.5 MG TABLET	17718
SULFASALAZINE 500 MG TABLET	41611
SULFASALAZINE DR 500 MG TABLET	41620

Step 5 (diagnosis of cryopyrin-associated periodic syndrome)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
759.89	OTHER SPECIFIED CONGENITAL ANOMALIES
ICD-10 Code	Description
Q89.8	OTHER SPECIFIED CONGENITAL MALFORMATIONS

Step 6 (active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
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ICD-10 Code	Description
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B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS

Step 7 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE

Step 7 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK
61501	REMICADE 100MG VIAL
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL



Ilaris (Canakinumab)

Drugs Requiring Prior Authorization

Ilaris	
Label Name	GCN
ILARIS 180MG VIAL	27445



Ilaris (Canakinumab)

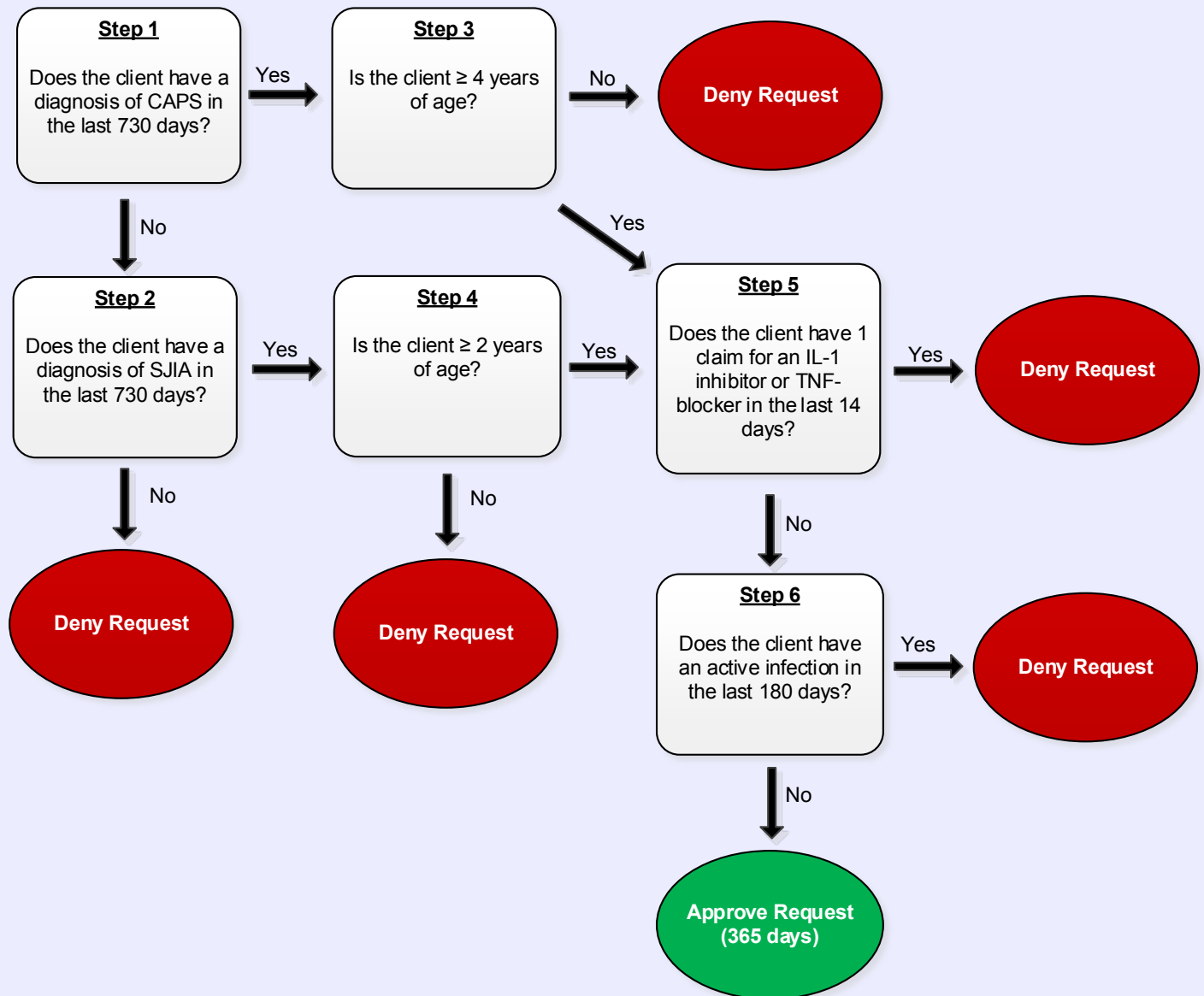
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of cryopyrin-associated periodic syndrome (CAPS) in the last 730 days?
 Yes - Go to #3
 No - Go to #2
2. Does the client have a diagnosis of systemic juvenile idiopathic arthritis (SJIA) in the last 730 days?
 Yes - Go to #4
 No - Deny
3. Is the client greater than or equal to (\geq) 4 years of age?
 Yes - Go to #5
 No - Deny
4. Is the client greater than or equal to (\geq) 2 years of age?
 Yes - Go to #5
 No - Deny
5. Does the client have 1 claim for an interleukin-1 (IL-1) inhibitor or a tumor necrosis factor (TNF) blocker in the last 14 days?
 Yes - Deny
 No - Go to #6
6. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes - Deny
 No - Approve (365 days)



