



## Texas Prior Authorization Program Clinical Criteria

### Drug/Drug Class

# Cytokine and CAM Antagonists

*This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization*

### Clinical Criteria Information Included in this Document

#### Actemra (Tocilizumab)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical 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 criteria

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#### Arcalyst (Rilonacept)

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**Cibinqo (Abrocitinib)**

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**Cimzia (Certolizumab pegol)**

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**Cosentyx (Secukinumab)**

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**Enbrel (Etanercept)**

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**Enspryng (Satralizumab-mwge)**

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**Humira (Adalimumab) and Biosimilar Agents**

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**Ilaris (Canakinumab)**

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**Ilumya (Tildrakizumab-asmn)**

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**Kevzara (Sarilumab)**

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**Kineret (Anakinra)**

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**Olumiant (Baricitinib)**

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**Orencia (Abatacept)**

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**Otezla (Apremilast)**

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**Rinvoq (Upadacitinib)**

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**Siliq (Brodalumab)**

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**Simponi (Golimumab)**

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**Skyrizi (Risankizumab-rzaa)**

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**Sotyktu (Deucravacitinib)**

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**Stelara (Ustekinumab) and Biosimilar Agents**

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**Taltz (Ixekizumab)**

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**Tremfya (Guselkumab)**

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**Xeljanz (Tofacitinib)**

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**Revision Notes**

Added GCN for Simlandi (57361) to Adalimumab Biosimilars Drugs Requiring PA table and supporting tables

Added GCN for Tremfya (57417) to Tremfya Drugs Requiring PA table and supporting tables



## Actemra (Tocilizumab)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).*

| Actemra                      |       |
|------------------------------|-------|
| Label Name                   | GCN   |
| ACTEMRA 162MG/0.9ML SYRINGE  | 35486 |
| ACTEMRA ACTPEN 162 MG/0.9 ML | 45082 |



## Actemra (Tocilizumab)

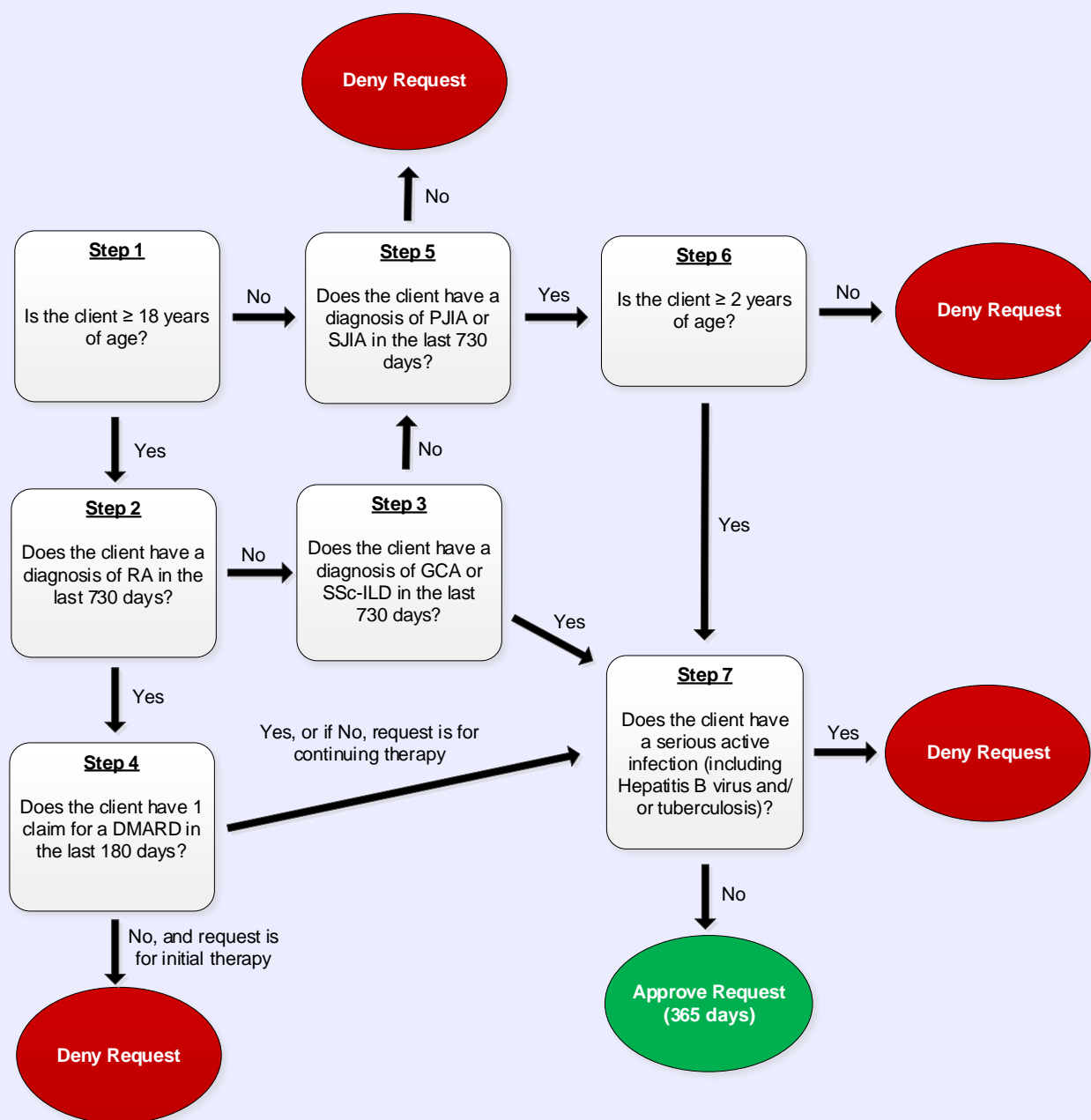
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #2  
☐ No – Go to #5
2. Does the client have a diagnosis of **rheumatoid arthritis (RA)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Go to #3
3. Does the client have a diagnosis of **giant cell arteritis (GCA)** or **systemic sclerosis-associated interstitial lung disease (SSc-ILD)** in the last 730 days?  
☐ Yes – Go to #7  
☐ No – Go to #5
4. Does the client have 1 claim for a **DMARD** in the last 180 days?  
☐ Yes – Go to #7  
☐ No – And the request is for continuing therapy, go to #7  
☐ No – And the request is for initial therapy, deny
5. Does the client have a diagnosis of **polyarticular juvenile idiopathic arthritis (PJIA)** or **systemic juvenile idiopathic arthritis (SJIA)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Deny
6. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
☐ Yes – Go to #7  
☐ No – Deny
7. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



# Actemra (Tocilizumab)

## Clinical Criteria Logic Diagram



**Arcalyst (Rilonacept)****Drugs Requiring Prior Authorization**

| <b>Arcalyst</b>          |            |
|--------------------------|------------|
| <b>Label Name</b>        | <b>GCN</b> |
| ARCALYST 220MG INJECTION | 99473      |



## Arcalyst (Rilonacept)

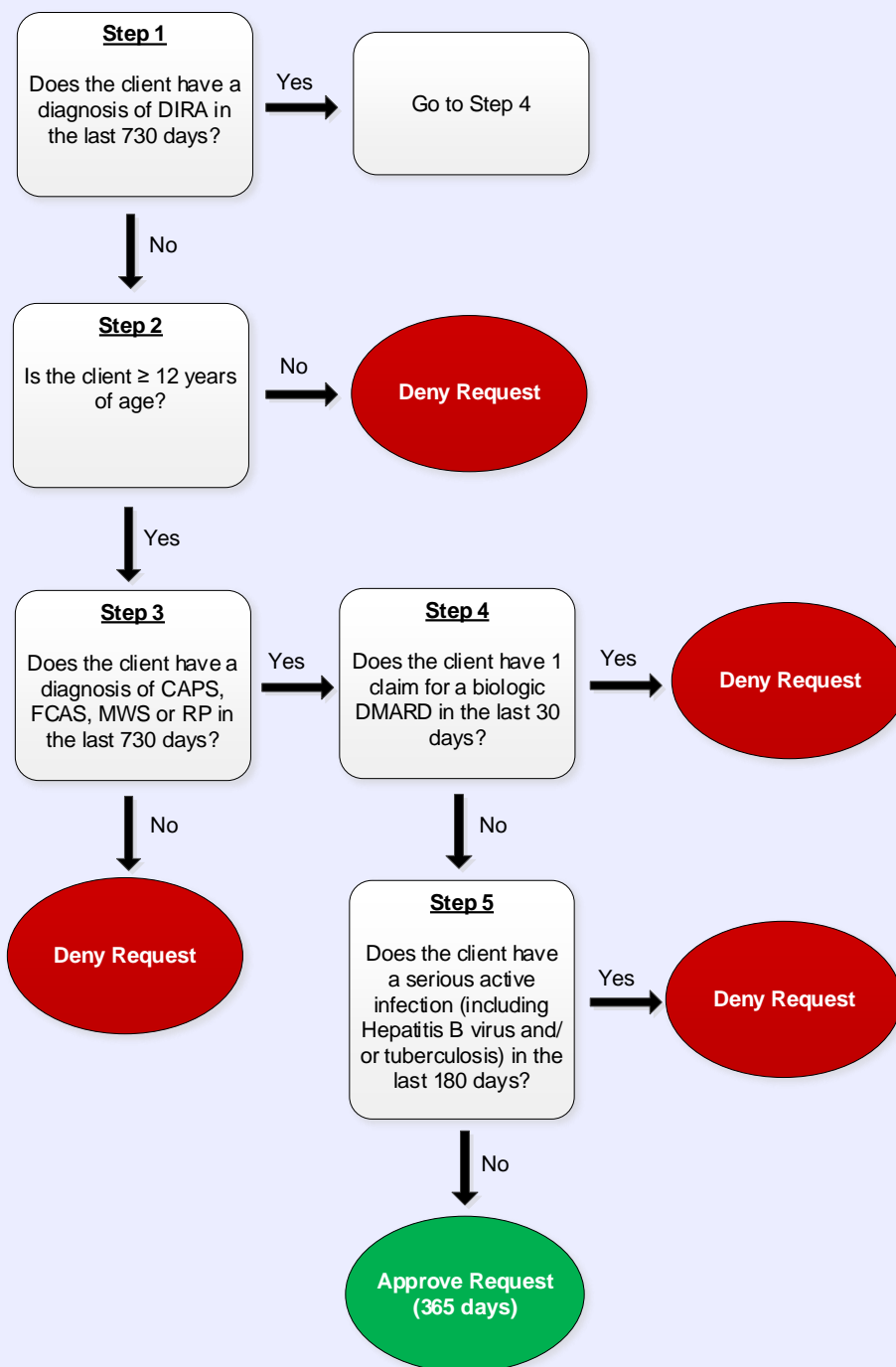
### Clinical Criteria Logic

1. Does the client have a diagnosis of **deficiency of interleukin-1 receptor antagonist (DIRA)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Go to #2
2. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have a diagnosis of **cryopyrin associated periodic syndrome (CAPS), familial cold auto-inflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS) or recurrent pericarditis (RP)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have a claim for a **biologic DMARD** in the last 30 days?  
☐ Yes – Deny  
☐ No – Go to #5
5. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Arcalyst (Rilonacept)

### Clinical Criteria Logic Diagram



**Cibinqo (Abrocitinib)****Drugs Requiring Prior Authorization**

| <b>Cibinqo</b>        |            |
|-----------------------|------------|
| <b>Label Name</b>     | <b>GCN</b> |
| CIBINQO 100 MG TABLET | 51827      |
| CIBINQO 200 MG TABLET | 51828      |
| CIBINQO 50 MG TABLET  | 51825      |





## Cibinco (Abrocitinib)

### Clinical Criteria Logic

1. Does the client have a diagnosis of refractory, moderate to severe **atopic dermatitis (AD)** in the last 730 days?  
☐ Yes – Go to #2  
☐ No – Deny
2. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
☐ Yes – Go to #3  
☐ No – Deny
3. Has the client had 30 continuous days of therapy with at least one **systemic agent for the treatment of atopic dermatitis** in the last 90 days?  
☐ Yes – Go to #5  
☐ No, and this is a renewal request – Go to #5  
☐ No, and this is an initial request – Go to #4
4. Has the client had inadequate response or intolerance to systemic agents for the treatment of atopic dermatitis? [Manual]  
☐ Yes - Go to #5  
☐ No - Deny
5. Will the client have concurrent therapy with a **JAK inhibitor, biologic DMARD or potent immunosuppressant**?  
☐ Yes – Deny  
☐ No – Go to #6
6. Has the client had therapy with a moderate to **strong inhibitors of both CYP2C19 and CYP2C9, strong CYP2C19 inducers or strong CYP2C9 inducers** in the last 90 days?  
☐ Yes – Deny  
☐ No – Go to #7
7. Does the client have a diagnosis of **severe hepatic impairment** or **severe renal impairment** (eGFR < 30 mL/min) in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #8
8. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #9
9. Does the client have a diagnosis of **mild to moderate renal impairment** in the last 365 days?  
☐ Yes – Go to #12  
☐ No – Go to #10

10. Is the client a poor CYP2C19 metabolizer? [Manual]

☐ Yes – Go to #12

☐ No – Go to #11

11. Is the requested dose less than or equal to ( $\leq$ ) 1 tablet daily?

☐ Yes – Approve (365 days)

☐ No – Deny

12. Is the requested dose less than or equal to ( $\leq$ ) the **recommended adjusted dose**?

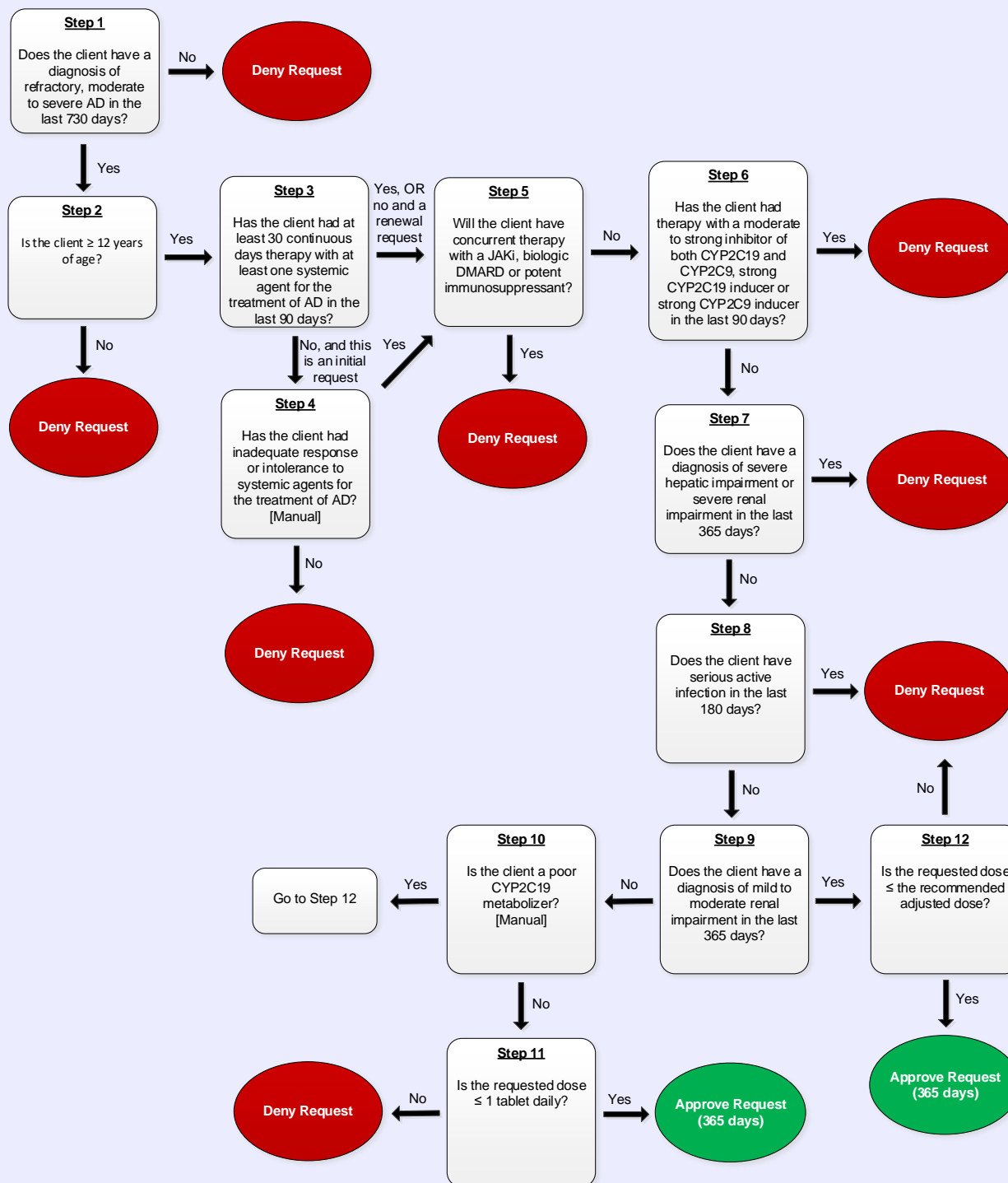
☐ Yes – Approve (365 days)

☐ No – Deny



## Cibinco (Abrocitinib)

### Clinical Criteria Logic Diagram





## Cimzia (Certolizumab pegol)

### Drugs Requiring Prior Authorization

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| Cimzia                      |       |
|-----------------------------|-------|
| Label Name                  | GCN   |
| CIMZIA 200MG/ML SYRINGE KIT | 23471 |
| CIMZIA 200MG/ML STARTER KIT | 23471 |



## Cimzia (Certolizumab pegol)

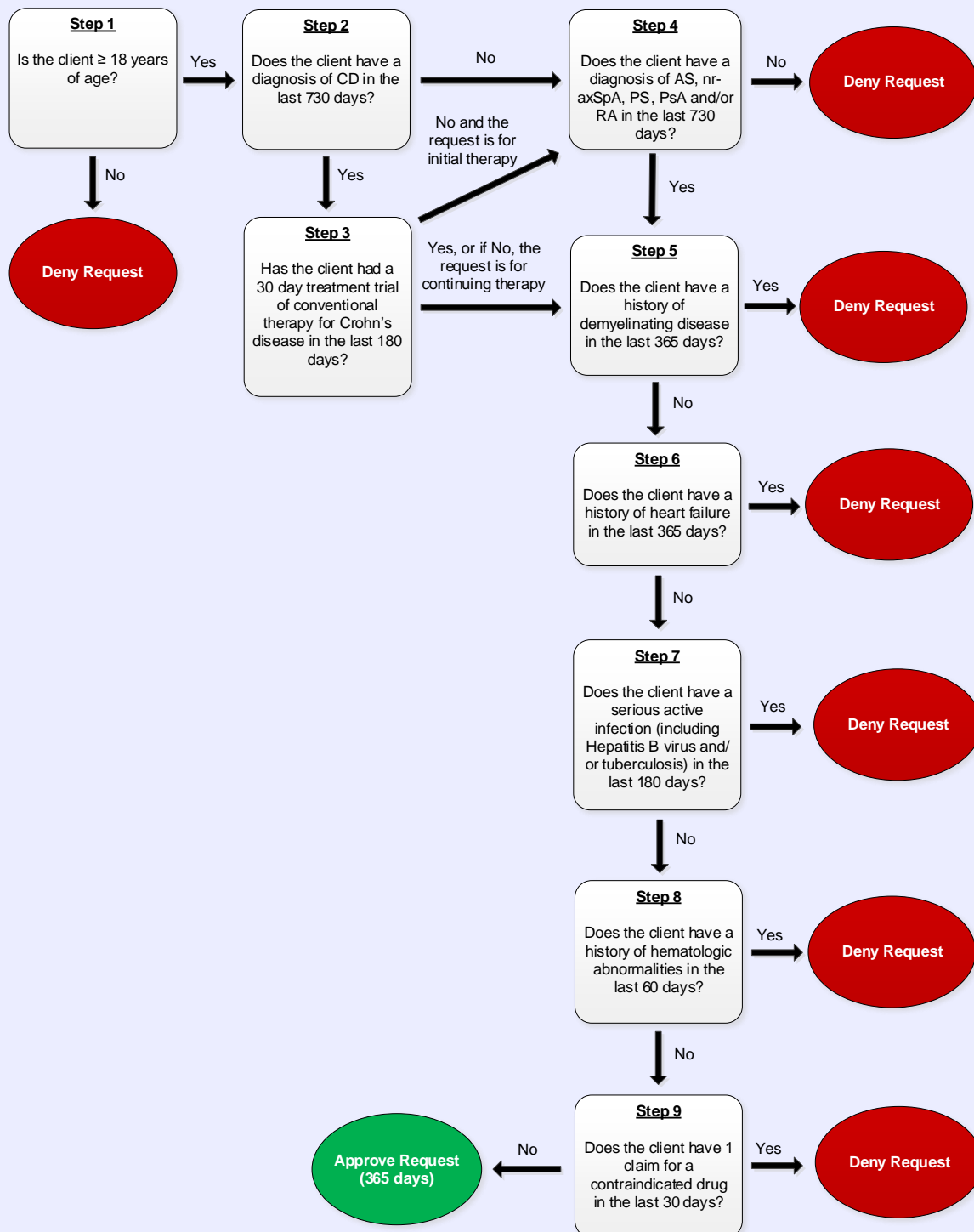
### Clinical Criteria Logic

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 **Crohn's disease (CD)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Go to #4
3. Has the client had a 30-day treatment trial of **conventional therapy for Crohn's disease** in the last 180 days?  
☐ Yes – Go to #5  
☐ No – And the request is for continuing therapy, go to #5  
☐ No – And the request is for initial therapy, go to #4
4. Does the client have a diagnosis of **ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), psoriatic arthritis (PsA), plaque psoriasis (PS) and/or rheumatoid arthritis (RA)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. 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 #6
6. Does the client have a history of **heart failure** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #7
7. Does the client have a **serious 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 a history of **hematologic abnormalities** in the last 60 days?  
☐ Yes – Deny  
☐ No – Go to #9
9. Does the client have 1 claim for a **contraindicated drug** in the last 30 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Cimzia (Certolizumab pegol)

### Clinical Criteria Logic Diagram





## Cosentyx (Secukinumab)

### Drugs Requiring Prior Authorization

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| Cosentyx                        |       |
|---------------------------------|-------|
| Label Name                      | GCN   |
| COSENTYX 300 MG DOSE-2 PENS     | 37789 |
| COSENTYX 150 MG/ML PEN INJECT   | 37789 |
| COSENTYX 150 MG/ML SYRINGE      | 37788 |
| COSENTYX 300 MG DOSE-2 SYRINGES | 37788 |
| COSENTYX 75 MG/0.5ML SYRINGE    | 49732 |



## Cosentyx (Secukinumab)

### Clinical Criteria Logic

1. Does the client have a diagnosis of **psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes – Go to #2  
☐ No – go to #3
2. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
☐ Yes – Go to #9  
☐ No – Deny
3. Does the client have a diagnosis of **enthesitis-related arthritis (ERA)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Go to #5
4. Is the client greater than or equal to ( $\geq$ ) 4 years of age?  
☐ Yes – Go to #9  
☐ No – Deny
5. Does the client have a diagnosis of **moderate to severe plaque psoriasis (PS)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Go to #7
6. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
☐ Yes – Go to #9  
☐ No – Deny
7. Does the client have a diagnosis of **ankylosing spondylitis (AS)** or **non-radiographic axial spondyloarthritis (nr-axSpA)** in the last 730 days?  
☐ Yes – Go to #8  
☐ No – Deny
8. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #9  
☐ No – Deny
9. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?