Ilaris (Canakinumab)

Clinical Edit Criteria Logic Diagram





Ilaris (Canakinumab)

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of Cryopyrin-Associated Periodic Syndrome) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
759.89	OTHER SPECIFIED CONGENITAL ANOMALIES
ICD-10 Code	Description
Q89.8	OTHER SPECIFIED CONGENITAL MALFORMATIONS

Step 2 (diagnosis of Systemic Juvenile Idiopathic Arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.3	JUVENILE CHRONIC POLYARTHRITIS
ICD-10 Code	Description
M08.0	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS
M08.2	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET
M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M08.4	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS

Step 5 (prior therapy with a TNF blocker or IL-1 inhibitor) Required quantity: 1 Look back timeframe: 14 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK

Step 5 (prior therapy with a TNF blocker or IL-1 inhibitor)**Required quantity: 1****Look back timeframe: 14 days**

GCN	Description
61501	REMICADE 100MG VIAL
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL
99473	ARCALYST 220MG INJECTION
14867	KINERET 100MG/0.67ML SYRINGE

Step 6 (Active infection)**Required quantity: 1****Look back timeframe: 180 days**

ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS



Orencia (Abatacept)

Drugs Requiring Prior Authorization

Orencia	
Label Name	GCN
ORENCIA 125 MG/ML SYRINGE	30289
ORENCIA 250 MG VIAL	26306



Orencia (Abatacept)