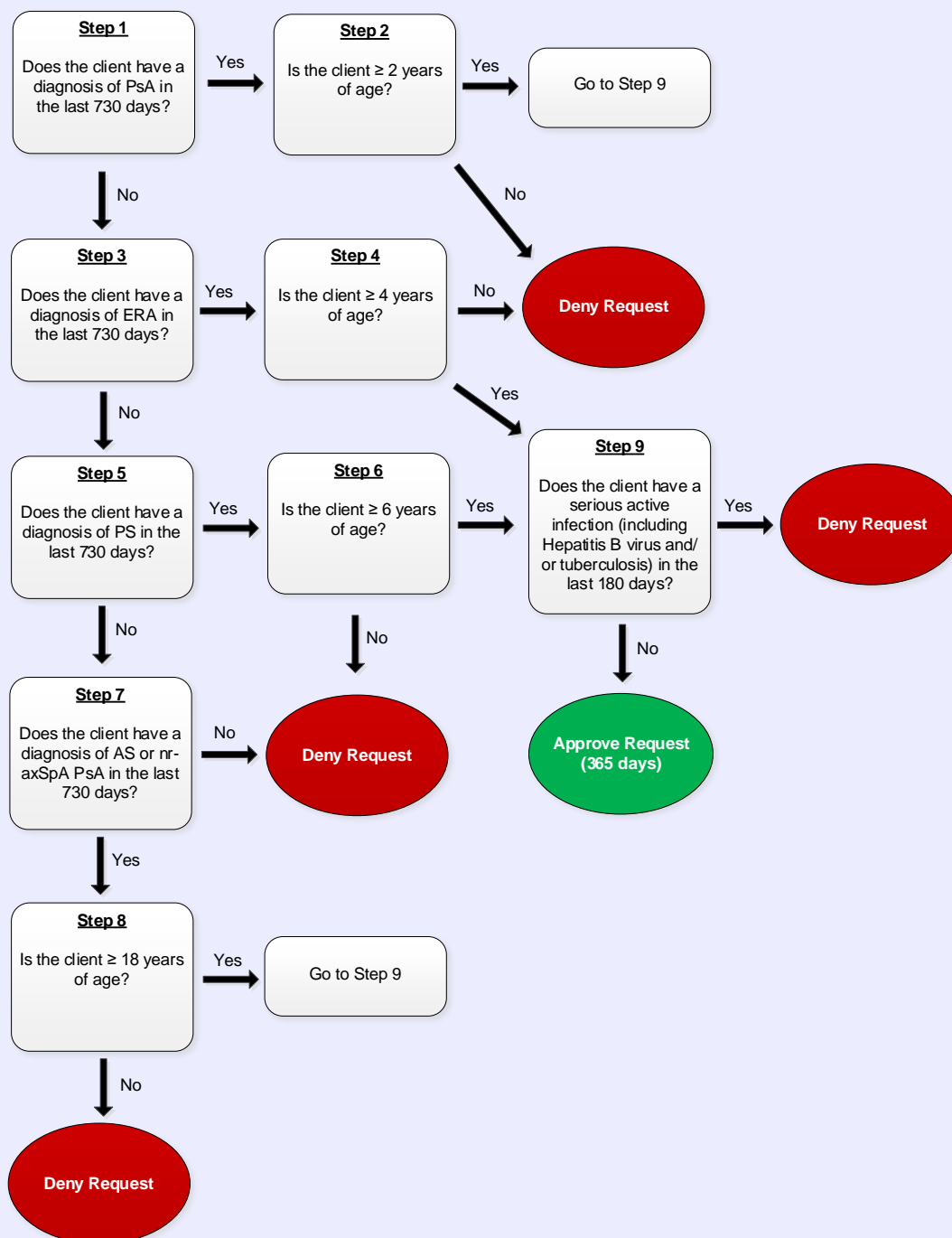


- ☐ Yes – Deny
- ☐ No – Approve (365 days)



## Cosentyx (Secukinumab)

### Clinical Criteria Logic Diagram





## Enbrel (Etanercept)

### Drugs Requiring Prior Authorization

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| Enbrel                         |       |
|--------------------------------|-------|
| Label Name                     | GCN   |
| ENBREL 25 MG KIT               | 52651 |
| ENBREL 50 MG/ML SYRINGE        | 23574 |
| ENBREL 50 MG/ML SURECLICK SYR  | 97724 |
| ENBREL 25 MG/0.5 ML SYRINGE    | 98398 |
| ENBREL 50 MG/ML MINI CARTRIDGE | 43924 |
| ENBREL 25 MG/0.5 ML VIAL       | 48417 |



## Enbrel (Etanercept)

### Clinical Criteria Logic

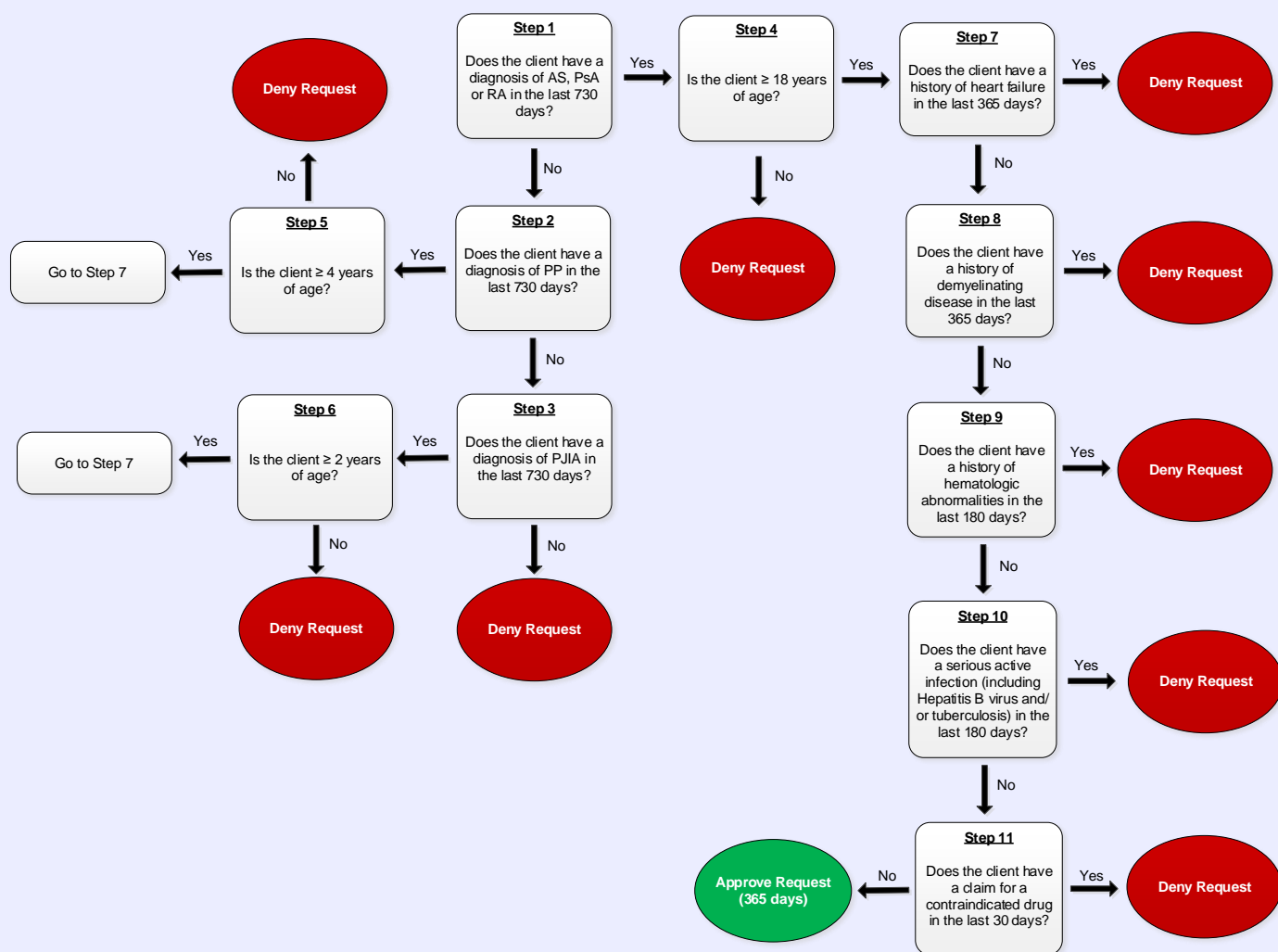
1. Does the client have a diagnosis of **ankylosing spondylitis (AS)**, **psoriatic arthritis (PsA)** and/or **rheumatoid arthritis (RA)** the last 730 days?  
☐ Yes – Go to #4  
☐ No – Go to #2
2. Does the client have a diagnosis of **plaque psoriasis (PS)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Go to #3
3. Does the client have a diagnosis of **polyarticular juvenile idiopathic arthritis (PJIA)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Deny
4. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #7  
☐ No – Deny
5. Is the client greater than or equal to ( $\geq$ ) 4 years of age?  
☐ Yes – Go to #7  
☐ No – Deny
6. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
☐ Yes – Go to #7  
☐ No – Deny
7. Does the client have a history of **heart failure** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #8
8. 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 #9
9. Does the client have a history of **hematologic abnormalities** in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #10
10. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #11

11. Does the client have 1 claim for a **contraindicated drug** in the last 30 days?
- ☐ Yes – Deny
  - ☐ No – Approve (365 days)



## Enbrel (Etanercept)

### Clinical Criteria Logic Diagram





## Enspryng (Satralizumab-mwge)

### Drugs Requiring Prior Authorization

| Enspryng                   |       |
|----------------------------|-------|
| Label Name                 | GCN   |
| ENSPRYNG 120 MG/ML SYRINGE | 48477 |



## Enspryng (Satralizumab-mwge)

### Clinical Criteria Logic

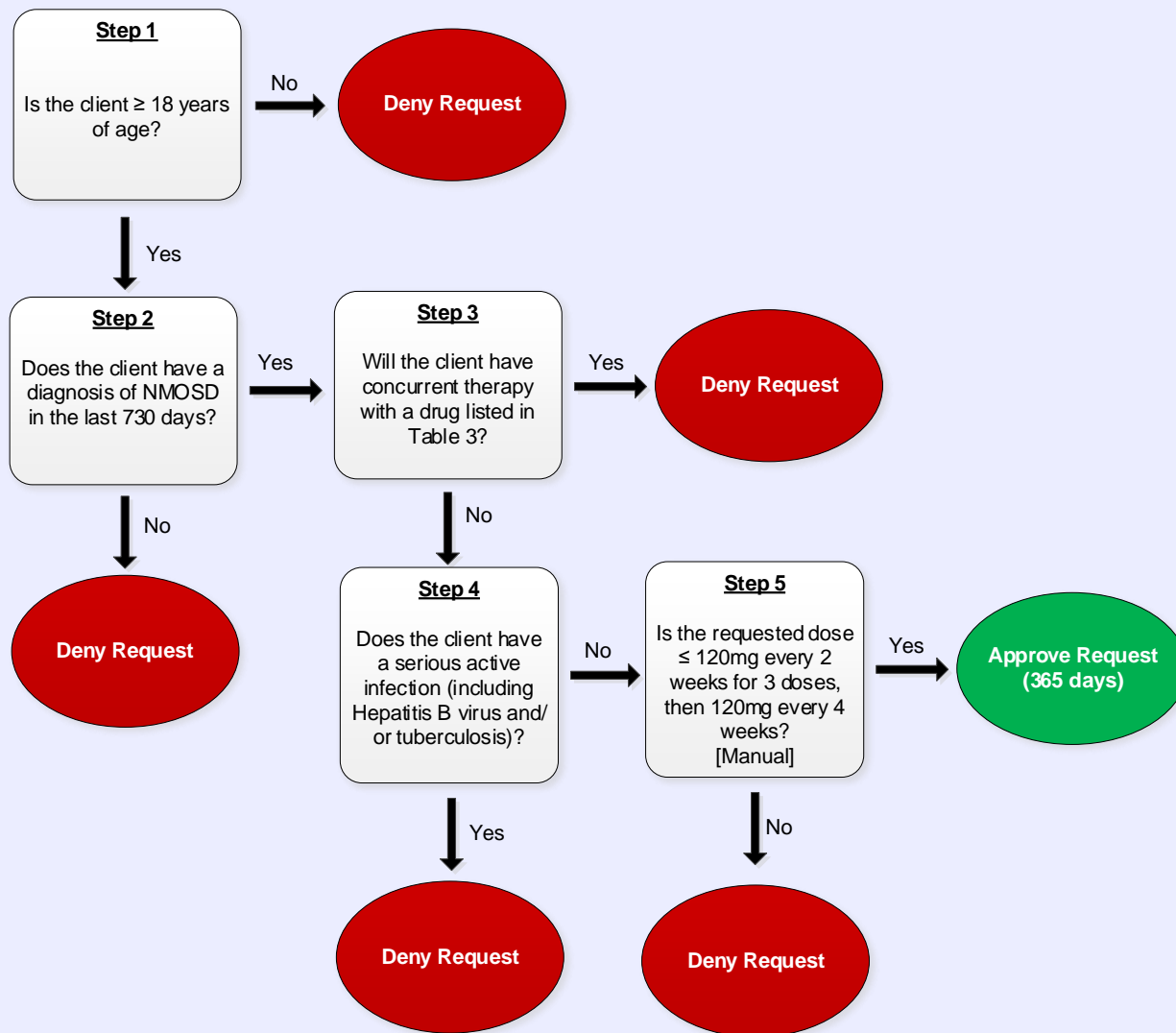
1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have a diagnosis of **neuromyelitis optica spectrum disorder (NMOSD)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Will the client have **concurrent therapy** with a drug listed in Table 3?  
☐ Yes – Deny  
☐ No – Go to #4
4. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #5
5. Is the requested dose less than or equal to ( $\leq$ ) 120mg every 2 weeks for 3 doses, then 120mg every 4 weeks? [Manual]  
☐ Yes – Approve (365 days)  
☐ No – Deny





## Enspryng (Satralizumab-mwge)

### Clinical Criteria Logic Diagram





## Humira (Adalimumab)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

| Humira                             |       |
|------------------------------------|-------|
| Label Name                         | GCN   |
| HUMIRA (CF) 10 MG/0.1 ML SYRINGE   | 44659 |
| HUMIRA (CF) 20 MG/0.2 ML SYRINGE   | 44664 |
| HUMIRA (CF) 40 MG/0.4 ML SYRINGE   | 43505 |
| HUMIRA (CF) PEN 80 MG/0.8 ML       | 44014 |
| HUMIRA (CF) PEDI CROHN 80 MG/0.8   | 43904 |
| HUMIRA (CF) PEN PEDI UC 80 MG      | 44014 |
| HUMIRA (CF) PEDI CROHN 80-40MG     | 44677 |
| HUMIRA (CF) PEN 40 MG/0.4 ML       | 43506 |
| HUMIRA (CF) PEN CRHN-UC-HS 80 MG   | 44014 |
| HUMIRA (CF) PEN PS-UV-AHS 80-40 MG | 44954 |
| HUMIRA 40 MG/0.8 ML SYRINGE        | 18924 |
| HUMIRA PEN 40 MG/0.8 ML            | 97005 |
| HUMIRA PEN CROHN-UC-HS 40 MG       | 97005 |
| HUMIRA PEN PS-UV-ADOL HS 40 MG     | 97005 |



## Humira (Adalimumab)

### Clinical Criteria Logic

1. Does the client have a diagnosis of **ankylosing spondylitis (AS)**, **plaque psoriasis (PS)**, **psoriatic arthritis (PsA)** and/or **rheumatoid arthritis (RA)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Go to #2
2. Does the client have a diagnosis of **Crohn's disease (CD)** in the last 730 days?  
☐ Yes – Go to #8  
☐ No – Go to #3
3. Does the client have a diagnosis of **ulcerative colitis (UC)** in the last 730 days?  
☐ Yes – Go to #9  
☐ No – Go to #4
4. Does the client have a diagnosis of **juvenile idiopathic arthritis (JIA)** or **uveitis (UV)** in the last 730 days?  
☐ Yes – Go to #10  
☐ No – Go to #5
5. Does the client have a diagnosis of **hidradenitis suppurativa (HS)** in the last 730 days?  
☐ Yes – Go to #7  
☐ No – Deny
6. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #12  
☐ No – Deny
7. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
☐ Yes – Go to #12  
☐ No – Deny
8. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
☐ Yes – Go to #12  
☐ No – Deny
9. Is the client greater than or equal to ( $\geq$ ) 5 years of age?  
☐ Yes – Go to #11  
☐ No – Deny

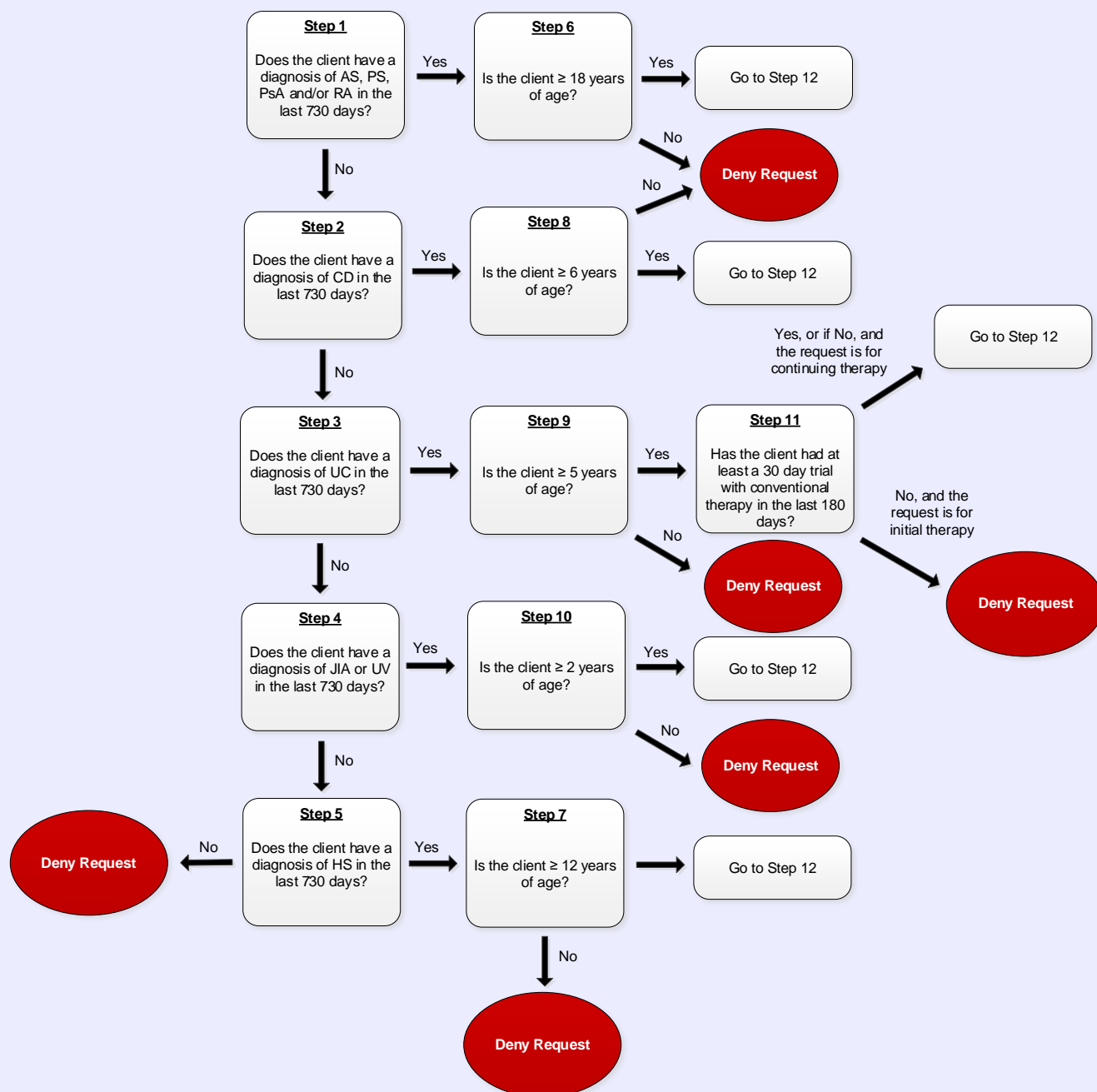
10. Is the client greater than or equal to ( $\geq$ ) 2 years of age?
- ☐ Yes – Go to #12
  - ☐ No – Deny
11. Has the client had at least a 30-day trial with **conventional therapy** in the last 180 days?
- ☐ Yes – Go to #12
  - ☐ No – And the request is for continuing therapy, go to #12
  - ☐ No – And the request is for initial therapy, deny
12. Does the client have a history of **heart failure** in the last 365 days?
- ☐ Yes – Deny
  - ☐ No – Go to #13
13. 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 #14
14. Does the client have a history of **hematologic abnormalities** in the last 180 days?
- ☐ Yes – Deny
  - ☐ No – Go to #15
15. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
- ☐ Yes – Deny
  - ☐ No – Go to #16
16. Does the client have 1 claim for another **TNF Blocker** (other than adalimumab products) in the last 30 days?
- ☐ Yes – Deny
  - ☐ No – Approve (365 days)