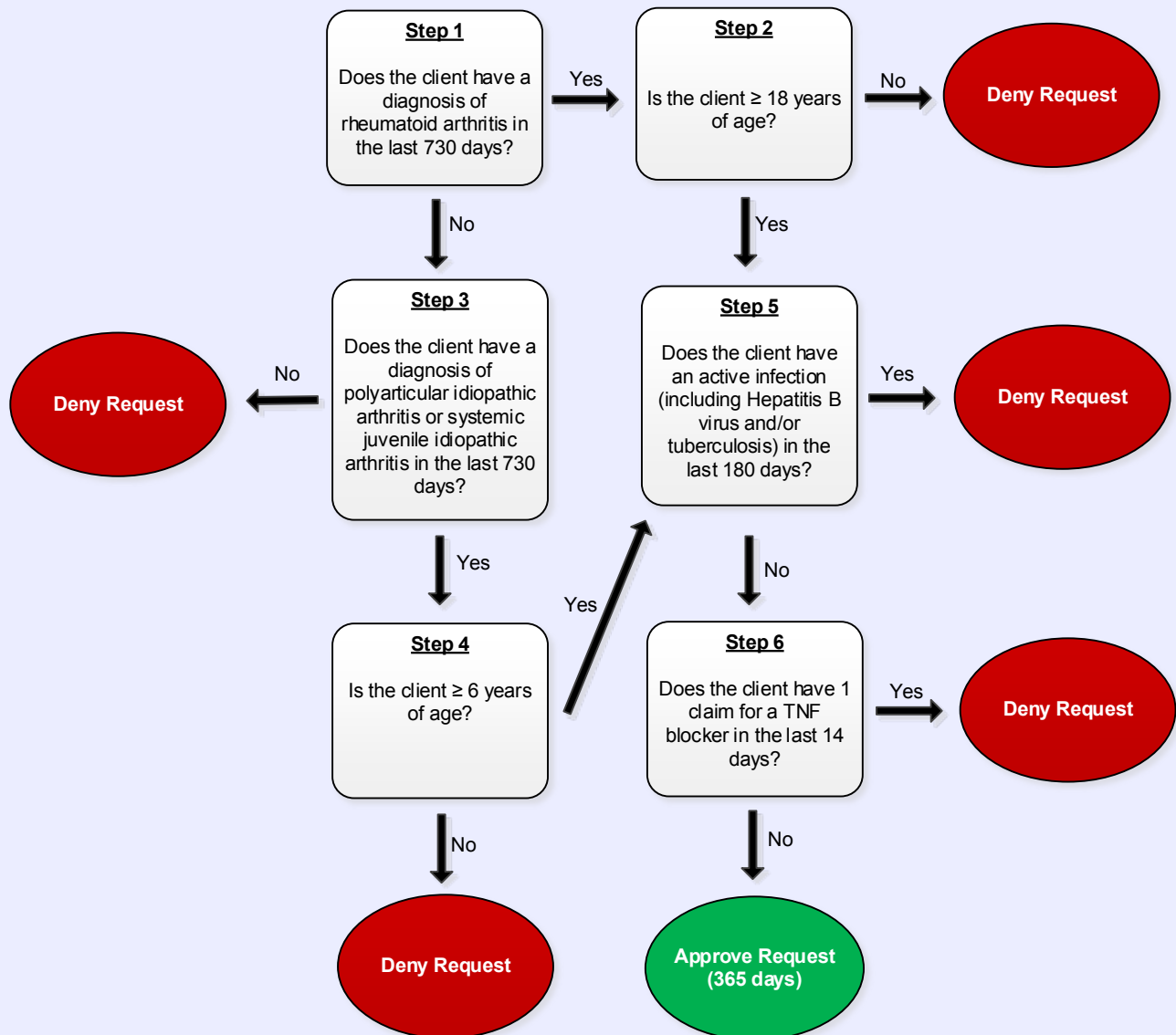
Clinical Edit Criteria Logic

1. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #2
 No – Go to #3
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #5
 No – Deny
3. Does the client have a diagnosis of polyarticular idiopathic arthritis or systemic juvenile idiopathic arthritis in the last 730 days?
 Yes – Go to #4
 No – Deny
4. Is the client \geq 6 years of age?
 Yes – Go to #5
 No – Deny
5. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Go to #6
6. Does the client have 1 claim for a TNF blocker in the last 14 days?
 Yes – Deny
 No – Approve (365 days)



Orencia (Abatacept)

Clinical Edit Criteria Logic Diagram





Orencia (Abatacept)

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of rheumatoid arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 3 (diagnosis of polyarticular idiopathic arthritis or systemic juvenile idiopathic arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.3	JUVENILE CHRONIC POLYARTHRITIS
ICD-10 Code	Description
M08.0	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS
M08.2	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET
M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M08.4	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS

Step 5 (active infection) Required quantity: 1 Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS

Step 5 (active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS

Step 6 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK
61501	REMICADE 100MG VIAL
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL

**Simponi (Golimumab)****Drugs Requiring Prior Authorization**

Simponi	
Label Name	GCN
SIMPONI 100 MG/ML PEN INJECTOR	35001
SIMPONI 100 MG/ML SYRINGE	34697
SIMPONI 50 MG/0.5 ML PEN INJECTOR	22533
SIMPONI 50MG/0.5 ML SYRINGE	22536
SIMPONI ARIA 50 MG/4 ML VIAL	34983



Simponi (Golimumab)

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny

2. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #4
 No – Go to #3

3. Does the client have a diagnosis of ankylosing spondylitis, psoriatic arthritis and/or ulcerative colitis in the last 730 days?
 Yes – Go to #5
 No – Deny

4. Does the client have 1 claim for methotrexate in the last 60 days?
 Yes – Go to #5
 No – Deny

5. Does the client have a history of heart failure in the last 365 days?
 Yes – Deny
 No – Go to #6

6. Does the client have a history of demyelinating disease (multiple sclerosis, optic neuritis and/or Guillain-Barre syndrome) in the last 365 days?
 Yes – Deny
 No – Go to #7