# Humira (Adalimumab)

## Clinical Criteria Logic Diagram

Page 1:

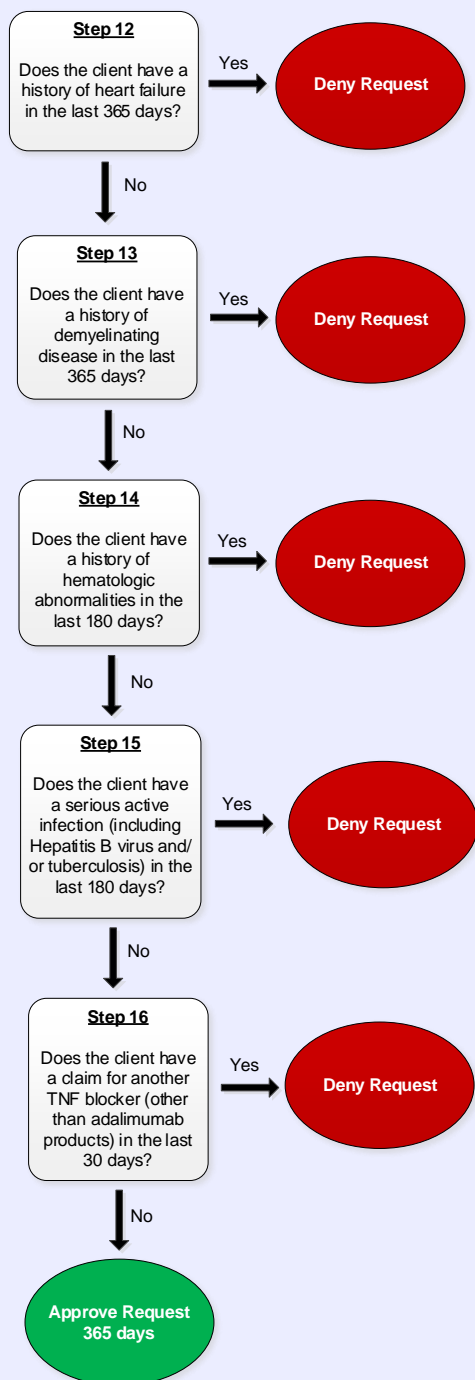




## Humira (Adalimumab)

### Clinical Criteria Logic Diagram

Page 2:





## Adalimumab Biosimilars

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Adalimumab Biosimilars                   |       |
|--|-------|
| Label Name                               | GCN   |
| ADALIMUMAB-AACF (CF) SYR 40 MG           | 56164 |
| ADALIMUMAB-ADBM (CF) 40 MG SYRNG         | 55665 |
| ADALIMUMAB-ADBM (CF) CRHN 40 MG          | 55668 |
| ADALIMUMAB-ADBM (CF) PEN 40 MG           | 55668 |
| ADALIMUMAB-ADBM (CF) PEN PSORIA-UV 40 MG | 55668 |
| ADALIMUMAB-RYVK (CF) AI 40 MG            | 55332 |
| ADALIMUMAB-RYVK (CF) 40 MG SYRG          | 56016 |
| AMJEVITA 10 MG/0.2 ML SYRINGE            | 54007 |
| AMJEVITA 20 MG/0.4 ML SYRINGE            | 42592 |
| AMJEVITA 40 MG/0.8 ML AUTOINJ            | 42639 |
| AMJEVITA 40 MG/0.8 ML SYRINGE            | 42637 |
| CYLTEZO (CF) 10 MG/0.2 ML SYRNG          | 53841 |
| CYLTEZO (CF) 20 MG/0.4 ML SYRNG          | 53842 |
| CYLTEZO (CF) 40 MG/0.4 ML SYRNG          | 55665 |
| CYLTEZO (CF) 40 MG/0.8 ML SYRNG          | 43789 |
| CYLTEZO (CF) PEN 40 MG/0.4 ML            | 55668 |
| CYLTEZO (CF) PEN 40 MG/0.8 ML            | 54205 |
| CYLTEZO (CF) PEN CRH-UC-HS 40 MG         | 54205 |
| CYLTEZO (CF) PEN PSORIA-UV 40 MG         | 54205 |
| CYLTEZO (CF) PEN CRH-UC-HS 40 MG         | 55668 |
| CYLTEZO (CF) PEN PSORIA-UV 40 MG         | 55668 |
| HADLIMA (CF) 40 MG/0.4 ML SYRNG          | 53846 |
| HADLIMA (CF) PUSHTOUCH 40MG/0.4          | 53848 |
| HADLIMA 40 MG/0.8 ML SYRINGE             | 46718 |
| HADLIMA PUSHTOUCH 40 MG/0.8 ML           | 46717 |
| HULIO (CF) 20 MG/0.4 ML SYRINGE          | 55235 |
| HULIO (CF) 20 MG/0.4 ML SYRINGE          | 48318 |
| HULIO (CF) 40 MG/0.8 ML                  | 48317 |
| HULIO (CF) 40 MG/0.8 ML                  | 48336 |
| HULIO (CF) 40 MG/0.8 ML SYRINGE          | 55694 |

| Adalimumab Biosimilars           |       |
|----------------------------------|-------|
| Label Name                       | GCN   |
| HULIO (CF) PEN 40 MG/0.8 ML      | 55693 |
| IDACIO (CF) PEN 40 MG/0.8 ML     | 53387 |
| IDACIO (CF) PEN PSORIASIS 40 MG  | 53387 |
| HYRIMOZ (CF) 10 MG/0.1 ML SYRNG  | 53885 |
| HYRIMOZ (CF) 20 MG/0.2 ML SYRNG  | 53883 |
| HYRIMOZ (CF) 40 MG/0.4 ML SYRNG  | 53884 |
| HYRIMOZ (CF) PEDI CROHN 80 MG    | 53899 |
| HYRIMOZ (CF) PEDI CROHN 80-40 MG | 53891 |
| HYRIMOZ (CF) PEN 40 MG/0.4 ML    | 53875 |
| HYRIMOZ (CF) PEN 80 MG/0.8 ML    | 53887 |
| HYRIMOZ (CF) PEN CROHN-UC 80 MG  | 53887 |
| HYRIMOZ (CF) PEN PSORIA 80-40 MG | 53878 |
| IDACIO (CF) PEN CROHNS-UC 40 MG  | 53387 |
| IDACIO (CF) 40 MG/0.8 ML SYRINGE | 53386 |
| IDACIO (CF) PEN 40 MG/0.8 ML     | 56152 |
| SIMLANDI (CF) AI 40 MG/0.4 ML    | 55332 |
| SIMLANDI (CF) AI 80 MG/0.8 ML    | 57361 |
| SIMLANDI (CF) 20 MG/0.2 ML SYRG  | 56047 |
| SIMLANDI (CF) 80 MG/0.8 ML SYRG  | 56048 |





## Adalimumab Biosimilars

### Clinical Criteria Logic

1. Does the client have a diagnosis of **ankylosing spondylitis (AS)**, **hidradenitis suppurativa (HS)**, **plaque psoriasis (PS)**, **psoriatic arthritis (PsA)**, **rheumatoid arthritis (RA)**, **ulcerative colitis (UC)** and/or **uveitis (UV)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Go to #2
2. Does the client have a diagnosis of **Crohn's disease (CD)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Go to #3
3. Does the client have a diagnosis of **juvenile idiopathic arthritis (JIA)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Deny
4. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes, and the request is for a diagnosis other than UC – Go to #8  
☐ Yes, and the request is for diagnosis of UC – Go to #7  
☐ No – Deny
5. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
☐ Yes – Go to #8  
☐ No – Deny
6. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
☐ Yes – Go to #8  
☐ No – Deny
7. Has the client had at least a 30-day trial with **conventional therapy** in the last 180 days?  
☐ Yes – Go to #8  
☐ No – And the request is for continuing therapy, go to #8  
☐ No – And the request is for initial therapy, deny
8. Does the client have a history of **heart failure** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #9
9. 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 #10

10. Does the client have a history of **hematologic abnormalities** in the last 180 days?

☐ Yes – Deny

☐ No – Go to #11

11. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?

☐ Yes – Deny

☐ No – Go to #12

12. Does the client have 1 claim for another **TNF Blocker** (other than adalimumab products) in the last 30 days?

☐ Yes – Deny

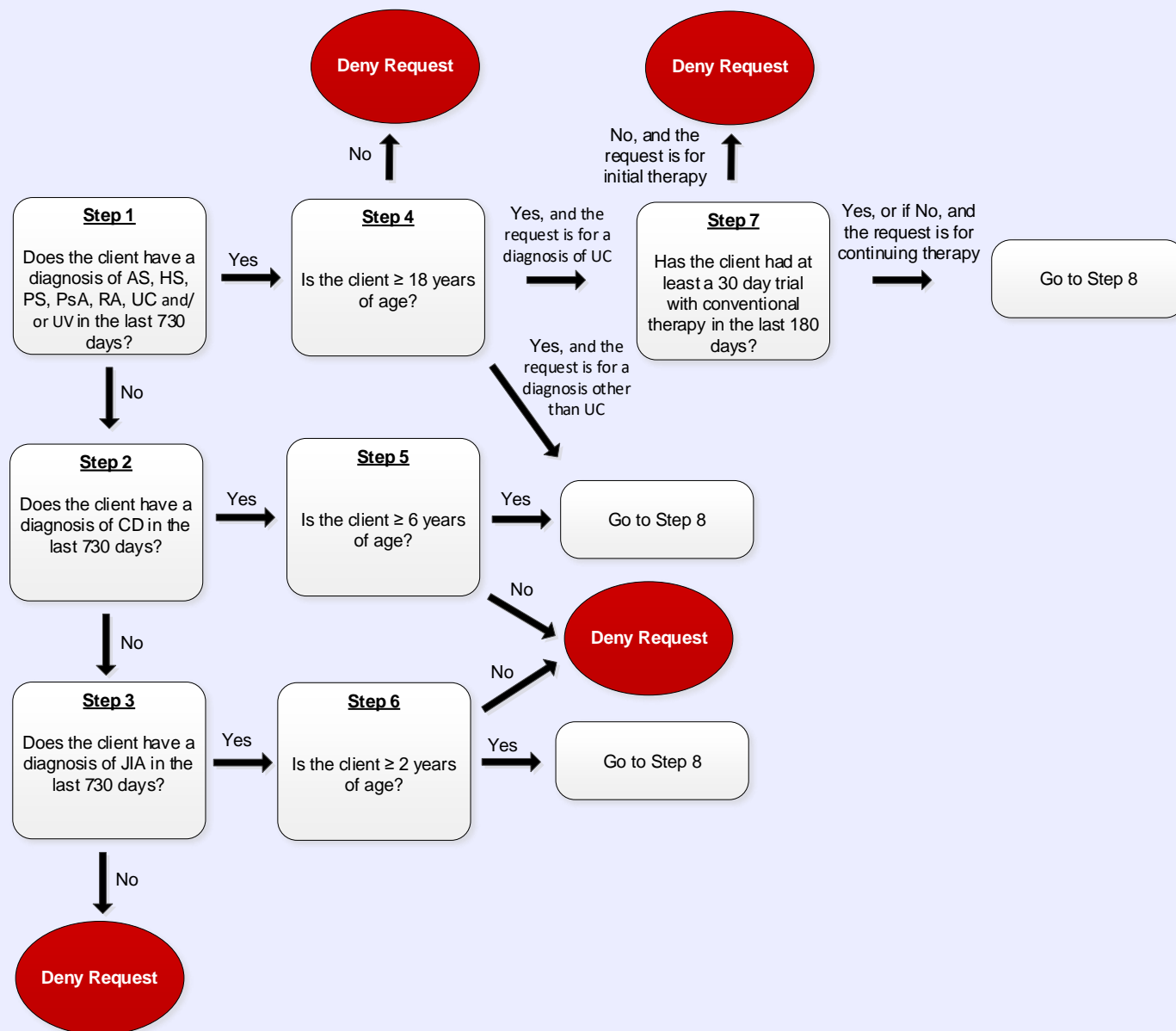
☐ No – Approve (365 days)



# Adalimumab Biosimilars

## Clinical Criteria Logic Diagram

Page 1:

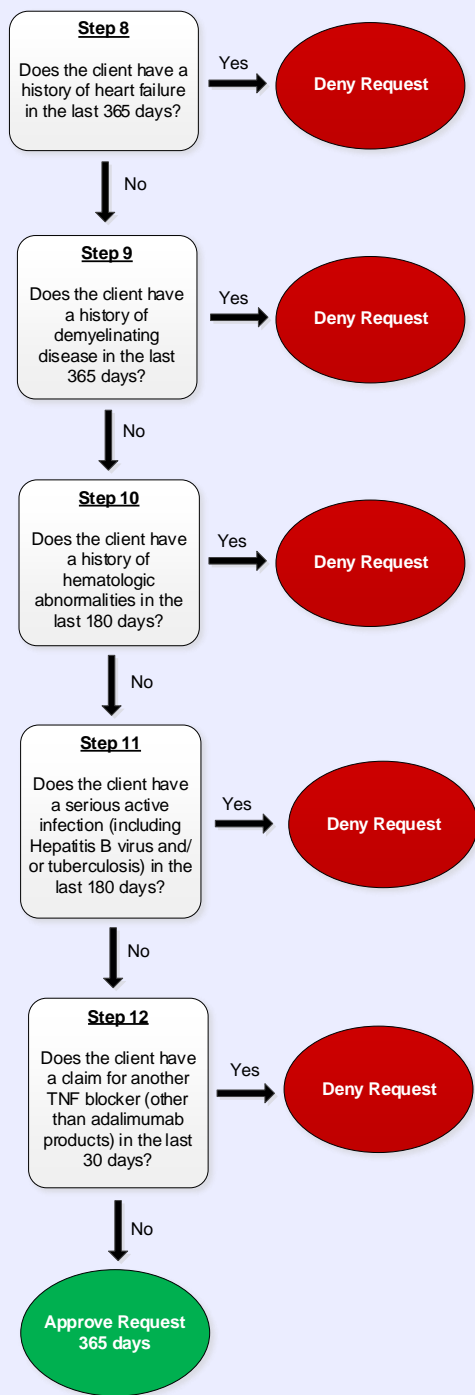




## Adalimumab Biosimilars

### Clinical Criteria Logic Diagram

Page 2:





## Ilaris (Canakinumab)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://www.txvendor.com/formulary/formulary-search).*

| Ilaris               |       |
|----------------------|-------|
| Label Name           | GCN   |
| ILARIS 150MG/ML VIAL | 43148 |



## Ilaris (Canakinumab)

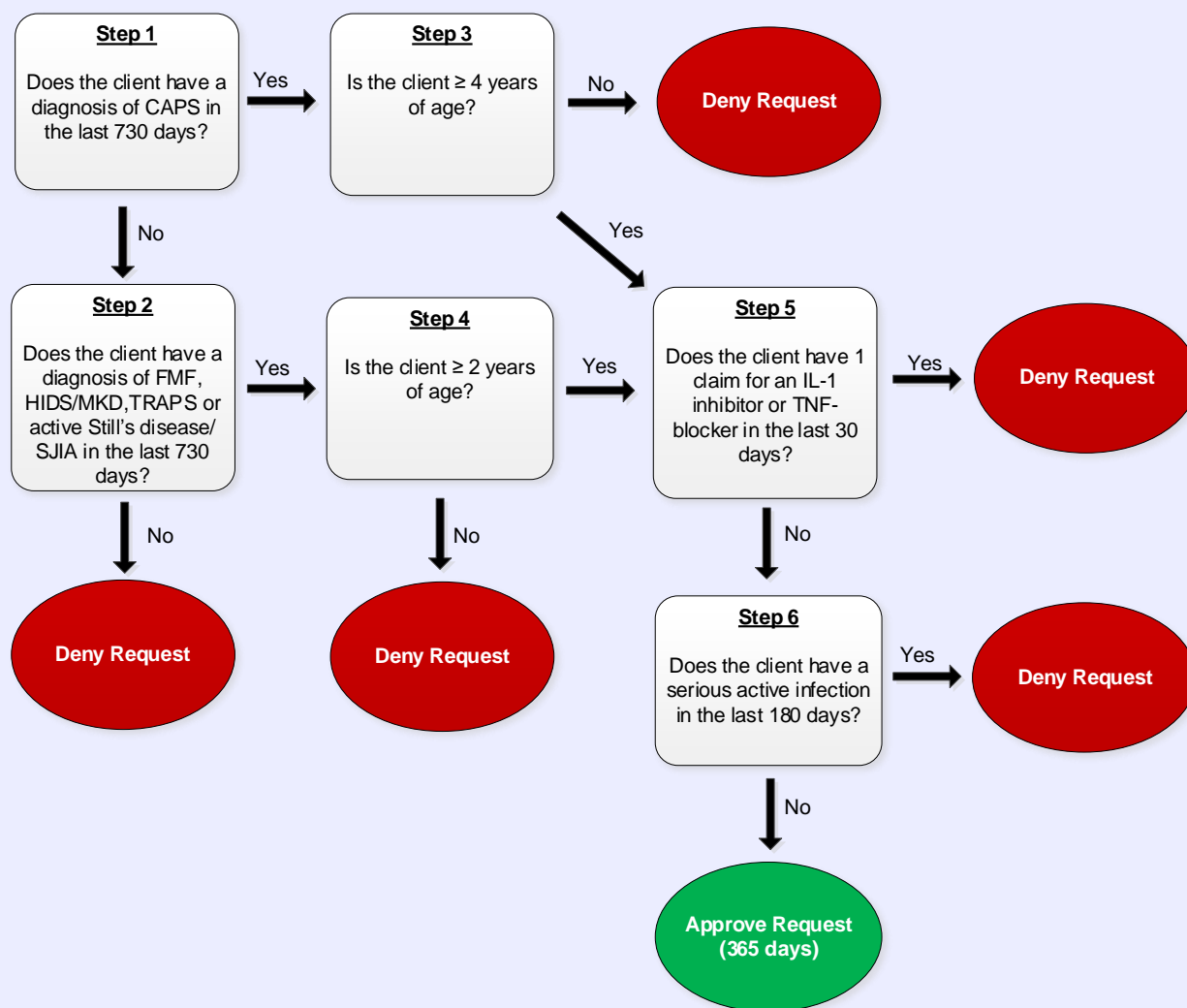
### Clinical Criteria Logic

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 **familial Mediterranean fever (FMF), hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD), tumor necrosis factor receptor associated periodic syndrome (TRAPS) or active Still's disease / 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 30 days?  
☐ Yes – Deny  
☐ No – Go to #6
6. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Ilaris (Canakinumab)

### Clinical Criteria Logic Diagram





## Ilumya (Tildrakizumab-asmn)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).*

| Ilumya                   |       |
|--------------------------|-------|
| Label Name               | GCN   |
| ILUMYA 100 MG/ML SYRINGE | 44553 |

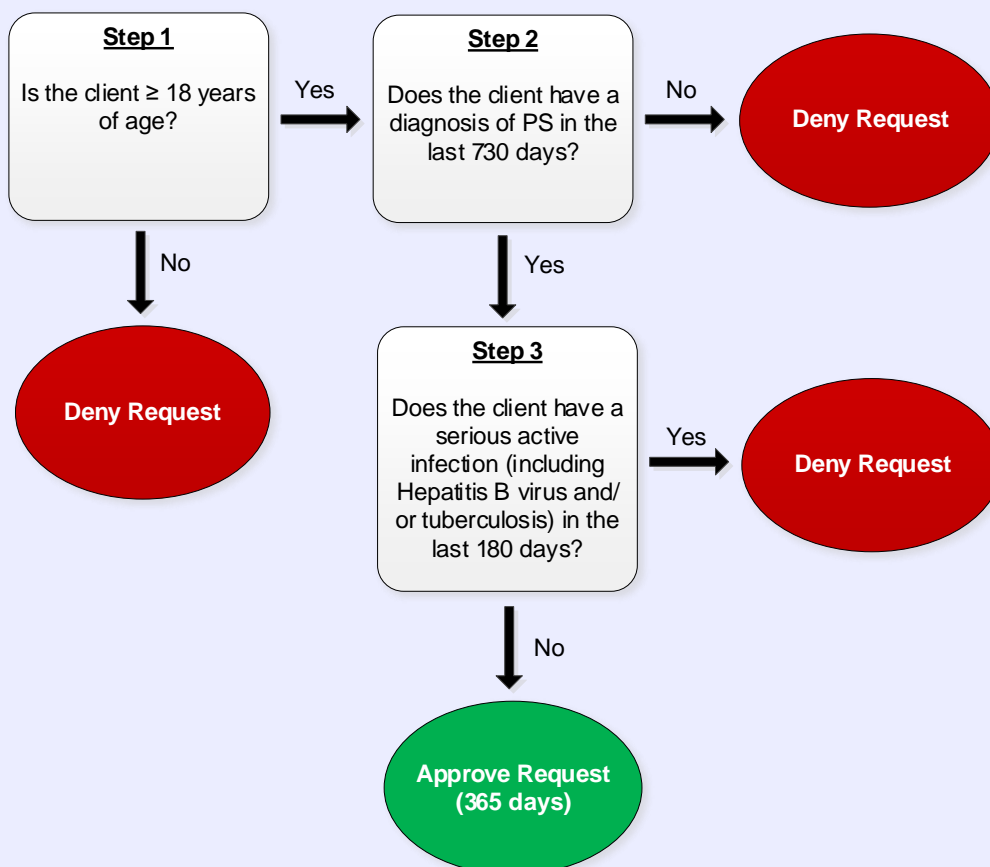




## Ilumya (Tildrakizumab-asmn)

### Clinical 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 **moderate-to-severe plaque psoriasis (PS)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)

**Ilumya (Tildrakizumab-asmn)****Clinical Criteria Logic Diagram**



## Kevzara (Sarilumab)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

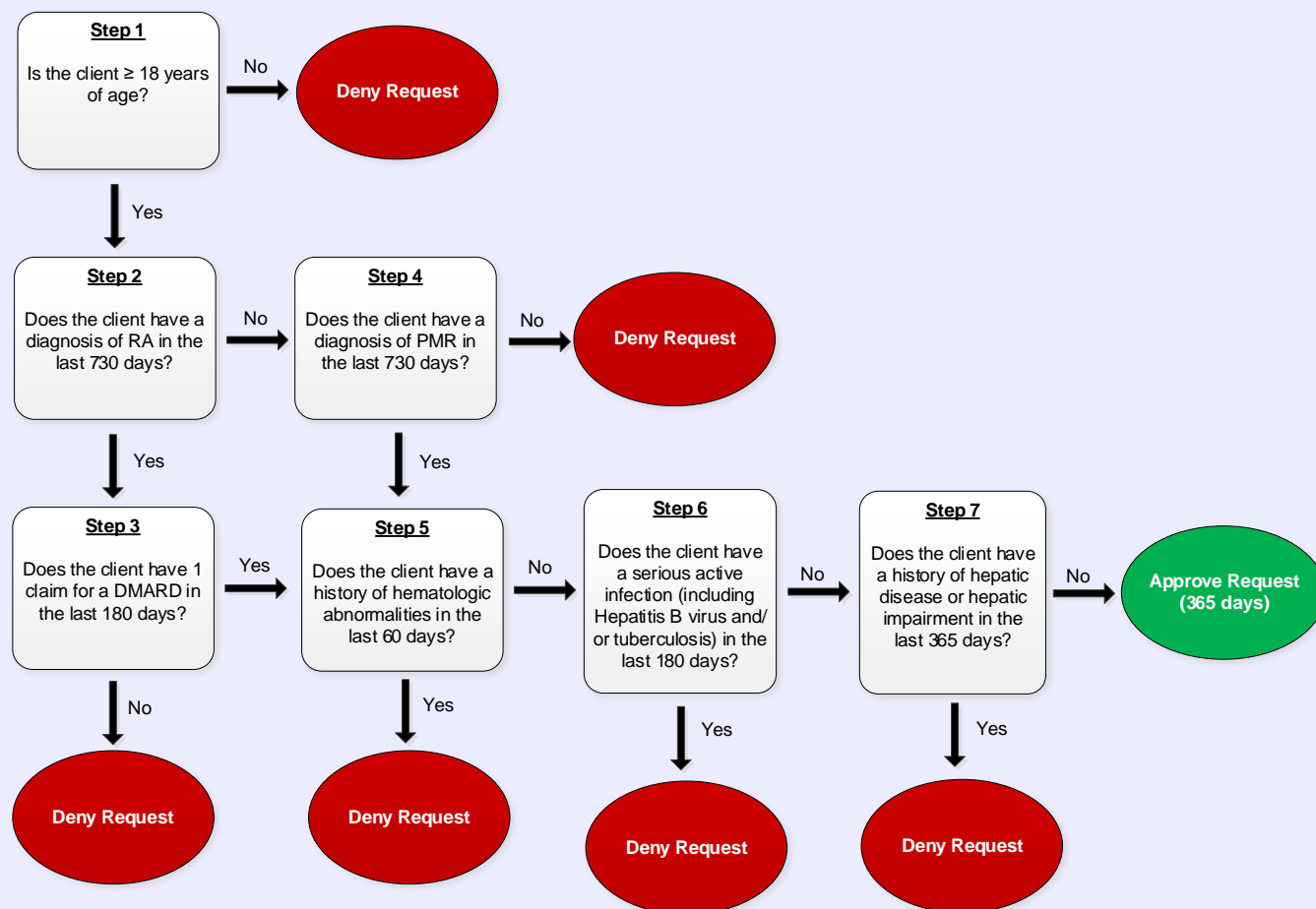
| Kevzara                        |       |
|--------------------------------|-------|
| Label Name                     | GCN   |
| KEVZARA 150 MG/1.14 ML SYRINGE | 43223 |
| KEVZARA 200 MG/1.14 ML SYRINGE | 43224 |
| KEVZARA 150 MG/1.14 ML PEN INJ | 44269 |
| KEVZARA 200 MG/1.14 ML PEN INJ | 44277 |



## Kevzara (Sarilumab)

### Clinical 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 (RA)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Go to #4
3. Does the client have a claim for a **disease-modifying antirheumatic drug (DMARD)** in the last 180 days?  
☐ Yes – Go to #5  
☐ No – Deny
4. Does the client have a diagnosis of **polymyalgia rheumatica (PMR)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. Does the client have a history of **hematologic abnormalities** in the last 60 days?  
☐ Yes – Deny  
☐ No – Go to #6
6. Does the client have a **serious 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 a diagnosis of **active hepatic disease or hepatic impairment** in the last 365 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)

**Kevzara (Sarilumab)****Clinical Criteria Logic Diagram**



## Kineret (Anakinra)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).*

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



## Kineret (Anakinra)

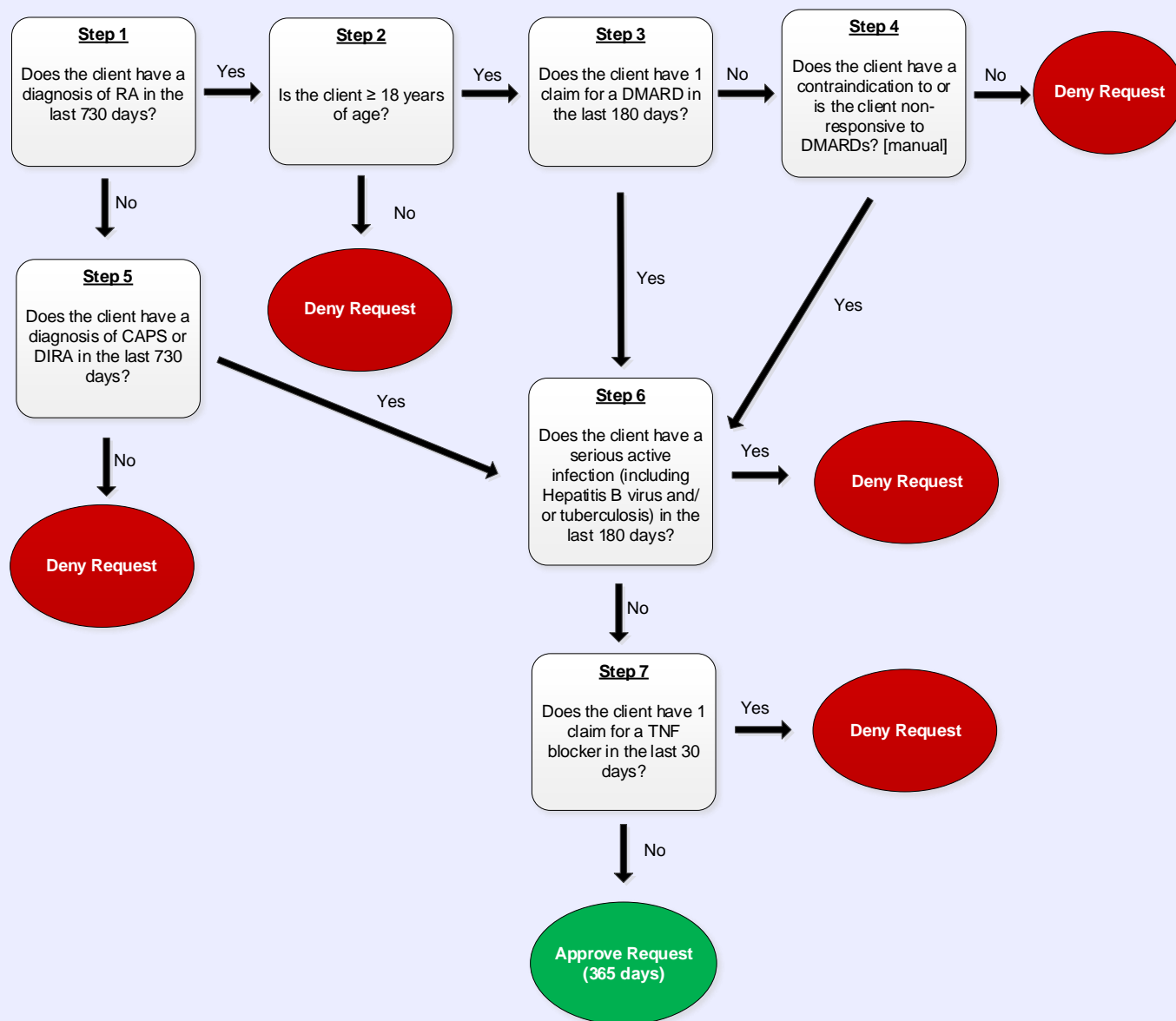
### Clinical Criteria Logic

1. Does the client have a diagnosis of **rheumatoid arthritis (RA)** 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 **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) or deficiency of interleukin-1 receptor antagonist (DIRA)** in the last 730 days?  
☐ Yes - Go to #6  
☐ No - Deny
6. Does the client have a **serious 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 30 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Kineret (Anakinra)

### Clinical Criteria Logic Diagram







## Olumiant (Baricitinib)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).*

| Olumiant             |       |
|----------------------|-------|
| Label Name           | GCN   |
| OLUMIANT 1 MG TABLET | 47205 |
| OLUMIANT 2 MG TABLET | 43468 |



## Olumiant (Baricitinib)

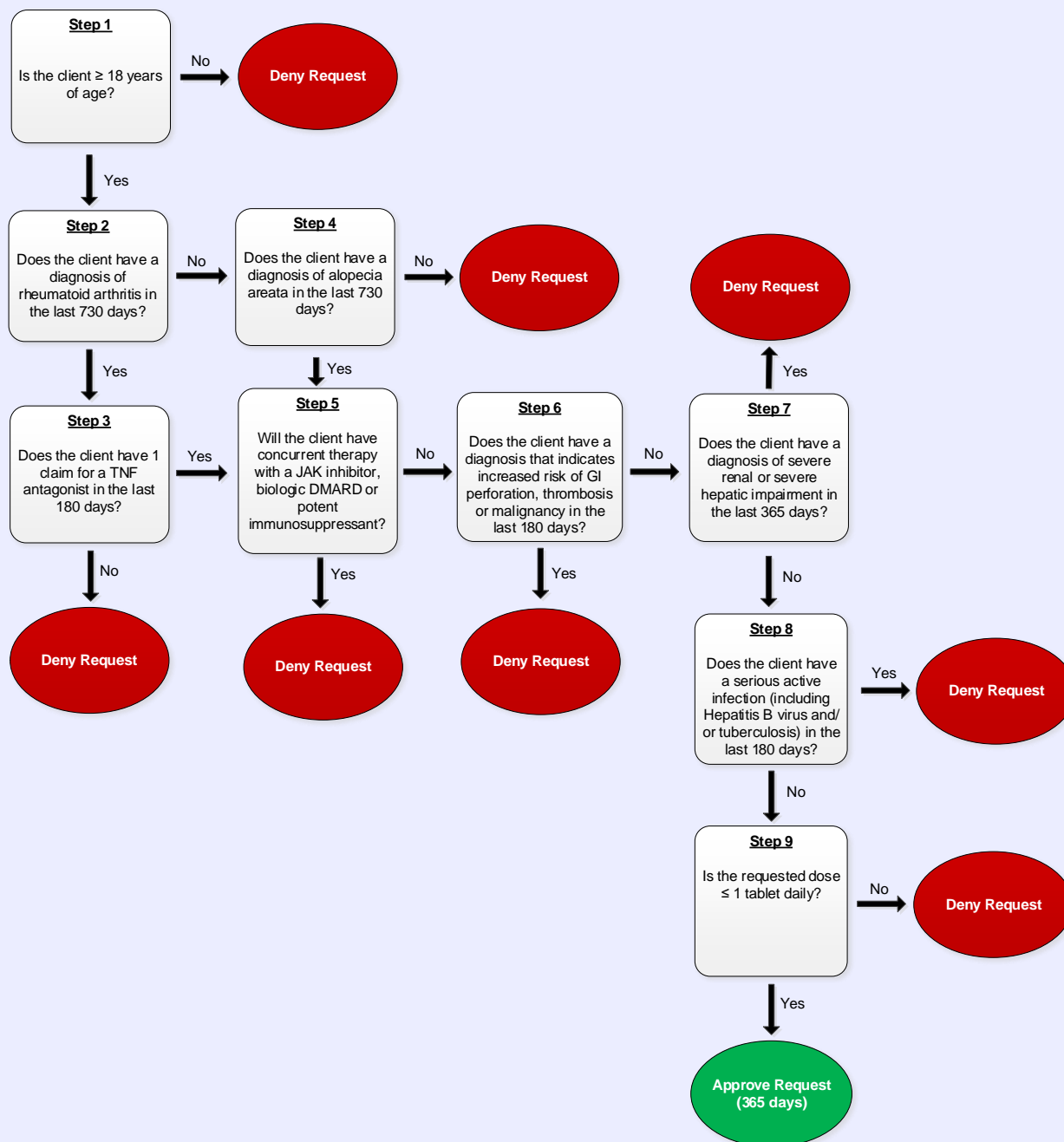
### Clinical Criteria Logic

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 (RA)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Go to #4
3. Has the client had 1 claim for a **TNF-blocker** in the last 180 days?  
☐ Yes – Go to #5  
☐ No – Deny
4. Does the client have a diagnosis of **alopecia areata** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. Will the client have concurrent therapy with a **JAK inhibitor, biologic DMARD or potent immunosuppressant**?  
☐ Yes – Deny  
☐ No – Go to #6
6. Does the client have a diagnosis that indicates **increased risk of GI perforation, thrombosis or malignancy** in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #7
7. Does the client have a diagnosis of **severe renal (eGFR < 30mL/min/1.73m<sup>2</sup>) or severe hepatic impairment** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #8
8. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #9
9. Is the requested dose less than or equal to ( $\leq$ ) 1 tablet daily?  
☐ Yes – Approve (365 days)  
☐ No – Deny



## Olumiant (Baricitinib)

### Clinical Criteria Logic Diagram





## Orencia (Abatacept)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Orencia                        |       |
|--------------------------------|-------|
| Label Name                     | GCN   |
| ORENCIA 125 MG/ML SYRINGE      | 30289 |
| ORENCIA CLICKJECT 125MG/ML     | 41656 |
| ORENCIA 50 MG/0.4 ML SYRINGE   | 43389 |
| ORENCIA 87.5 MG/0.7 ML SYRINGE | 43397 |



## Orencia (Abatacept)

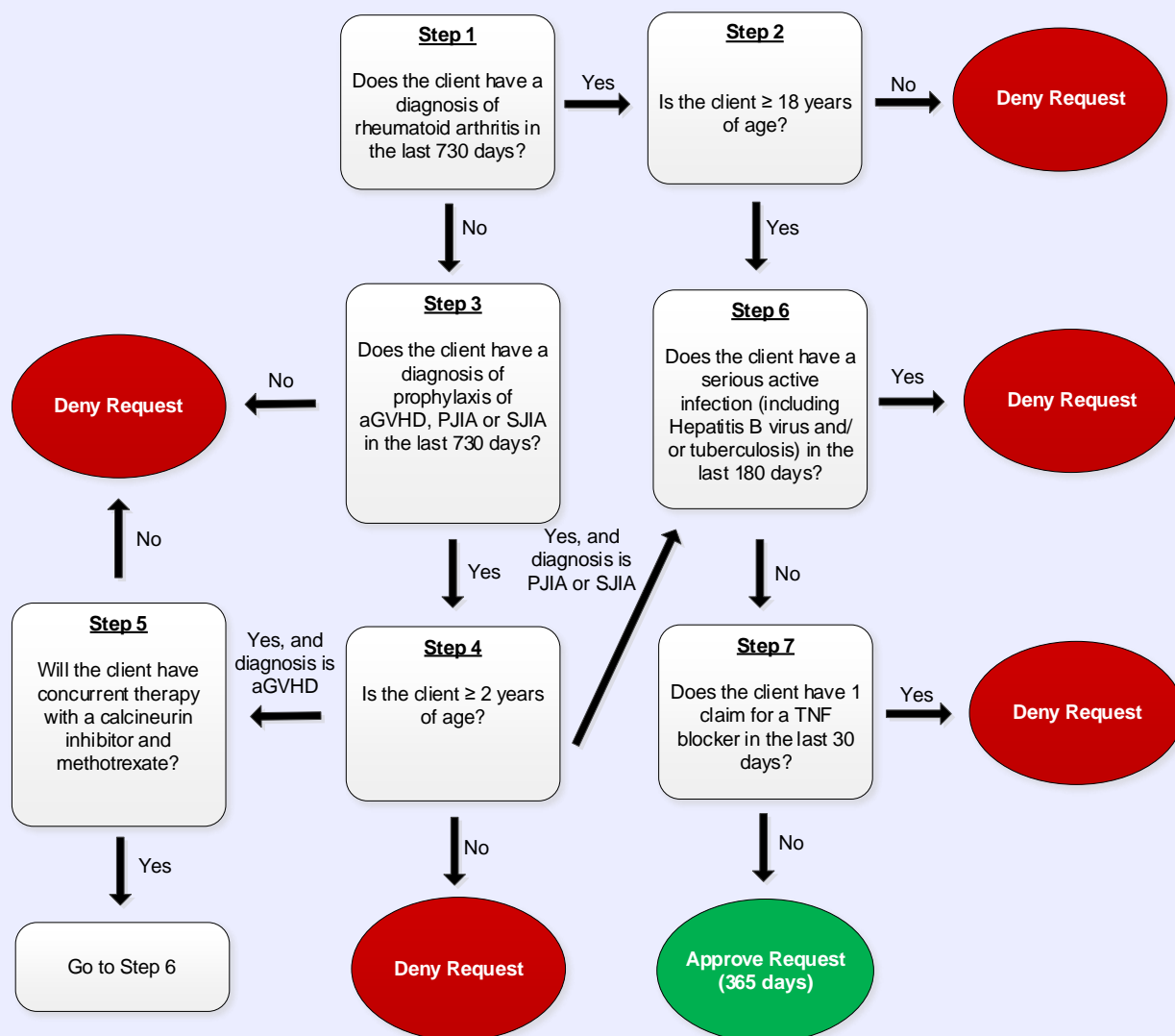
### Clinical Criteria Logic

1. Does the client have a diagnosis of **psoriatic arthritis (PsA)** or **rheumatoid arthritis (RA)** 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 #6  
☐ No – Deny
3. Does the client have a diagnosis of prophylaxis of **acute graft versus host disease (aGVHD)**, **polyarticular juvenile idiopathic arthritis (PJIA)** or **systemic juvenile idiopathic arthritis (SJIA)** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Deny
4. Is the client  $\geq$  2 years of age?  
☐ Yes – And the diagnosis is PJIA or SJIA, go to #6  
☐ Yes – And the diagnosis is aGVHD, go to #5  
☐ No – Deny
5. Will the client have concurrent therapy with a **calcineurin inhibitor** and **methotrexate**?  
☐ Yes – Go to #6  
☐ No – Deny
6. Does the client have a **serious 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 30 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Orencia (Abatacept)