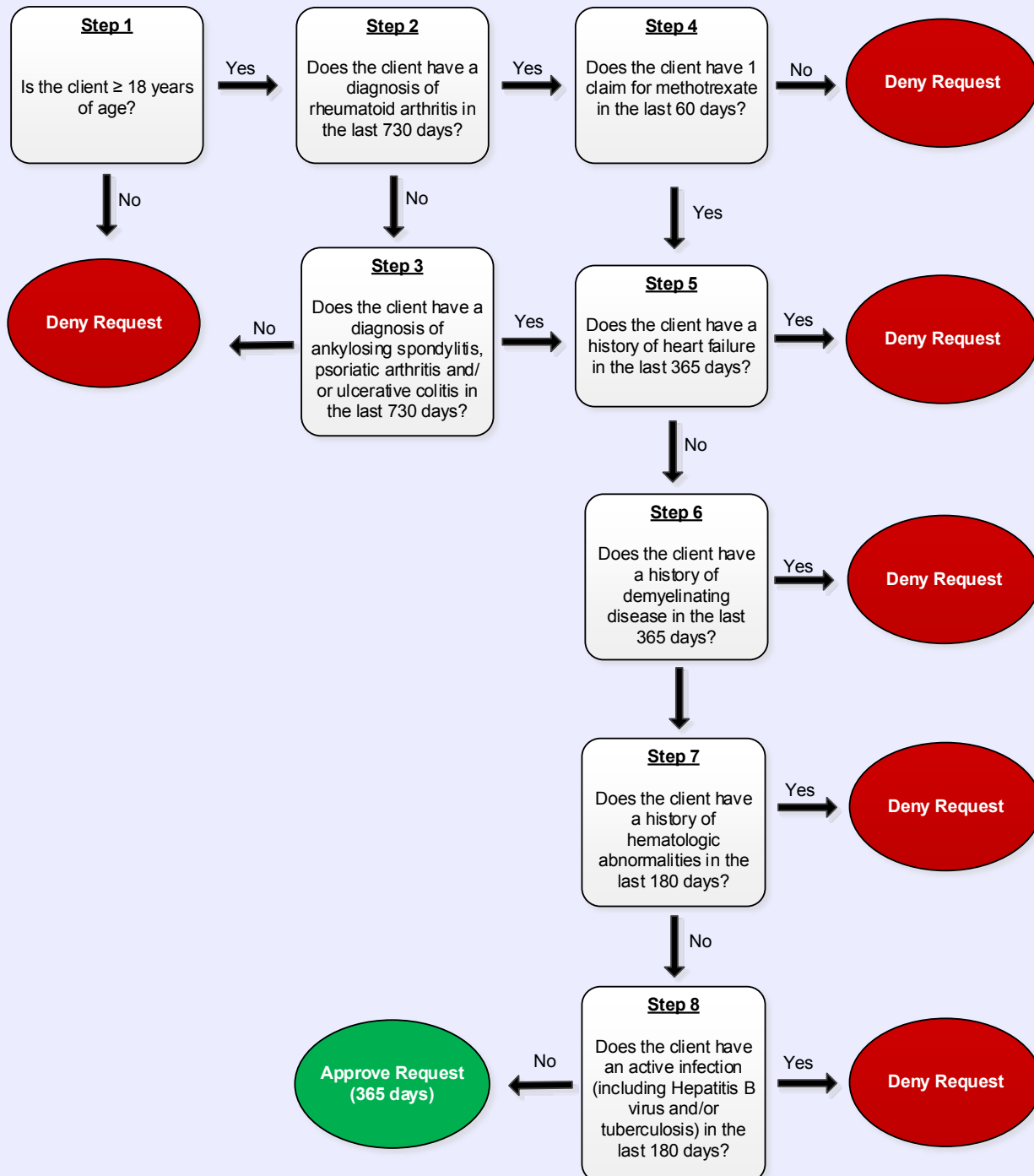
7. Does the client have a history of hematologic abnormalities in the last 180 days?
 Yes – Deny
 No – Go to #8

8. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – (Approve 365 days)



Simponi (Golimumab)

Clinical Edit Criteria Logic Diagram





Simponi (Golimumab)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of rheumatoid arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 3 (diagnosis of ankylosing spondylitis, psoriatic arthritis and/or ulcerative colitis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
720.0	ANKYLOSING SPONDYLITIS
696.0	PSORIATIC ARTHROPATHY
556	ULCERATIVE ENTEROCOLITIS
556.0	ULCERATIVE (CHRONIC) ENTEROCOLITIS
556.1	ULCERATIVE (CHRONIC) ILEOCOLITIS
556.2	ULCERATIVE (CHRONIC) PROCTITIS
556.3	ULCERATIVE (CHRONIC) PROCTOSIGMOIDITIS
556.4	PSEUDOPOLYPOSIS OF COLON
556.5	LEFT-SIDED ULCERATIVE (CHRONIC) COLITIS
556.6	UNIVERSAL ULCERATIVE (CHRONIC) COLITIS
556.8	OTHER ULCERATIVE COLITIS
556.9	ULCERATIVE COLITIS, UNSPECIFIED
ICD-10 Code	Description
M45	ANKYLOSING SPONDYLITIS
M45.0	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE
M45.1	ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION
M45.2	ANKYLOSING SPONDYLITIS OF CERVICAL REGION
M45.3	ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION
M45.4	ANKYLOSING SPONDYLITIS OF THORACIC REGION