### Clinical Criteria Logic Diagram





## Otezla (Apremilast)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Otezla                         |       |
|--------------------------------|-------|
| Label Name                     | GCN   |
| OTEZLA 10-20 MG STARTER 28 DAY | 56084 |
| OTEZLA 20 MG TABLET            | 56083 |
| OTEZLA 30 MG TABLET            | 36172 |
| OTEZLA 28 DAY STARTER PACK     | 37765 |



## Otezla (Apremilast)

### Clinical Criteria Logic

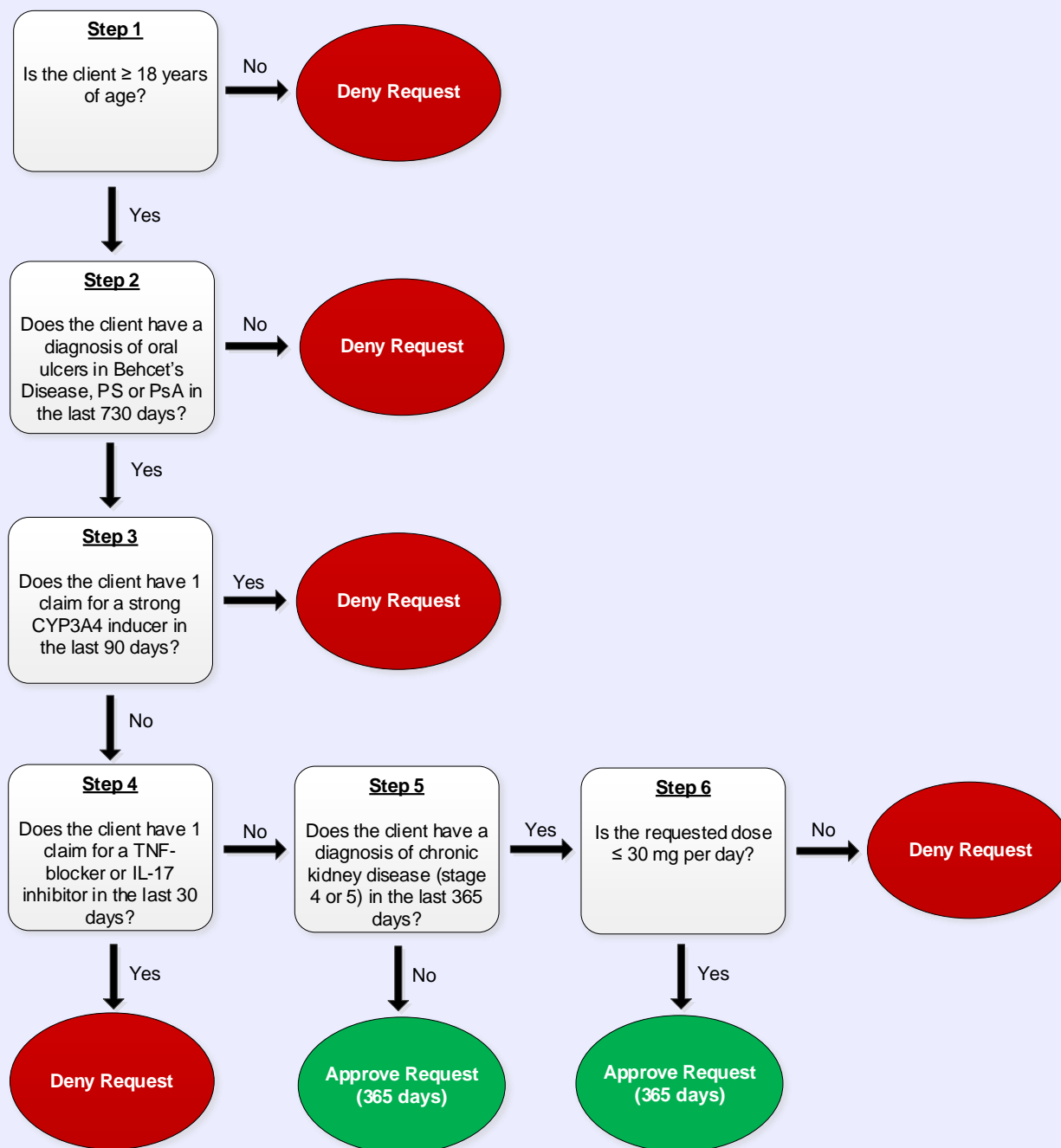
1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes - Go to #2  
☐ No - Deny
2. Does the client have a diagnosis of **oral ulcers associated with Behcet's Disease, active plaque psoriasis (PS)** or **psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes - Go to #3  
☐ No - Deny
3. Does the client have a claim for a **strong CYP3A4 inducer** in the last 90 days?  
☐ Yes - Deny  
☐ No - Go to #4
4. Does the client have a claim for a **TNF-blocker** or **IL-17 inhibitor** in the last 30 days?  
☐ Yes - Deny  
☐ No - Go to #5
5. Does the client have a diagnosis of **chronic kidney disease (stage 4 or 5)** in the last 365 days?  
☐ Yes - Go to #6  
☐ No - Approve (365 days)
6. Is the requested dose less than or equal to ( $\leq$ ) 30 mg per day?  
☐ Yes - Approve (365 days)  
☐ No - Deny





## Otezla (Apremilast)

### Clinical Criteria Logic Diagram





## Rinvoq (Upadacitinib)

### Drugs Requiring Prior Authorization

| Rinvoq                 |       |
|------------------------|-------|
| Label Name             | GCN   |
| RINVOQ ER 15 MG TABLET | 46822 |
| RINVOQ ER 30 MG TABLET | 51719 |
| RINVOQ ER 45 MG TABLET | 52085 |



## Rinvoq (Upadacitinib)

### Clinical Criteria Logic

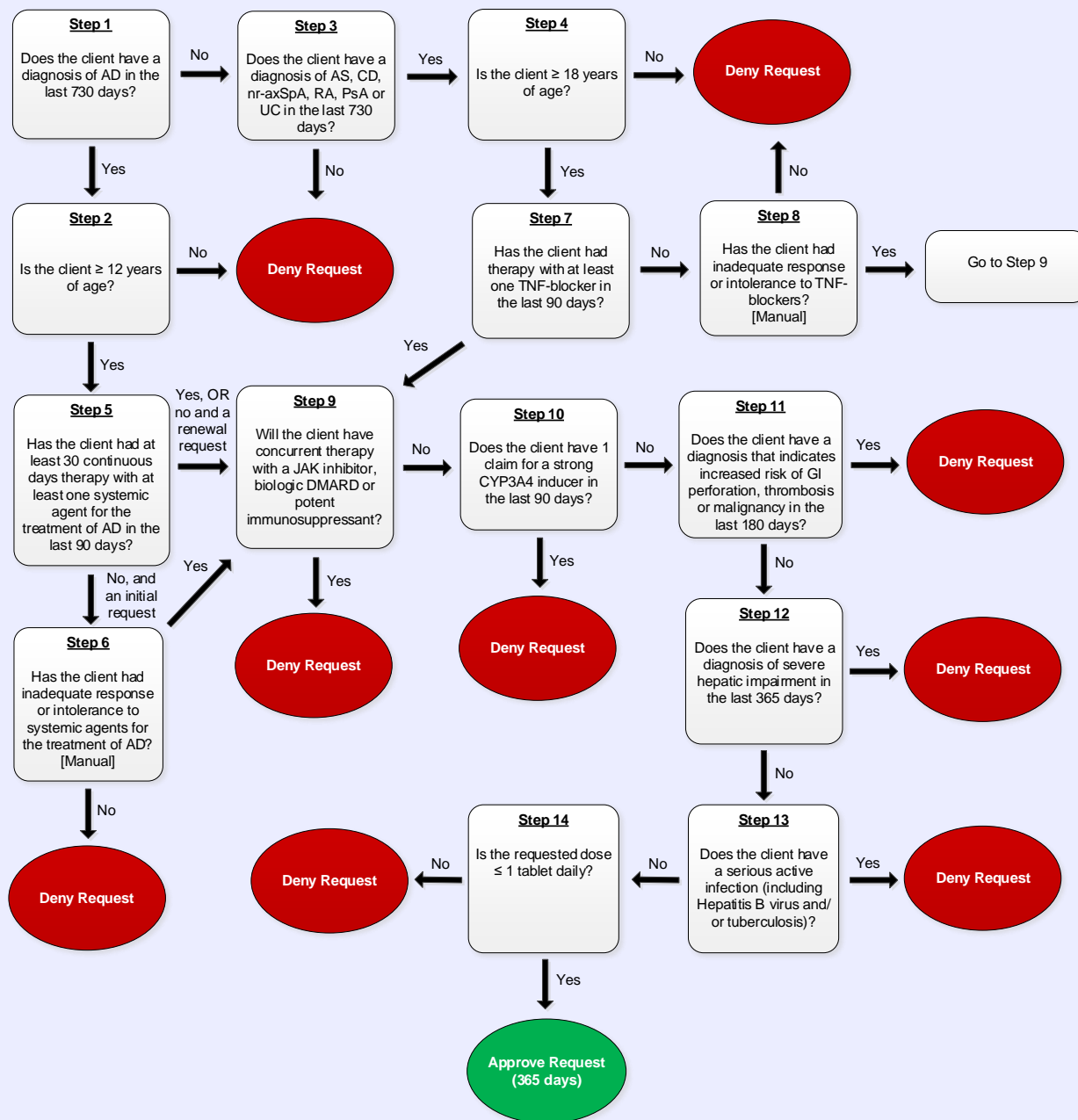
1. Does the client have a diagnosis of refractory, moderate to severe **atopic dermatitis (AD)** in the last 730 days?  
☐ Yes – Go to #2  
☐ No – Go to #3
2. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
☐ Yes – Go to #5  
☐ No – Deny
3. Does the client have a diagnosis of **active ankylosing spondylitis, moderately to severely active Crohn's disease (CD), active non-radiographic axial spondyloarthritis (nr-axSpA), moderately to severely active rheumatoid arthritis (RA), active psoriatic arthritis (PsA) or ulcerative colitis** in the last 730 days?  
☐ Yes – Go to #4  
☐ No – Deny
4. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #7  
☐ No – Deny
5. Has the client had 30 continuous days of therapy with at least one **systemic agent for the treatment of atopic dermatitis** in the last 90 days?  
☐ Yes – Go to #9  
☐ No, and this is a renewal request – Go to #9  
☐ No, and this is an initial request – Go to #6
6. Has the client had inadequate response or intolerance to **systemic agents for the treatment of atopic dermatitis**? [Manual]  
☐ Yes, Go to #9  
☐ No, Deny
7. Has the client had therapy with at least one **TNF-blocker** in the last 90 days?  
☐ Yes – Go to #9  
☐ No – Go to #8
8. Has the client had inadequate response or intolerance to **TNF-blockers**? [Manual]  
☐ Yes, Go to #9  
☐ No, Deny

9. Will the client have concurrent therapy with a **JAK inhibitor, biologic DMARD** or **potent immunosuppressant**?  
☐ Yes – Deny  
☐ No – Go to #10
10. Does the client have 1 claim for a **strong CYP3A4 inducer** in the last 90 days?  
☐ Yes – Deny  
☐ No – Go to #11
11. Does the client have a diagnosis that indicates **increased risk of GI perforation, thrombosis or malignancy** in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #12
12. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #13
13. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #14
14. Is the requested dose less than or equal to ( $\leq$ ) 1 tablet daily?  
☐ Yes – Approve (365 days)  
☐ No – Deny



## Rinvoq (Upadacitinib)

### Clinical Criteria Logic Diagram





## Siliq (Brodalumab)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

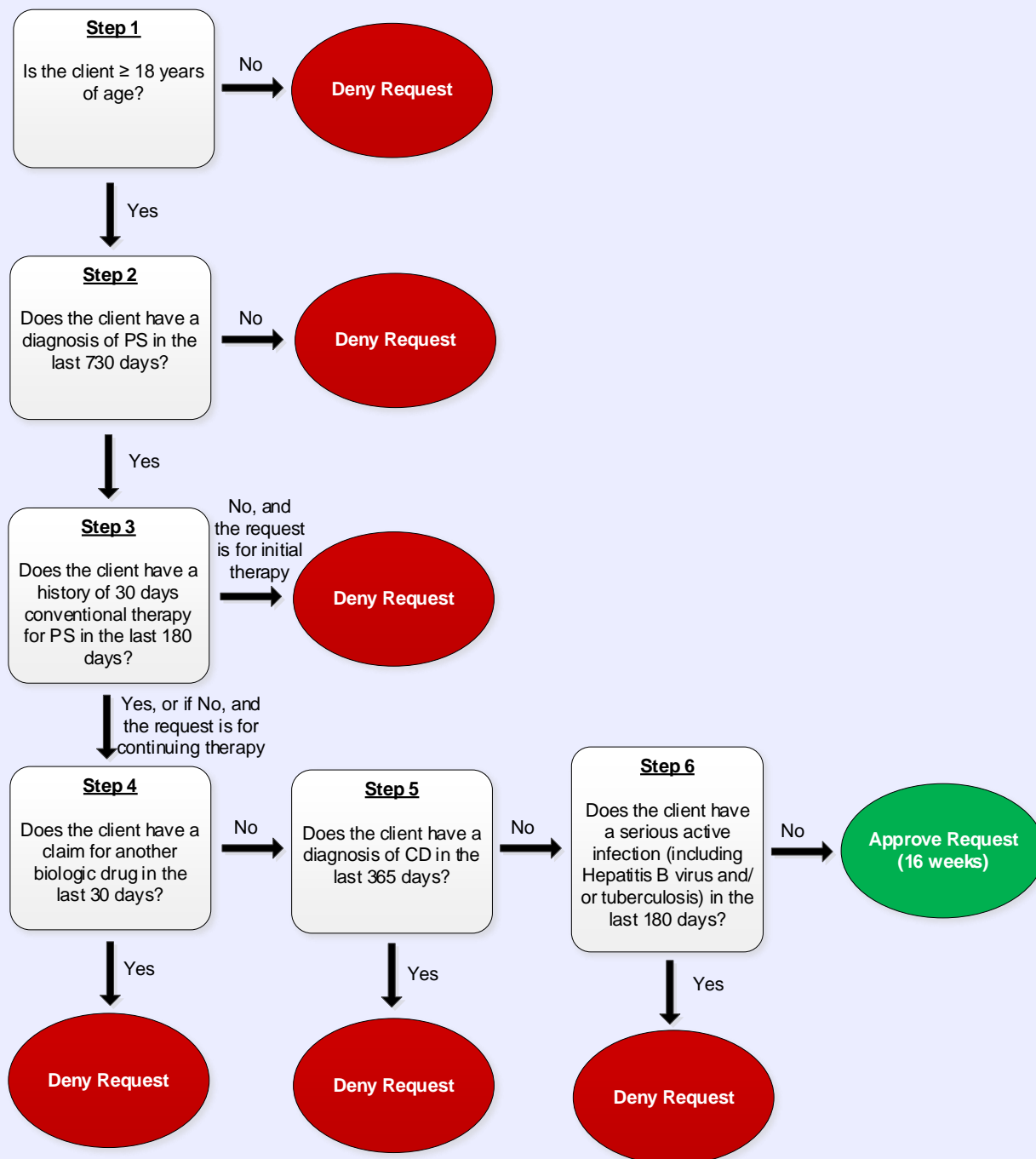
| Siliq                       |       |
|-----------------------------|-------|
| Label Name                  | GCN   |
| SILIQ 210 MG/1.5 ML SYRINGE | 43055 |



## Siliq (Brodalumab)

### Clinical 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 **moderate to severe plaque psoriasis (PS)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have a history of 30 days **conventional therapy for plaque psoriasis (PS)** in the last 180 days?  
☐ Yes – Go to #4  
☐ No – And the request is for continuing therapy, go to #4  
☐ No – And the request is for initial therapy, deny
4. Does the client have a claim for another **biologic drug** in the last 30 days?  
☐ Yes – Deny  
☐ No – Go to #5
5. Does the client have a diagnosis of **Crohn's disease (CD)** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #6
6. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (16 weeks)

**Siliq (Brodalumab)****Clinical Criteria Logic Diagram**





## Simponi (Golimumab)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| 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 Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - ☐ Yes – Go to #2
  - ☐ No – and the request is for Simponi Aria, go to #5
  - ☐ No – and the request is for Simponi, deny
2. Does the client have a diagnosis of **rheumatoid arthritis (RA)** in the last 730 days?
  - ☐ Yes – Go to #4
  - ☐ No – Go to #3
3. Does the client have a diagnosis of **ankylosing spondylitis (AS)**, **psoriatic arthritis (PsA)** and/or **ulcerative colitis (UC)** in the last 730 days?
  - ☐ Yes – Go to #7
  - ☐ No – Deny
4. Does the client have 1 claim for **methotrexate** in the last 60 days?
  - ☐ Yes – Go to #7
  - ☐ No – Deny
5. Is the client greater than or equal to ( $\geq$ ) 2 years of age?
  - ☐ Yes – Go to #6
  - ☐ No – Deny
6. Does the client have a diagnosis of **polyarticular juvenile idiopathic arthritis (PJIA)** or **psoriatic arthritis (PsA)** in the last 730 days?
  - ☐ Yes – Go to #7
  - ☐ No – Deny
7. Does the client have a history of **heart failure** in the last 365 days?
  - ☐ Yes – Deny
  - ☐ No – Go to #8
8. 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 #9
9. Does the client have a history of **hematologic abnormalities** in the last 180 days?
  - ☐ Yes – Deny
  - ☐ No – Go to #10

10. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?

☐ Yes – Deny

☐ No – Go to #11

11. Does the client have 1 claim for a **contraindicated drug** in the last 30 days?

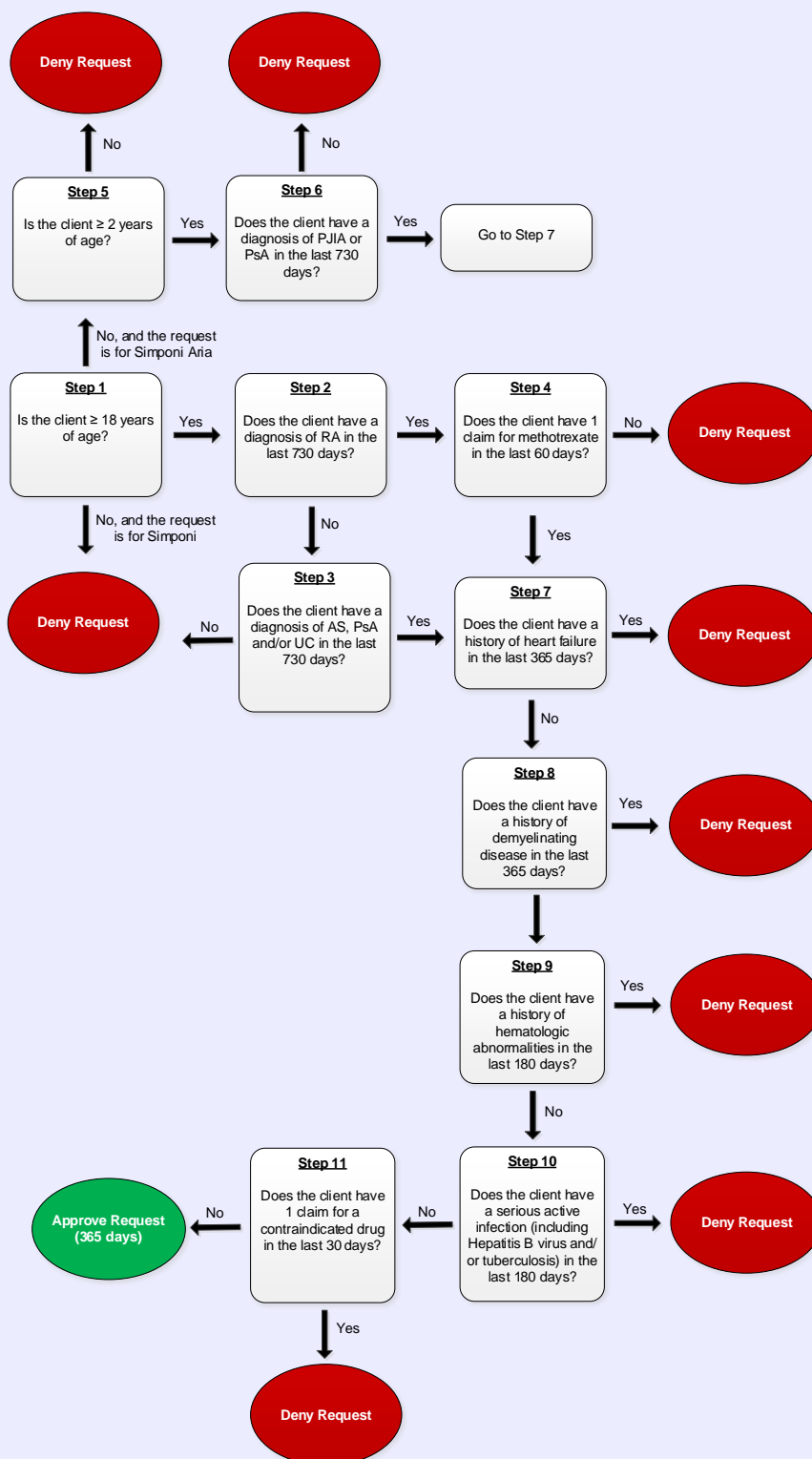
☐ Yes – Deny

☐ No – Approve (365 days)



# Simponi (Golimumab)

## Clinical Criteria Logic Diagram





## Skyrizi (Risankizumab-rzaa)

### Drugs Requiring Prior Authorization

| Skyrizi                       |       |
|-------------------------------|-------|
| Label Name                    | GCN   |
| SKYRIZI 150 MG/ML SYRINGE     | 49617 |
| SKYRIZI 150 MG/ML PEN         | 49591 |
| SKYRIZI 180 MG/1.2 ML ON-BODY | 53397 |
| SKYRIZI 360 MG/2.4 ML ON-BODY | 52475 |



## Skyrizi (Risankizumab-rzaa)

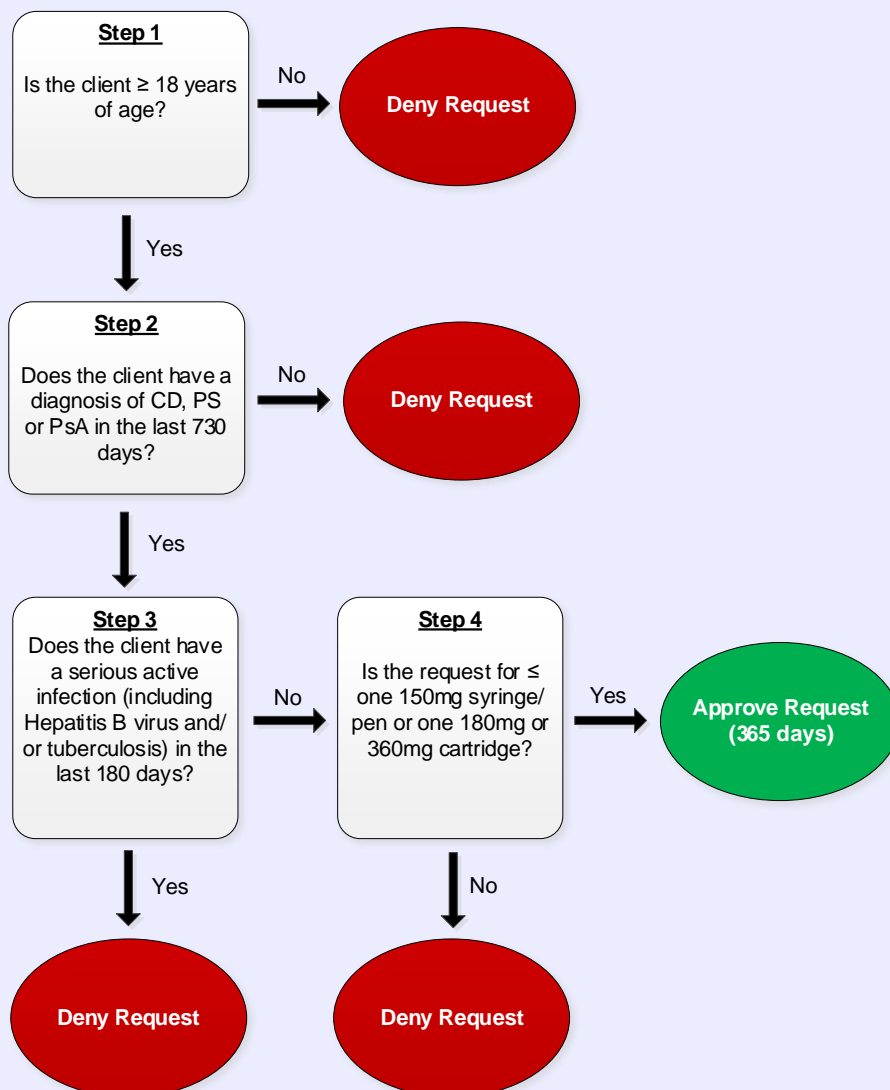
### Clinical Criteria Logic

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 **moderately to severely active Crohn's disease (CD)**, **moderate to severe plaque psoriasis (PS)** or **active psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #4
4. Is the request for less than or equal to ( $\leq$ ) one 150mg syringe/pen or one 180mg or 360mg cartridge?  
☐ Yes – Approve (365 days)  
☐ No – Deny



## Skyrizi (Risankizumab-rzaa)

### Clinical Criteria Logic Diagram



**Sotyktu (Deucravacitinib)****Drugs Requiring Prior Authorization**

| <b>Sotyktu</b>      |            |
|---------------------|------------|
| <b>Label Name</b>   | <b>GCN</b> |
| SOTYKTU 6 MG TABLET | 52879      |





## Sotyktu (Deucravacitinib)

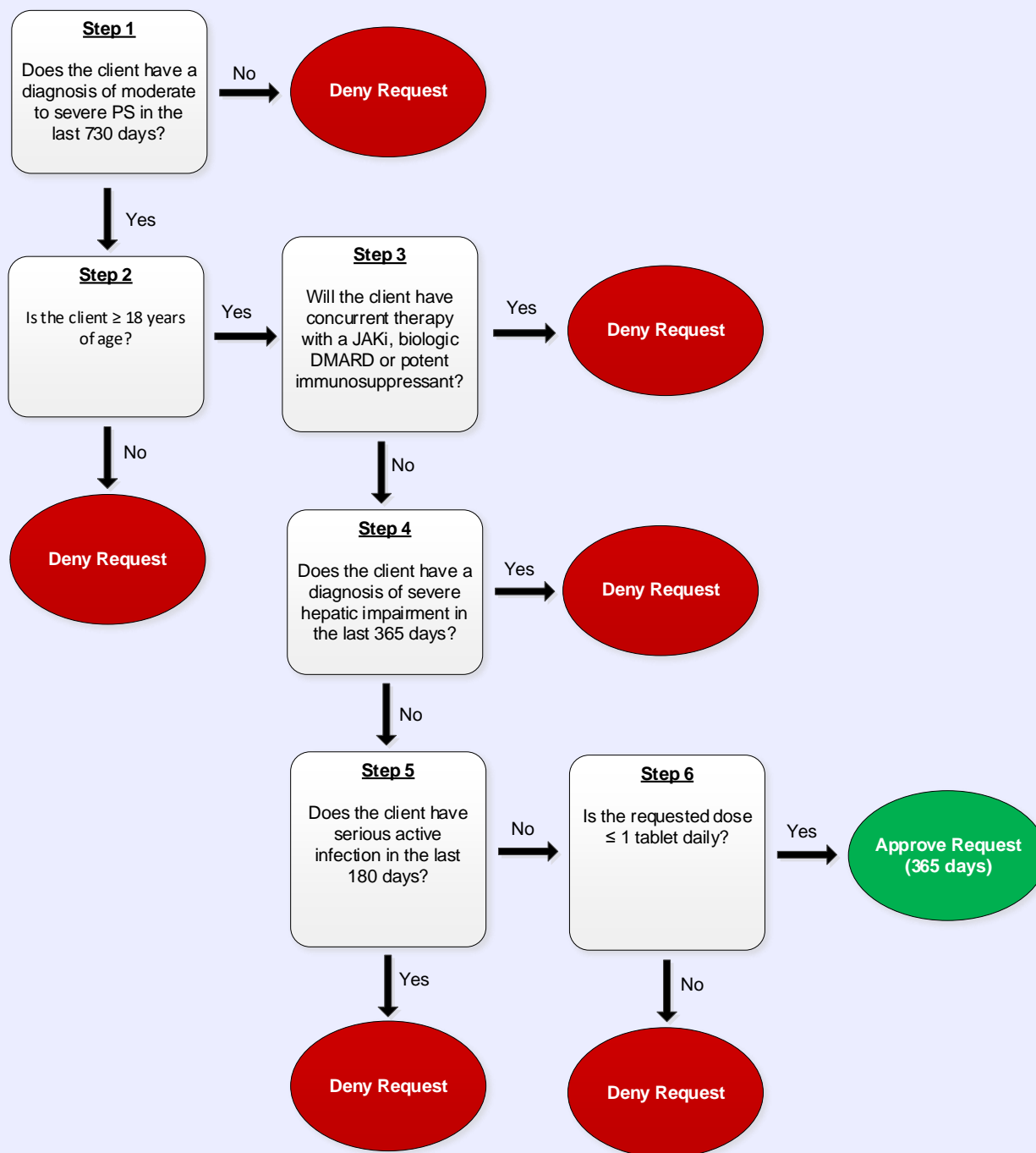
### Clinical Criteria Logic

1. Does the client have a diagnosis of **moderate to severe plaque psoriasis (PS)** 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. Will the client have concurrent therapy with a **JAK inhibitor, biologic DMARD** or **potent immunosuppressant**?  
☐ Yes – Deny  
☐ No – Go to #4
4. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #5
5. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Go to #6
6. Is the requested dose less than or equal to ( $\leq$ ) 1 tablet daily?  
☐ Yes – Approve (365 days)  
☐ No – Deny



## Sotyktu (Deucravacitinib)

### Clinical Criteria Logic Diagram





## Stelara (Ustekinumab) and Biosimilar Agents

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Stelara and Biosimilar Agents        |       |
|--------------------------------------|-------|
| Label Name                           | GCN   |
| OTULFI 45 MG/0.5 ML SYRINGE          | 56286 |
| OTULFI 90 MG/ML SYRINGE              | 56287 |
| SELARSDI 45 MG/0.5 ML SYRINGE        | 55583 |
| SELARSDI 90 MG/ML SYRINGE            | 55584 |
| STELARA 45 MG/0.5 ML SYRINGE         | 28158 |
| STELARA 45 MG/0.5 ML VIAL            | 19903 |
| STELARA 90 MG/ML SYRINGE             | 28159 |
| STEQEYMA 45 MG/0.5 ML SYRINGE        | 56753 |
| STEQEYMA 90 MG/ML SYRINGE            | 56754 |
| USTEKINUMAB-TTWE 45 MG/0.5ML SYRINGE | 55956 |
| USTEKINUMAB-TTWE 90 MG/ML SYRINGE    | 55957 |
| YESINTEK 45 MG/0.5 ML SYRINGE        | 56599 |
| YESINTEK 45 MG/0.5 ML VIAL           | 56607 |
| YESINTEK 90 MG/ML SYRINGE            | 56603 |



## Stelara (Ustekinumab) and Biosimilar Agents

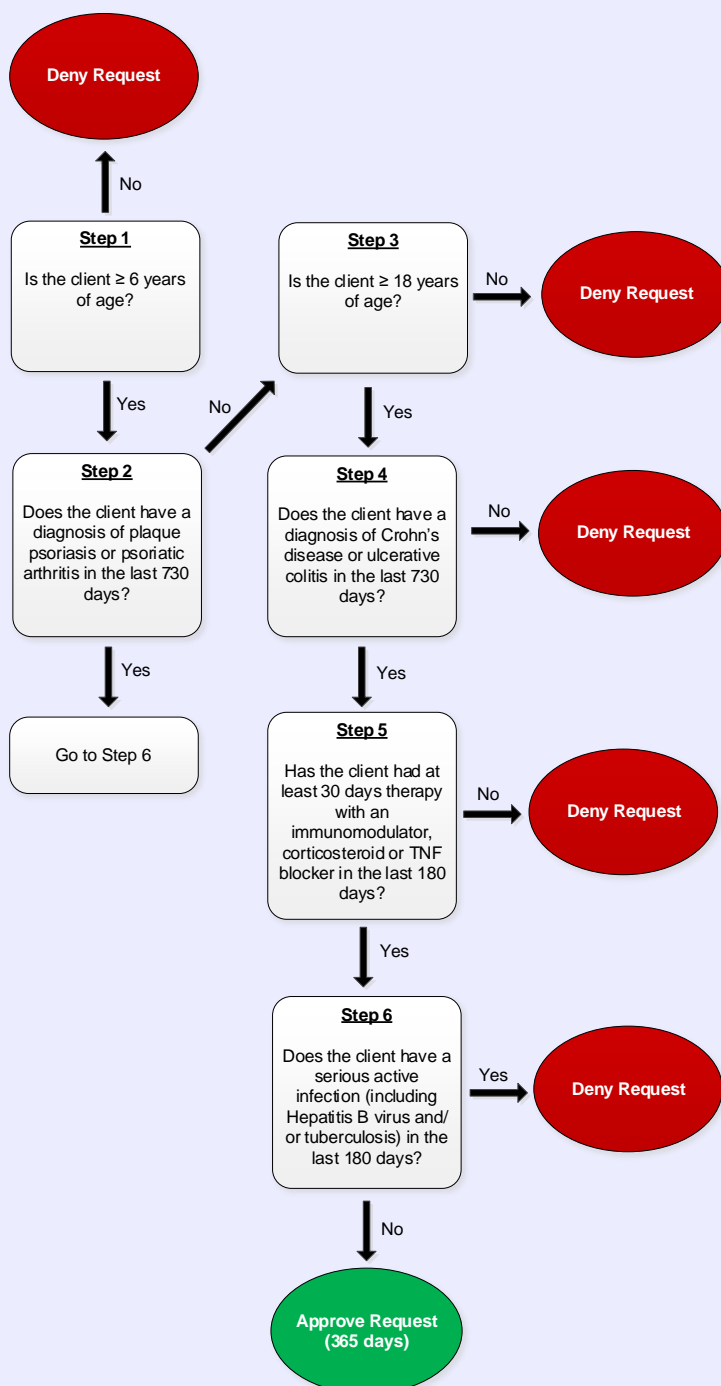
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have a diagnosis of **plaque psoriasis (PS)** or **psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes – Go to #6  
☐ No – Go to #3
3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have a diagnosis of **Crohn's disease (CD)** or **ulcerative colitis (UC)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. Has the client had at least 30 days therapy for an **immunomodulator, corticosteroid** or **TNF blocker** in the last 180 days?  
☐ Yes – Go to #6  
☐ No – Deny
6. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



# Stelara (Ustekinumab) and Biosimilar Agents

## Clinical Criteria Logic Diagram





## Taltz (Ixekizumab)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Taltz                              |       |
|------------------------------------|-------|
| Label Name                         | GCN   |
| TALTZ 20 MG/0.25 ML SYRINGE        | 55341 |
| TALTZ 40 MG/ 0.5 ML SYRINGE        | 55342 |
| TALTZ 80 MG/ML AUTOINJECTOR (3-PK) | 40848 |
| TALTZ 80 MG/ML AUTOINJECTOR        | 40848 |
| TALTZ 80 MG/ML AUTOIN (2-PK)       | 40848 |
| TALTZ 80 MG/ML SYRINGE             | 40849 |



## Taltz (Ixekizumab)

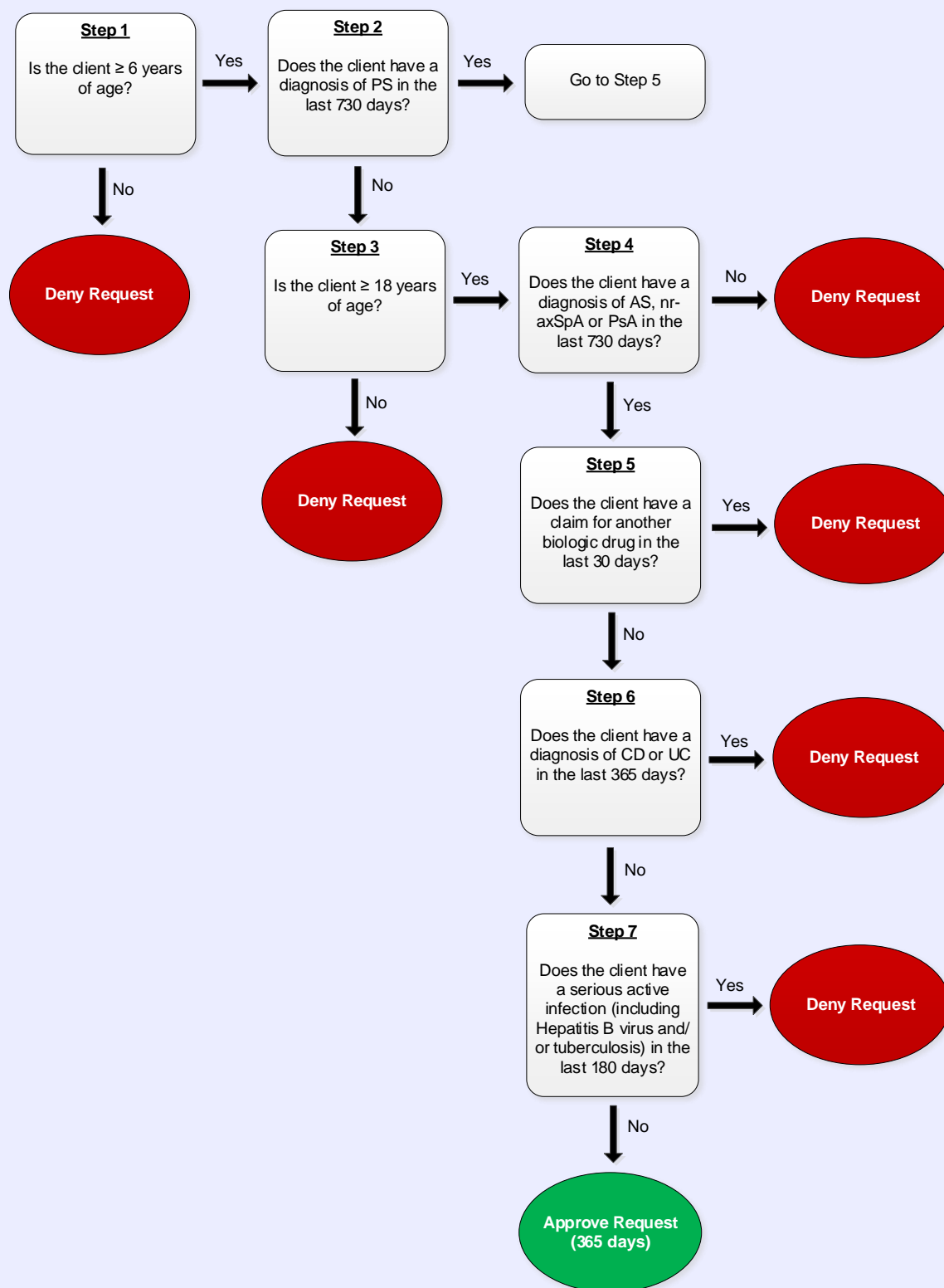
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have a diagnosis of **moderate to severe plaque psoriasis (PS)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Go to #3
3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have a diagnosis of **ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA) or psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. Does the client have 1 claim for another **biologic drug** in the last 30 days?  
☐ Yes – Deny  
☐ No – Go to #6
6. Does the client have a diagnosis of **Crohn's disease (CD) or ulcerative colitis (UC)** in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #7
7. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Taltz (Ixekezumab)

### Clinical Criteria Logic Diagram







## Tremfya (Guselkumab)

### Drugs Requiring Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://www.txvendor.com/formulary/formulary-search).*

| Tremfya                    |       |
|----------------------------|-------|
| Label Name                 | GCN   |
| TREMFYA 100 MG/ML INJECTOR | 46024 |
| TREMFYA 100 MG/ML PEN      | 57417 |
| TREMFYA 100 MG/ML SYRINGE  | 43612 |



## Tremfya (Guselkumab)

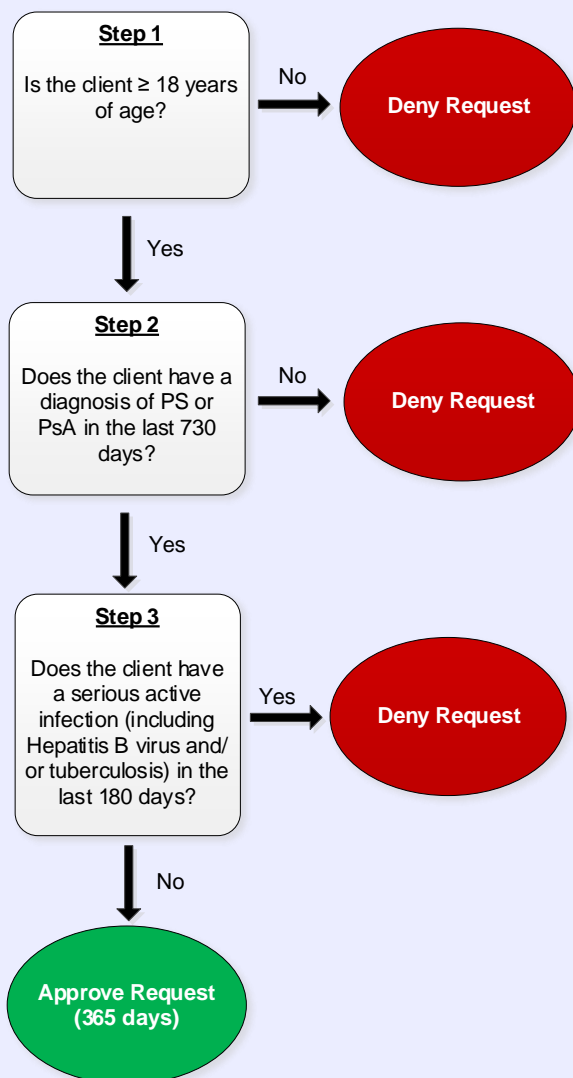
### Clinical Criteria Logic

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 **moderate to severe plaque psoriasis (PS)** or **psoriatic arthritis (PsA)** in the last 730 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Tremfya (Guselkumab)