**Step 3 (diagnosis of ankylosing spondylitis, psoriatic arthritis
and/or ulcerative colitis)**

Required quantity: 1

Look back timeframe: 730 days

ICD-10 Code	Description
M45.5	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION
M45.6	ANKYLOSING SPONDYLITIS LUMBAR REGION
M45.7	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION
M45.8	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION
M45.9	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE
L40.5	ARTHROPATHIC PSORIASIS
K51	ULCERATIVE COLITIS
K51.0	ULCERATIVE (CHRONIC) PANCOLITIS
K51.2	ULCERATIVE (CHRONIC) PROCTITIS
K51.3	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS
K51.4	INFLAMMATORY POLYPS OF COLON
K51.5	LEFT SIDED COLITIS
K51.8	OTHER ULCERATIVE COLITIS
K51.9	ULCERATIVE COLITIS, UNSPECIFIED

Step 4 (prior therapy with methotrexate)

Required quantity: 1

Look back timeframe: 60 days

GCN	Description
17718	METHOTREXATE 2.5 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET

Step 5 (history of heart failure)

Required quantity: 1

Look back timeframe: 365 days

ICD-9 Code	Description
428	HEART FAILURE
428.0	LEFT HEART FAILURE
428.1	LEFT HEART FAILURE
428.2	SYSTOLIC HEART FAILURE
428.20	SYSTOLIC HEART FAILURE, UNSPECIFIED
428.21	ACUTE SYSTOLIC HEART FAILURE
428.22	CHRONIC SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE

Step 5 (history of heart failure)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
428.3	DIASTOLIC HEART FAILURE
428.30	DIASTOLIC HEART FAILURE, UNSPECIFIED
428.31	ACUTE DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.40	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE, UNSPECIFIED
428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE, UNSPECIFIED
ICD-10 Code	Description
I50	HEART FAILURE
I50.1	LEFT VENTRICULAR FAILURE
I50.2	SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.3	DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.31	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.4	COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.40	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.41	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.9	HEART FAILURE, UNSPECIFIED

Step 6 (history of demyelinating disease)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
340	MULTIPLE SCLEROSIS
377.3	OPTIC NEURITIS
357.0	GUILLAIN-BARRE SYNDROME
ICD-10 Code	Description
G35	MULTIPLE SCLEROSIS
H46	OPTIC NEURITIS
H46.0	OPTIC PAPILLITIS
H46.1	RETROBULBAR NEURITIS
H46.2	NUTRITIONAL OPTIC NEUROPATHY
H46.3	TOXIC OPTIC NEUROPATHY
H46.8	OTHER OPTIC NEURITIS
H46.9	UNSPECIFIED OPTIC NEURITIS
G61.0	GUILLAIN-BARRE SYNDROME

Step 7 (history of hematologic abnormalities)	
Required quantity: 1	
Look back timeframe: 60 days	
ICD-9 Code	Description
284.1	PANCYTOPENIA
284.0	CONSTITUTIONAL APLASTIC ANEMIA
284.8	OTHER SPECIFIED APLASTIC ANEMIAS
284.9	APLASTIC ANEMIA, UNSPECIFIED
288.5	DECREASED WHITE BLOOD CELL COUNT
287.3	PRIMARY THROMBOCYTOPENIA
287.4	SECONDARY THROMBOCYTOPENIA
287.5	THROMBOCYTOPENIA, UNSPECIFIED
288.0	NEUTROPENIA
ICD-10 Code	Description
D61.81	PANCYTOPENIA
D61.0	CONSTITUTIONAL APLASTIC ANEMIA
D61.2	APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS
D61.3	IDIOPATHIC APLASTIC ANEMIA
D61.9	APLASTIC ANEMIA, UNSPECIFIED
D72.81	DECREASED WHITE BLOOD CELL COUNT
D69.4	OTHER PRIMARY THROMBOCYTOPENIA
D69.5	SECONDARY THROMBOCYTOPENIA