### Clinical Criteria Logic Diagram





## Xeljanz (Tofacitinib)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

| Xeljanz                  |       |
|--------------------------|-------|
| Label Name               | GCN   |
| XELJANZ 1 MG/ML SOLUTION | 48684 |
| XELJANZ 5 MG TABLET      | 33617 |
| XELJANZ 10 MG TABLET     | 44882 |
| XELJANZ XR 11 MG TABLET  | 38086 |



## Xeljanz (Tofacitinib)

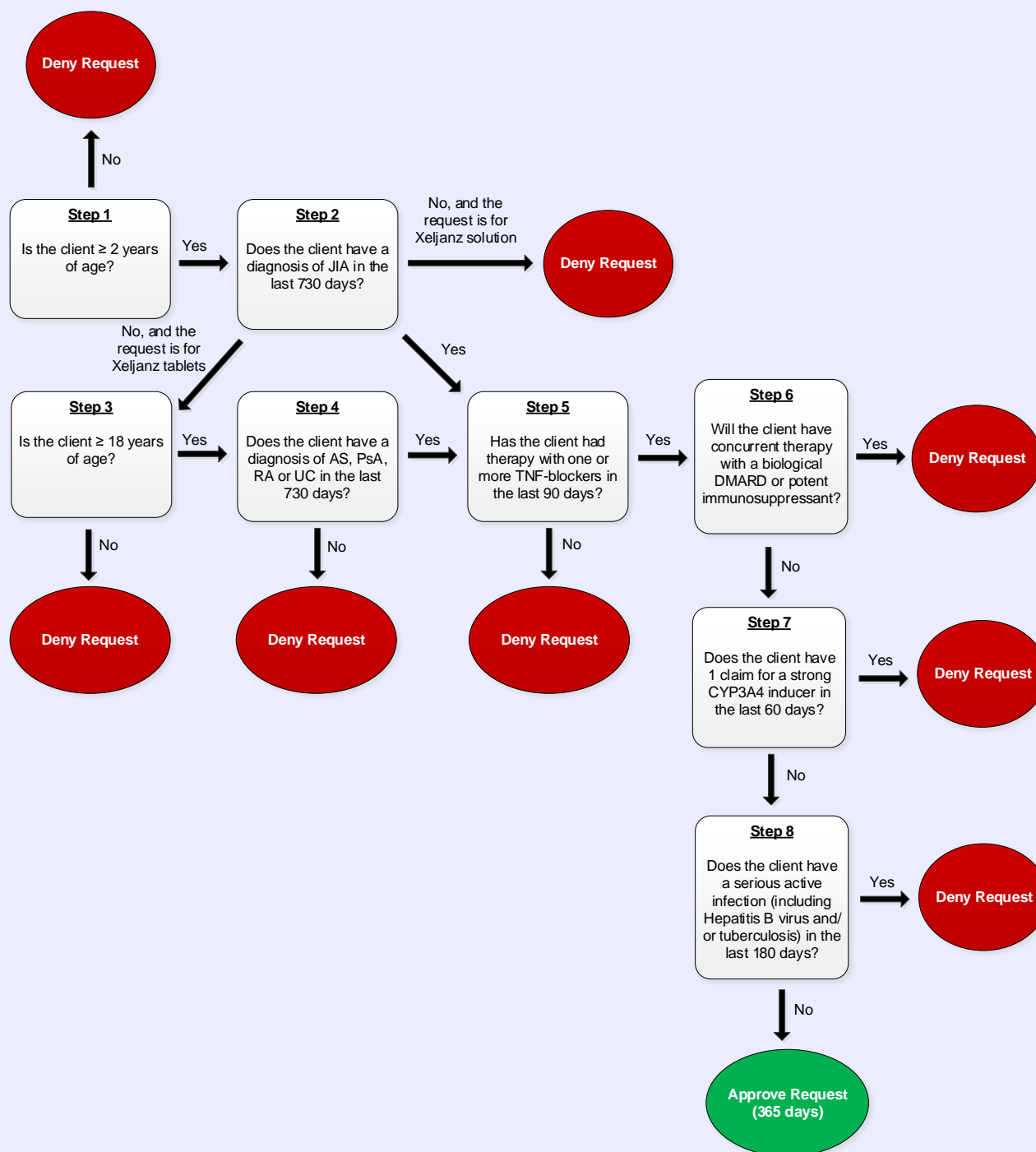
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have a diagnosis of **juvenile idiopathic arthritis (JIA)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No, and the request is for Xeljanz/Xeljanz XR tablets – Go to #3  
☐ No, and the request is for Xeljanz oral solution – Deny
3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have a diagnosis of **ankylosing spondylitis (AS)**, **psoriatic arthritis (PsA)**, **rheumatoid arthritis (RA)** or **ulcerative colitis (UC)** in the last 730 days?  
☐ Yes – Go to #5  
☐ No – Deny
5. Has the client had therapy with one or more **TNF-blockers** in the last 90 days?  
☐ Yes – Go to #6  
☐ No – Deny
6. Will the client have concurrent therapy with a **biological DMARD or potent immunosuppressant**?  
☐ Yes – Deny  
☐ No – Go to #7
7. Does the client have 1 claim for a **strong CYP3A4 inducer** in the last 60 days?  
☐ Yes – Deny  
☐ No – Go to #8
8. Does the client have a **serious active infection** (including Hepatitis B virus and/or tuberculosis) in the last 180 days?  
☐ Yes – Deny  
☐ No – Approve (365 days)



## Xeljanz (Tofacitinib)

### Clinical Criteria Logic Diagram





## Cytokine and CAM Antagonists

### Clinical Criteria Supporting Tables

| Acute Graft Versus Host Disease (aGVHD) |                                 |
|---|---------------------------------|
| ICD-10 Code                             | Description                     |
| D89810                                  | ACUTE GRAFT-VERSUS-HOST DISEASE |

| Alopecia Areata |                              |
|-----------------|------------------------------|
| ICD-10 Code     | Description                  |
| L630            | ALOPECIA (CAPITIS) TOTALIS   |
| L631            | ALOPECIA UNIVERSALIS         |
| L632            | OPHIASIS                     |
| L638            | OTHER ALOPECIA AREATA        |
| L639            | ALOPECIA AREATA, UNSPECIFIED |

| Ankylosing Spondylitis (AS) |   |
|-----------------------------|---|
| ICD-10 Code                 | Description   |
| M450                        | ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE       |
| M451                        | ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION |
| M452                        | ANKYLOSING SPONDYLITIS OF CERVICAL REGION               |
| M453                        | ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION        |
| M454                        | ANKYLOSING SPONDYLITIS OF THORACIC REGION               |
| M455                        | ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION          |
| M456                        | ANKYLOSING SPONDYLITIS LUMBAR REGION                    |
| M457                        | ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION            |
| M458                        | ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION |
| M459                        | ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE    |

| Atopic Dermatitis |                             |
|-------------------|-----------------------------|
| ICD-10 Code       | Description                 |
| L200              | BESNIER'S PRURIGO           |
| L2081             | ATOPIC NEURODERMATITIS      |
| L2082             | FLEXURAL ECZEMA             |
| L2084             | INTRINSIC (ALLERGIC) ECZEMA |

| <b>Atopic Dermatitis</b> |                                |
|--------------------------|--------------------------------|
| L2089                    | OTHER ATOPIC DERMATITIS        |
| L209                     | ATOPIC DERMATITIS, UNSPECIFIED |

| <b>Oral ulcers associated with Behcet's Disease</b> |                    |
|---|--------------------|
| <b>ICD-10 Code</b>                                  | <b>Description</b> |
| M352  | BEHCET'S DISEASE   |

| <b>Cryopyrin-Associated Periodic Syndrome (CAPS)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                                   | <b>Description</b>                      |
| M042   | CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES |

| <b>Crohn's Disease (CD)</b> |   |
|-----------------------------|---|
| <b>ICD-10 Code</b>          | <b>Description</b>  |
| K5000                       | CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS                      |
| K50011                      | CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING                       |
| K50012                      | CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION                |
| K50013                      | CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA                               |
| K50014                      | CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS                               |
| K50018                      | CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION                    |
| K50019                      | CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS             |
| K5010                       | CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS                      |
| K50111                      | CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING                       |
| K50112                      | CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION                |
| K50113                      | CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA                               |
| K50114                      | CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS                               |
| K50118                      | CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION                    |
| K50119                      | CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS             |
| K5080                       | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS       |
| K50811                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING        |
| K50812                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50813                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA                |



| <b>Crohn's Disease (CD)</b> |  |
|-----------------------------|--|
| <b>ICD-10 Code</b>          | <b>Description</b>   |
| K50814                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS                   |
| K50818                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION        |
| K50819                      | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS |
| K5090                       | CROHN'S DISEASE, UNSPECIFIED WITHOUT COMPLICATIONS                               |
| K50911                      | CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING                               |
| K50912                      | CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION                        |
| K50913                      | CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA                                       |
| K50914                      | CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS                                       |
| K50918                      | CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION                            |
| K50919                      | CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS                     |

| <b>Deficiency of Interleukin-1 Receptor Antagonist (DIRA)</b> |                                 |
|---|---------------------------------|
| <b>ICD-10 Code</b>  | <b>Description</b>              |
| M048  | OTHR AUTOINFLAMMATORY SYNDROMES |

| <b>Enthesitis-Related Arthritis (ERA)</b> |   |
|---|---|
| <b>ICD-10 Code</b>                        | <b>Description</b>                        |
| M0880                                     | OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE |

| <b>Giant Cell Arteritis (GCA)</b> |  |
|-----------------------------------|--|
| <b>ICD-10 Code</b>                | <b>Description</b>                               |
| M315                              | GIANT CELL ARTERITIS WITH POLYMYALGIA RHEUMATICA |
| M316                              | OTHER GIANT CELL ARTERITIS                       |

| <b>Hidradenitis Suppurativa (HS)</b> |                          |
|--------------------------------------|--------------------------|
| <b>ICD-10 Code</b>                   | <b>Description</b>       |
| L732                                 | HIDRADENITIS SUPPURATIVA |

| <b>Juvenile Idiopathic Arthritis (JIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                         | <b>Description</b>  |
| M0800                                      | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE |
| M08011                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER     |

| <b>Juvenile Idiopathic Arthritis (JIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                         | <b>Description</b>  |
| M08012                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER                |
| M08019                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER         |
| M08021                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW                  |
| M08022                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW                   |
| M08029                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW            |
| M08031                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST                  |
| M08032                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST                   |
| M08039                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST            |
| M08041                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND                   |
| M08042                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND                    |
| M08049                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND             |
| M08051                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP                    |
| M08052                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP                     |
| M08059                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP              |
| M08061                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE                   |
| M08062                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE                    |
| M08069                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE             |
| M08071                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT         |
| M08072                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT          |
| M08079                                     | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT   |
| M0808                                      | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS VERTEBRAE                     |
| M0809                                      | UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS MULTIPLE SITES                |
| M081                                       | JUVENILE ANKYLOSING SPONDYLITIS   |
| M0820                                      | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET UNSPECIFIED SITE      |
| M08211                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT SHOULDER       |
| M08212                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW           |
| M08219                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SHOULDER |
| M08221                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ELBOW          |
| M08222                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW           |

| <b>Juvenile Idiopathic Arthritis (JIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                         | <b>Description</b>  |
| M08229                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ELBOW          |
| M08231                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT WRIST                |
| M08232                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT WRIST                 |
| M08239                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED WRIST          |
| M08241                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HAND                 |
| M08242                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HAND                  |
| M08249                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HAND           |
| M08251                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HIP                  |
| M08252                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HIP                   |
| M08259                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HIP            |
| M08261                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT KNEE                 |
| M08262                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT KNEE                  |
| M08269                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED KNEE           |
| M08271                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ANKLE AND FOOT       |
| M08272                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ANKLE AND FOOT        |
| M08279                                     | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ANKLE AND FOOT |
| M0828                                      | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET VERTEBRAE                   |
| M0829                                      | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET MULTIPLE SITES              |
| M083                                       | JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)                              |
| M0840                                      | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS UNSPECIFIED SITE                 |
| M08411                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT SHOULDER                  |
| M08412                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT SHOULDER                   |
| M08419                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER            |
| M08421                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ELBOW                     |
| M08422                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ELBOW                      |

| <b>Juvenile Idiopathic Arthritis (JIA)</b> |  |
|--|--|
| <b>ICD-10 Code</b>                         | <b>Description</b>   |
| M08429                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW          |
| M08431                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT WRIST                |
| M08432                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT WRIST                 |
| M08439                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST          |
| M08441                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HAND                 |
| M08442                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HAND                  |
| M08449                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HAND           |
| M08451                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT HIP                  |
| M08452                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT HIP                   |
| M08459                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED HIP            |
| M08461                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT KNEE                 |
| M08462                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE                  |
| M08469                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE           |
| M08471                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT       |
| M08472                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT        |
| M08479                                     | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0848                                      | PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS VERTEBRAE                   |
| M0880                                      | OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE                               |
| M08811                                     | OTHER JUVENILE ARTHRITIS, RIGHT SHOULDER                                 |
| M08812                                     | OTHER JUVENILE ARTHRITIS, LEFT SHOULDER                                  |
| M08819                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED SHOULDER                           |
| M08821                                     | OTHER JUVENILE ARTHRITIS, RIGHT ELBOW                                    |
| M08822                                     | OTHER JUVENILE ARTHRITIS, LEFT ELBOW                                     |
| M08829                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED ELBOW                              |
| M08831                                     | OTHER JUVENILE ARTHRITIS, RIGHT WRIST                                    |
| M08832                                     | OTHER JUVENILE ARTHRITIS, LEFT WRIST                                     |
| M08839                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED WRIST                              |
| M08841                                     | OTHER JUVENILE ARTHRITIS, RIGHT HAND                                     |
| M08842                                     | OTHER JUVENILE ARTHRITIS, LEFT HAND                                      |
| M08849                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED HAND                               |
| M08851                                     | OTHER JUVENILE ARTHRITIS, RIGHT HIP                                      |
| M08852                                     | OTHER JUVENILE ARTHRITIS, LEFT HIP                                       |

| <b>Juvenile Idiopathic Arthritis (JIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                         | <b>Description</b>  |
| M08859                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED HIP                   |
| M08861                                     | OTHER JUVENILE ARTHRITIS, RIGHT KNEE                        |
| M08862                                     | OTHER JUVENILE ARTHRITIS, LEFT KNEE                         |
| M08869                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED KNEE                  |
| M08871                                     | OTHER JUVENILE ARTHRITIS, RIGHT ANKLE AND FOOT              |
| M08872                                     | OTHER JUVENILE ARTHRITIS, LEFT ANKLE AND FOOT               |
| M08879                                     | OTHER JUVENILE ARTHRITIS, UNSPECIFIED ANKLE AND FOOT        |
| M0888                                      | OTHER JUVENILE ARTHRITIS, OTHER SPECIFIED SITE              |
| M0889                                      | OTHER JUVENILE ARTHRITIS, MULTIPLE SITES                    |
| M0890                                      | JUVENILE ARTHRITIS, UNSPECIFIED SITE                        |
| M08911                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT SHOULDER             |
| M08912                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT SHOULDER              |
| M08919                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED SHOULDER       |
| M08921                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ELBOW                |
| M08922                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ELBOW                 |
| M08929                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ELBOW          |
| M08931                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT WRIST                |
| M08932                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT WRIST                 |
| M08939                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED WRIST          |
| M08941                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HAND                 |
| M08942                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HAND                  |
| M08949                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HAND           |
| M08951                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT HIP                  |
| M08952                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT HIP                   |
| M08959                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED HIP            |
| M08961                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT KNEE                 |
| M08962                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT KNEE                  |
| M08969                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED KNEE           |
| M08971                                     | JUVENILE ARTHRITIS, UNSPECIFIED, RIGHT ANKLE AND FOOT       |
| M08972                                     | JUVENILE ARTHRITIS, UNSPECIFIED, LEFT ANKLE AND FOOT        |
| M08979                                     | JUVENILE ARTHRITIS, UNSPECIFIED, UNSPECIFIED ANKLE AND FOOT |
| M0898                                      | JUVENILE ARTHRITIS, VERTEBRAE                               |
| M0899                                      | JUVENILE ARTHRITIS, MULTIPLE SITES                          |

| <b>Neuromyelitis Optica Spectrum Disorder (NMOSD)</b> |                              |
|---|------------------------------|
| <b>ICD-10 Code</b>                                    | <b>Description</b>           |
| G360  | NEUROMYELITIS OPTICA [DEVIC] |

| Non-Radiographic Axial Spondyloarthritis (nr-axSpA) |  |
|---|--|
| ICD-10 Code   | Description                                |
| M4680   | NR-AXSPA, SITE UNSPECIFIED                 |
| M4681   | NR-AXSPA, OCCIPITO-ATLANTO-AXIAL REGION    |
| M4682   | NR-AXSPA, CERVICAL REGION                  |
| M4683   | NR-AXSPA, CERVICOTHORACIC REGION           |
| M4684   | NR-AXSPA, THORACIC REGION                  |
| M4685   | NR-AXSPA, THORACOLUMBAR REGION             |
| M4686   | NR-AXSPA, LUMBAR REGION                    |
| M4687   | NR-AXSPA, LUMBOSACRAL REGION               |
| M4688   | NR-AXSPA, SACRAL AND SACROCOCCYGEAL REGION |
| M4689   | NR-AXSPA, MULTIPLE SITES IN SPINE          |

| Pericarditis |                                     |
|--------------|-------------------------------------|
| ICD-10 Code  | Description                         |
| I310         | CHRONIC ADHESIVE PERICARDITIS       |
| I311         | CHRONIC CONSTRICTIVE PERICARDITIS   |
| I319         | DISEASE OF PERICARDIUM, UNSPECIFIED |

| Plaque Psoriasis (PS) |                                  |
|-----------------------|----------------------------------|
| ICD-10 Code           | Description                      |
| L400                  | PSORIASIS VULGARIS               |
| L401                  | GENERALIZED PUSTULAR PSORIASIS   |
| L402                  | ACRODERMATITIS CONTINUA          |
| L403                  | PUSTULOSIS PALMARIS ET PLANTARIS |
| L404                  | GUTTATE PSORIASIS                |
| L408                  | OTHER PSORIASIS                  |
| L409                  | PSORIASIS, UNSPECIFIED           |

| Polyarticular Juvenile Idiopathic Arthritis (PJIA) |  |
|--|--|
| ICD-10 Code  | Description                                      |
| M083   | JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE) |

| <b>Polymyalgia Rheumatica (PMR)</b> |  |
|-------------------------------------|--|
| <b>ICD-10 Code</b>                  | <b>Description</b>                               |
| M315                                | GIANT CELL ARTERITIS WITH POLYMYALGIA RHEUMATICA |
| M353                                | POLYMYALGIA RHEUMATICA                           |

| <b>Psoriatic Arthritis (PsA)</b> |  |
|----------------------------------|--|
| <b>ICD-10 Code</b>               | <b>Description</b>                           |
| L405                             | ARTHROPATHIC PSORIASIS                       |
| L4050                            | ARTHROPATHIC PSORIASIS UNSPECIFIED           |
| L4051                            | DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY |
| L4051                            | DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY |
| L4052                            | PSORIATIC ARTHRITIS MUTILANS                 |
| L4053                            | PSORIATIC SPONDYLITIS                        |
| L4054                            | PSORIATIC JUVENILE ARTHROPATHY               |
| L4059                            | OTHER PSORIATIC ARTHROPATHY                  |

| <b>Rheumatoid Arthritis (RA)</b> |  |
|----------------------------------|--|
| <b>ICD-10 Code</b>               | <b>Description</b>                     |
| M0500                            | FELTY'S SYNDROME OR UNSPECIFIED SITE   |
| M05011                           | FELTY'S SYNDROME, RIGHT SHOULDER       |
| M05012                           | FELTY'S SYNDROME, LEFT SHOULDER        |
| M05019                           | FELTY'S SYNDROME, UNSPECIFIED SHOULDER |
| M05021                           | FELTY'S SYNDROME, RIGHT ELBOW          |
| M05022                           | FELTY'S SYNDROME, LEFT ELBOW           |
| M05029                           | FELTY'S SYNDROME, UNSPECIFIED ELBOW    |
| M05031                           | FELTY'S SYNDROME, RIGHT WRIST          |
| M05032                           | FELTY'S SYNDROME, LEFT WRIST           |
| M05039                           | FELTY'S SYNDROME, UNSPECIFIED WRIST    |
| M05041                           | FELTY'S SYNDROME, RIGHT HAND           |
| M05042                           | FELTY'S SYNDROME, LEFT HAND            |
| M05049                           | FELTY'S SYNDROME, UNSPECIFIED HAND     |
| M05051                           | FELTY'S SYNDROME, RIGHT HIP            |
| M05052                           | FELTY'S SYNDROME, LEFT HIP             |
| M05059                           | FELTY'S SYNDROME, UNSPECIFIED HIP      |
| M05061                           | FELTY'S SYNDROME, RIGHT KNEE           |
| M05062                           | FELTY'S SYNDROME, LEFT KNEE            |
| M05069                           | FELTY'S SYNDROME, UNSPECIFIED KNEE     |
| M05071                           | FELTY'S SYNDROME, RIGHT ANKLE AND FOOT |