Step 7 (history of hematologic abnormalities)	
Required quantity: 1	
Look back timeframe: 60 days	
D69.6	THROMBOCYTOPENIA, UNSPECIFIED
D70	NEUTROPENIA
D70.0	CONGENITAL AGRANULOCYTOSIS
D70.1	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY
D70.2	OTHER DRUG-INDUCED AGRANULOCYTOSIS
D70.3	NEUTROPENIA DUE TO INFECTION
D70.4	CYCLIC NEUTROPENIA
D70.8	OTHER NEUTROPENIA
D70.9	NEUTROPENIA, UNSPECIFIED

Step 8 (active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS

Step 4 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT

Step 4 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 14 days	
GCN	Description
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK
61501	REMICADE 100MG VIAL

**Stelara (Ustekinumab)****Drugs Requiring Prior Authorization**

Stelara	
Label Name	GCN
STELARA 45 MG/0.5 ML SYRINGE	28158
STELARA 45 MG/0.5 ML VIAL	19903
STELARA 90 MG/ML SYRINGE	28159



Stelara (Ustekinumab)

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes - Go to #2
 No - Deny

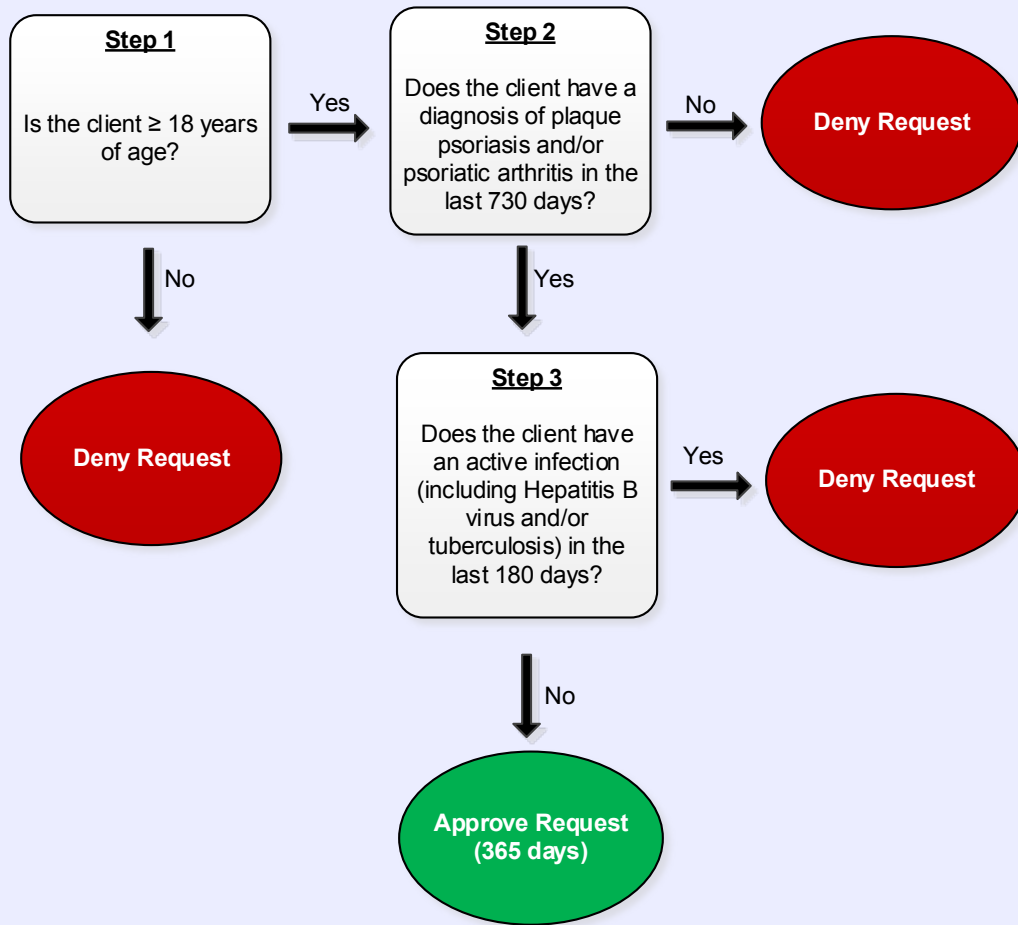
2. Does the client have a diagnosis of plaque psoriasis and/or psoriatic arthritis in the last 730 days?
 Yes - Go to #3
 No - Deny

3. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes - Deny
 No - Approve (365 days)



Stelara (Ustekinumab)

Clinical Edit Criteria Logic Diagram





Stelara (Ustekinumab)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of plaque psoriasis and/or psoriatic arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
696.1	OTHER PSORIASIS
696.0	PSORIATIC ARTHROPATHY
ICD-10 Code	Description
L40.1	GENERALIZED PUSTULAR PSORIASIS
L40.8	OTHER PSORIASIS
L40.5	ARTHROPATHIC PSORIASIS

Step 3 (active infection) Required quantity: 1 Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS



Xeljanz (Tofacitinib)

Drugs Requiring Prior Authorization

Xeljanz	
Label Name	GCN
XELJANZ 5 MG TABLET	33617



Xeljanz (Tofacitinib)

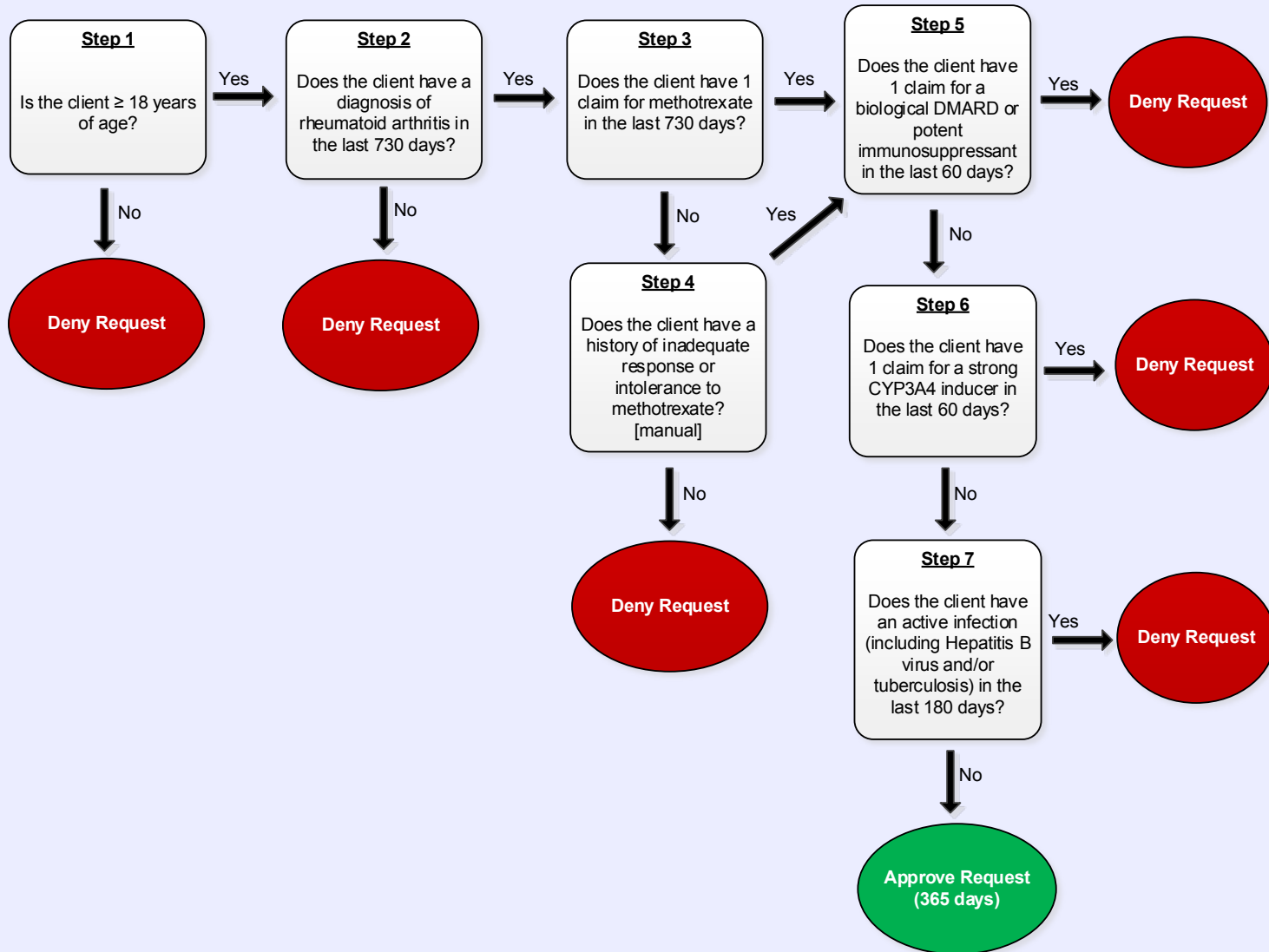
Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #3
 No – Deny
3. Does the client have 1 claim for methotrexate in the last 730 days?
 Yes – Go to #5
 No – Go to #4
4. Does the client have a history of inadequate response or intolerance to methotrexate? [manual]
 Yes – Go to #5
 No – Deny
5. Does the client have 1 claim for a biological DMARD or potent immunosuppressant in the last 60 days?
 Yes – Deny
 No – Go to #6
6. Does the client have 1 claim for a strong CYP3A4 inducer in the last 60 days?
 Yes – Deny
 No – Go to #7
7. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Approve (365 days)



Xeljanz (Tofacitinib)

Clinical Edit Criteria Logic Diagram





Xeljanz (Tofacitinib)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of rheumatoid arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 3 (prior therapy with methotrexate) Required quantity: 1 Look back timeframe: 730 days	
GCN	Description
17718	METHOTREXATE 2.5 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET

Step 5 (prior therapy with a DMARD or potent immunosuppressant) Required quantity: 1 Look back timeframe: 60 days	
GCN	Description
14867	KINERET 100 MG/0.67 ML SYRINGE
70151	RITUXAN 10 MG/ML VIAL
30137	ARZERRA 1000 MG/50ML VIAL
27827	ARZERRA 100 MG/5ML VIAL
30289	ORENCIA 125 MG/ML SYRING
26306	ORENCIA 250 MG VIAL
35486	ACTEMRA 162 MG/0.9ML SYRINGE
27367	ACTEMRA 200 MG/10ML VIAL
27368	ACTEMRA 400 MG/20ML VIAL
27366	ACTEMRA 80 MG/4ML VIAL
13911	CYCLOSPORINE 25 MG CAPSULE
13918	CYCLOSPORINE MODIFIED 25 MG
13913	CYCLOSPORINE 50 MG CAPSULE

Step 5 (prior therapy with a DMARD or potent immunosuppressant)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Description
13910	CYCLOSPORINE 100 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13917	CYCLOSPORINE 100 MG/ML
08220	CYCLOSPORINE 100 MG/ML
19173	AZASAN 100 MG TABLET
19170	AZASAN 75 MG TABLET
46771	AZATHIOPRINE 50 MG TABLET
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE
98662	ASTAGRAF XL 0.5 MG CAPSULE
98663	ASTAGRAF XL 1 MG CAPSULE
98664	ASTAGRAF XL 5 MG CAPSULE
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB

Step 6 (prior therapy with a strong CYP3A4 inducer)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Description
99557	PHENYTOIN 100 MG/4 ML SUSPENSION
28741	PHENYTOIN 100 MG/4 ML SUSPENSION
17241	PHENYTOIN 100 MG/4 ML SUSPENSION
17250	PHENYTOIN 50 MG TABLET CHEW
17161	PHENYTOIN SOD 100 MG CAPSULE
17700	PHENYTOIN SOD EXT 100 MG CAPSULE
15038	PHENYTOIN SOD EXT 200 MG CAPSULE
15037	PHENYTOIN SOD EXT 300 MG CAPSULE
17701	DILANTIN 30 MG KAPSEAL
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSPENSION
27601	CARBAMAZEPINE 100 MG/5 ML SUSPENSION
17450	CARBAMAZEPINE 200 MG TABLET

Step 6 (prior therapy with a strong CYP3A4 inducer)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Description
27602	CARBAMAZEPINE 200 MG/10 ML LIQUID
23934	CARBAMAZEPINE ER 100 MG CAP
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
17457	CARBATROL 200 MG CAPSULE SA
17458	CARBATROL 300 MG CAPSULE SA
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
17321	PRIMIDONE 250 MG TABLET
17322	PRIMIDONE 50 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
97967	PHENOBARBITAL 100 MG TABLET
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIXIR
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
29810	RIFABUTIN 150 MG CAPSULE
33183	XTANDI 40 MG CAPSULE

Step 7 (active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION

Step 7 (active infection)	
Required quantity: 1	
Look back timeframe: 180 days	
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS



Cytokine and CAM Antagonists

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
11/25/2014	Added criteria for canakinumab and updated references.