| Rheumatoid Arthritis (RA) |   |
|---------------------------|---|
| ICD-10 Code               | Description   |
| M05072                    | FELTY'S SYNDROME, LEFT ANKLE AND FOOT                                     |
| M05079                    | FELTY'S SYNDROME, UNSPECIFIED ANKLE AND FOOT                              |
| M0509                     | FELTY'S SYNDROME, MULTIPLE SITES  |
| M0510                     | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE     |
| M05111                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER       |
| M05112                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER        |
| M05119                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER |
| M05121                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW          |
| M05122                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW           |
| M05129                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW    |
| M05131                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST          |
| M05132                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST           |
| M05139                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST    |
| M05141                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND           |
| M05142                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND            |
| M05149                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND     |
| M05151                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP            |
| M05152                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP             |
| M05159                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP      |
| M05161                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE           |
| M05162                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE            |
| M05169                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE     |
| M05171                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT |
| M05172                    | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT  |



| <b>Rheumatoid Arthritis (RA)</b> |   |
|----------------------------------|---|
| <b>ICD-10 Code</b>               | <b>Description</b>  |
| M05179                           | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0519                            | RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES             |
| M0520                            | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE             |
| M05211                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER               |
| M05212                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER                |
| M05219                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER         |
| M05221                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW                  |
| M05222                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW                   |
| M05229                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW            |
| M05231                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST                  |
| M05232                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT WRIST                   |
| M05239                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST            |
| M05241                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HAND                   |
| M05242                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HAND                    |
| M05249                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND             |
| M05251                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HIP                    |
| M05252                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HIP                     |
| M05259                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP              |
| M05261                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE                   |
| M05262                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT KNEE                    |
| M05269                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE             |
| M05271                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT         |
| M05272                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT          |

| <b>Rheumatoid Arthritis (RA)</b> |   |
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| <b>ICD-10 Code</b>               | <b>Description</b>  |
| M05279                           | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0529                            | RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES             |
| M0530                            | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE        |
| M05311                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER          |
| M05312                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER           |
| M05319                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER    |
| M05321                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW             |
| M05322                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW              |
| M05329                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW       |
| M05331                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST             |
| M05332                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST              |
| M05339                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST       |
| M05341                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND              |
| M05342                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND               |
| M05349                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND        |
| M05351                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP               |
| M05352                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP                |
| M05359                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP         |
| M05361                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE              |
| M05362                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE               |
| M05369                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE        |
| M05371                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT    |
| M05372                           | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT     |

| Rheumatoid Arthritis (RA) |  |
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| ICD-10 Code               | Description  |
| M05379                    | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |
| M0539                     | RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES             |
| M0540                     | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE                |
| M05411                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER                  |
| M05412                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER                   |
| M05419                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER            |
| M05421                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW                     |
| M05422                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW                      |
| M05429                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW               |
| M05431                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST                     |
| M05432                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST                      |
| M05439                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST               |
| M05441                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND                      |
| M05442                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND                       |
| M05449                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND                |
| M05451                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP                       |
| M05452                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP                        |
| M05459                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP                 |
| M05461                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE                      |
| M05462                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE                       |
| M05469                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE                |
| M05471                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT            |
| M05472                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT             |
| M05479                    | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT      |

| <b>Rheumatoid Arthritis (RA)</b> |   |
|----------------------------------|---|
| <b>ICD-10 Code</b>               | <b>Description</b>  |
| M0549                            | RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES                   |
| M0550                            | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE           |
| M05511                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER             |
| M05512                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER              |
| M05519                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER       |
| M05521                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW                |
| M05522                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW                 |
| M05529                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW          |
| M05531                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST                |
| M05532                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST                 |
| M05539                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST          |
| M05541                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND                 |
| M05542                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND                  |
| M05549                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND           |
| M05551                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP                  |
| M05552                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP                   |
| M05559                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP            |
| M05561                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE                 |
| M05562                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE                  |
| M05569                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE           |
| M05571                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT       |
| M05572                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT        |
| M05579                           | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT |

| <b>Rheumatoid Arthritis (RA)</b> |   |
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| <b>ICD-10 Code</b>               | <b>Description</b>  |
| M0559                            | RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES                           |
| M0560                            | RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS           |
| M05611                           | RHEUMATOID ARTHRITIS OF RIGHT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS             |
| M05612                           | RHEUMATOID ARTHRITIS OF LEFT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS              |
| M05619                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS       |
| M05621                           | RHEUMATOID ARTHRITIS OF RIGHT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                |
| M05622                           | RHEUMATOID ARTHRITIS OF LEFT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                 |
| M05629                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS          |
| M05631                           | RHEUMATOID ARTHRITIS OF RIGHT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                |
| M05632                           | RHEUMATOID ARTHRITIS OF LEFT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                 |
| M05639                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS          |
| M05641                           | RHEUMATOID ARTHRITIS OF RIGHT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                 |
| M05642                           | RHEUMATOID ARTHRITIS OF LEFT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                  |
| M05649                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS           |
| M05651                           | RHEUMATOID ARTHRITIS OF RIGHT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                  |
| M05652                           | RHEUMATOID ARTHRITIS OF LEFT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                   |
| M05659                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS            |
| M05661                           | RHEUMATOID ARTHRITIS OF RIGHT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                 |
| M05662                           | RHEUMATOID ARTHRITIS OF LEFT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                  |
| M05669                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS           |
| M05671                           | RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS       |
| M05672                           | RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS        |
| M05679                           | RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS |

| <b>Rheumatoid Arthritis (RA)</b> |  |
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| <b>ICD-10 Code</b>               | <b>Description</b>   |
| M0569                            | RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS                      |
| M0570                            | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT     |
| M05711                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT       |
| M05712                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT        |
| M05719                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05721                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT          |
| M05722                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT           |
| M05729                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT    |
| M05731                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT          |
| M05732                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT           |
| M05739                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT    |
| M05741                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT           |
| M05742                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT            |
| M05749                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT     |
| M05751                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT            |
| M05752                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT             |
| M05759                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT      |
| M05761                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT           |
| M05762                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT            |
| M05769                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT     |
| M05771                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M05772                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT  |

| <b>Rheumatoid Arthritis (RA)</b> |  |
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| <b>ICD-10 Code</b>               | <b>Description</b>   |
| M05779                           | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT |
| M0579                            | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT             |
| M0580                            | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE  |
| M05811                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER  |
| M05812                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER   |
| M05819                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER                                      |
| M05821                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW   |
| M05822                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW  |
| M05829                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW   |
| M05831                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST   |
| M05832                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST  |
| M05839                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST   |
| M05841                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND  |
| M05842                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND   |
| M05849                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND  |
| M05851                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP   |
| M05852                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP  |
| M05859                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP   |
| M05861                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE  |
| M05862                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE   |
| M05869                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE  |
| M05871                           | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT                                      |



| Rheumatoid Arthritis (RA) |   |
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| ICD-10 Code               | Description   |
| M05872                    | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT        |
| M05879                    | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT |
| M0589                     | OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES             |
| M059                      | RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED                        |
| M0600                     | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE                 |
| M06011                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER                  |
| M06012                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER                   |
| M06019                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SHOULDER            |
| M06021                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW                     |
| M06022                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW                      |
| M06029                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ELBOW               |
| M06031                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST                     |
| M06032                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST                      |
| M06039                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED WRIST               |
| M06041                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND                      |
| M06042                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND                       |
| M06049                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HAND                |
| M06051                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP                       |
| M06052                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP                        |
| M06059                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HIP                 |
| M06061                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE                      |
| M06062                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT KNEE                       |
| M06069                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED KNEE                |
| M06071                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ANKLE AND FOOT            |
| M06072                    | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ANKLE AND FOOT             |



| <b>Rheumatoid Arthritis (RA)</b> |  |
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| <b>ICD-10 Code</b>               | <b>Description</b>   |
| M06079                           | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT |
| M0608                            | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR VERTEBRAE                   |
| M0609                            | RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR MULTIPLE SITES              |
| M061                             | ADULT-ONSET STILL'S DISEASE  |
| M062                             | RHEUMATOID BURSITIS  |
| M0620                            | RHEUMATOID BURSITIS OF UNSPECIFIED SITE                                    |
| M06211                           | RHEUMATOID BURSITIS OF RIGHT SHOULDER                                      |
| M06212                           | RHEUMATOID BURSITIS OF LEFT SHOULDER                                       |
| M06219                           | RHEUMATOID BURSITIS OF UNSPECIFIED SHOULDER                                |
| M06221                           | RHEUMATOID BURSITIS OF RIGHT ELBOW   |
| M06222                           | RHEUMATOID BURSITIS OF LEFT ELBOW  |
| M06229                           | RHEUMATOID BURSITIS OF UNSPECIFIED ELBOW                                   |
| M06231                           | RHEUMATOID BURSITIS OF RIGHT WRIST   |
| M06232                           | RHEUMATOID BURSITIS OF LEFT WRIST  |
| M06239                           | RHEUMATOID BURSITIS OF UNSPECIFIED WRIST                                   |
| M06241                           | RHEUMATOID BURSITIS OF RIGHT HAND  |
| M06242                           | RHEUMATOID BURSITIS OF LEFT HAND   |
| M06249                           | RHEUMATOID BURSITIS OF UNSPECIFIED HAND                                    |
| M06251                           | RHEUMATOID BURSITIS OF RIGHT HIP   |
| M06252                           | RHEUMATOID BURSITIS OF LEFT HIP  |
| M06259                           | RHEUMATOID BURSITIS OF UNSPECIFIED HIP                                     |
| M06261                           | RHEUMATOID BURSITIS OF RIGHT KNEE  |
| M06262                           | RHEUMATOID BURSITIS OF LEFT KNEE   |
| M06269                           | RHEUMATOID BURSITIS OF UNSPECIFIED KNEE                                    |
| M06271                           | RHEUMATOID BURSITIS OF RIGHT ANKLE AND FOOT                                |
| M06272                           | RHEUMATOID BURSITIS OF LEFT ANKLE AND FOOT                                 |
| M06279                           | RHEUMATOID BURSITIS OF UNSPECIFIED ANKLE AND FOOT                          |
| M0628                            | RHEUMATOID BURSITIS OF VERTEBRAE   |
| M0629                            | RHEUMATOID BURSITIS OF MULTIPLE SITES                                      |
| M0630                            | RHEUMATOID NODULE OF UNSPECIFIED SITE                                      |
| M06311                           | RHEUMATOID NODULE OF RIGHT SHOULDER  |
| M06312                           | RHEUMATOID NODULE OF LEFT SHOULDER   |
| M06319                           | RHEUMATOID NODULE OF UNSPECIFIED SHOULDER                                  |
| M06321                           | RHEUMATOID NODULE OF RIGHT ELBOW   |
| M06322                           | RHEUMATOID NODULE OF LEFT ELBOW  |
| M06329                           | RHEUMATOID NODULE OF UNSPECIFIED ELBOW                                     |

| <b>Rheumatoid Arthritis (RA)</b> |  |
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| <b>ICD-10 Code</b>               | <b>Description</b>   |
| M06331                           | RHEUMATOID NODULE OF RIGHT WRIST                           |
| M06332                           | RHEUMATOID NODULE OF LEFT WRIST                            |
| M06339                           | RHEUMATOID NODULE OF UNSPECIFIED WRIST                     |
| M06341                           | RHEUMATOID NODULE OF RIGHT HAND                            |
| M06342                           | RHEUMATOID NODULE OF LEFT HAND                             |
| M06349                           | RHEUMATOID NODULE OF UNSPECIFIED HAND                      |
| M06351                           | RHEUMATOID NODULE OF RIGHT HIP                             |
| M06352                           | RHEUMATOID NODULE OF LEFT HIP                              |
| M06359                           | RHEUMATOID NODULE OF UNSPECIFIED HIP                       |
| M06361                           | RHEUMATOID NODULE OF RIGHT KNEE                            |
| M06362                           | RHEUMATOID NODULE OF LEFT KNEE                             |
| M06369                           | RHEUMATOID NODULE OF UNSPECIFIED KNEE                      |
| M06371                           | RHEUMATOID NODULE OF RIGHT ANKLE AND FOOT                  |
| M06372                           | RHEUMATOID NODULE OF LEFT ANKLE AND FOOT                   |
| M06379                           | RHEUMATOID NODULE OF UNSPECIFIED ANKLE AND FOOT            |
| M0638                            | RHEUMATOID NODULE OF VERTEBRAE                             |
| M0639                            | RHEUMATOID NODULE OF MULTIPLE SITES                        |
| M064                             | INFLAMMATORY POLYARTROPATHY                                |
| M0680                            | OTHER SPECIFIED RHEUMATOID ARTHRITIS UNSPECIFIED SITE      |
| M06811                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT SHOULDER       |
| M06812                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER |
| M06819                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER |
| M06821                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ELBOW          |
| M06822                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ELBOW           |
| M06829                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW    |
| M06831                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST          |
| M06832                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST           |
| M06839                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST    |
| M06841                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HAND           |
| M06842                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND            |
| M06849                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HAND     |
| M06851                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP            |
| M06852                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP             |
| M06859                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HIP      |
| M06861                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE           |
| M06862                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT KNEE            |
| M06869                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE     |

| <b>Rheumatoid Arthritis (RA)</b> |  |
|----------------------------------|--|
| <b>ICD-10 Code</b>               | <b>Description</b>   |
| M06871                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT       |
| M06872                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT        |
| M06879                           | OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT |
| M0688                            | OTHER SPECIFIED RHEUMATOID ARTHRITIS VERTEBRAE                   |
| M0689                            | OTHER SPECIFIED RHEUMATOID ARTHRITIS MULTIPLE SITES              |
| M069                             | RHEUMATOID ARTHRITIS, UNSPECIFIED                                |

| <b>Systemic Juvenile Idiopathic Arthritis (SJIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                                   | <b>Description</b>  |
| M0820  | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET UNSPECIFIED SITE      |
| M08211   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT SHOULDER       |
| M08212   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW           |
| M08219   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED SHOULDER |
| M08221   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ELBOW          |
| M08222   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ELBOW           |
| M08229   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ELBOW    |
| M08231   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT WRIST          |
| M08232   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT WRIST           |
| M08239   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED WRIST    |
| M08241   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HAND           |
| M08242   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HAND            |
| M08249   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HAND     |
| M08251   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT HIP            |
| M08252   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT HIP             |
| M08259   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED HIP      |
| M08261   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT KNEE           |

| <b>Systemic Juvenile Idiopathic Arthritis (SJIA)</b> |   |
|--|---|
| <b>ICD-10 Code</b>                                   | <b>Description</b>  |
| M08262   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT KNEE                  |
| M08269   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED KNEE           |
| M08271   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, RIGHT ANKLE AND FOOT       |
| M08272   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, LEFT ANKLE AND FOOT        |
| M08279   | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET, UNSPECIFIED ANKLE AND FOOT |
| M0828  | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET VERTEBRAE                   |
| M0829  | JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET MULTIPLE SITES              |

| <b>Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)</b> |  |
|--|--|
| <b>ICD-10 Code</b>   | <b>Description</b>                       |
| M3481  | SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT |

| <b>Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS), Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) and Familial Mediterranean Fever (FMF)</b> |  |
|---|--|
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| M041  | PERIODIC FEVER SYNDROMES (INCLUDING TRAPS, HIDS/MKD AND FMF) |

| <b>Ulcerative Colitis (UC)</b> |  |
|--------------------------------|--|
| <b>ICD-10 Code</b>             | <b>Description</b>   |
| K5100                          | ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS          |
| K51011                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING           |
| K51012                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION    |
| K51013                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA                   |
| K51014                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS                   |
| K51018                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION        |
| K51019                         | ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS |
| K5120                          | ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS           |
| K51211                         | ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING            |

| <b>Ulcerative Colitis (UC)</b> |  |
|--------------------------------|--|
| K51212                         | ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION           |
| K51213                         | ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA                          |
| K51214                         | ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS                          |
| K51218                         | ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION               |
| K51219                         | ULCERATIVE (CHRONIC) PROCTITIS WITH UNSPECIFIED COMPLICATIONS        |
| K5130                          | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS          |
| K51311                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING           |
| K51312                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION    |
| K51313                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA                   |
| K51314                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS                   |
| K51318                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION        |
| K51319                         | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS |
| K5180                          | OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS                       |
| K51811                         | OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING                        |
| K51812                         | OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION                 |
| K51813                         | OTHER ULCERATIVE COLITIS WITH FISTULA                                |
| K51814                         | OTHER ULCERATIVE COLITIS WITH ABSCESS                                |
| K51818                         | OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION                     |
| K51819                         | OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS              |
| K5190                          | ULCERATIVE COLITIS, UNSPECIFIED WITHOUT COMPLICATIONS                |
| K51911                         | ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING                 |
| K51912                         | ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION          |
| K51913                         | ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA                         |
| K51914                         | ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS                         |
| K51918                         | ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION              |
| K51919                         | ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS       |

| <b>Uveitis (UV)</b> |  |
|---------------------|--|
| <b>ICD-10 Code</b>  | <b>Description</b>                           |
| H2000               | UNSPECIFIED ACUTE AND SUBACUTE IRIDOCYCLITIS |
| H20011              | PRIMARY IRIDOCYCLITIS RIGHT EYE              |
| H20012              | PRIMARY IRIDOCYCLITIS LEFT EYE               |
| H20013              | PRIMARY IRIDOCYCLITIS BILATERAL              |
| H20019              | PRIMARY IRIDOCYCLITIS UNSPECIFIED EYE        |

| Uveitis (UV) |   |
|--------------|---|
| ICD-10 Code  | Description   |
| H20021       | RECURRENT ACUTE IRIDOCYCLITIS RIGHT EYE               |
| H20022       | RECURRENT ACUTE IRIDOCYCLITIS LEFT EYE                |
| H20023       | RECURRENT ACUTE IRIDOCYCLITIS BILATERAL               |
| H20029       | RECURRENT ACUTE IRIDOCYCLITIS UNSPECIFIED EYE         |
| H20031       | SECONDARY INFECTIOUS IRIDOCYCLITIS RIGHT EYE          |
| H20032       | SECONDARY INFECTIOUS IRIDOCYCLITIS LEFT EYE           |
| H20033       | SECONDARY INFECTIOUS IRIDOCYCLITIS BILATERAL          |
| H20039       | SECONDARY INFECTIOUS IRIDOCYCLITIS UNSPECIFIED EYE    |
| H20041       | SECONDARY NONINFECTIOUS IRIDOCYCLITIS RIGHT EYE       |
| H20042       | SECONDARY NONINFECTIOUS IRIDOCYCLITIS LEFT EYE        |
| H20043       | SECONDARY NONINFECTIOUS IRIDOCYCLITIS BILATERAL       |
| H20049       | SECONDARY NONINFECTIOUS IRIDOCYCLITIS UNSPECIFIED EYE |
| H20051       | HYPOPYON RIGHT EYE                                    |
| H20052       | HYPOPYON LEFT EYE                                     |
| H20053       | HYPOPYON BILATERAL                                    |
| H20059       | HYPOPYON UNSPECIFIED EYE                              |
| H2010        | CHRONIC IRIDOCYCLITIS RIGHT EYE                       |
| H2011        | CHRONIC IRIDOCYCLITIS LEFT EYE                        |
| H2012        | CHRONIC IRIDOCYCLITIS BILATERAL                       |
| H2013        | CHRONIC IRIDOCYCLITIS UNSPECIFIED EYE                 |
| H2020        | LENS-INDUCED IRIDOCYCLITIS RIGHT EYE                  |
| H2021        | LENS-INDUCED IRIDOCYCLITIS LEFT EYE                   |
| H2022        | LENS-INDUCED IRIDOCYCLITIS BILATERAL                  |
| H2023        | LENS-INDUCED IRIDOCYCLITIS UNSPECIFIED EYE            |
| H20811       | FUCHS' HETEROCHROMIC CYCLITIS RIGHT EYE               |
| H20812       | FUCHS' HETEROCHROMIC CYCLITIS LEFT EYE                |
| H20813       | FUCHS' HETEROCHROMIC CYCLITIS BILATERAL               |
| H20819       | FUCHS' HETEROCHROMIC CYCLITIS UNSPECIFIED EYE         |
| H20821       | VOGT-KOYANAGI SYNDROME RIGHT EYE                      |
| H20822       | VOGT-KOYANAGI SYNDROME LEFT EYE                       |
| H20823       | VOGT-KOYANAGI SYNDROME BILATERAL                      |
| H20829       | VOGT-KOYANAGI SYNDROME UNSPECIFIED EYE                |

| Demyelinating Disease |                                  |
|-----------------------|----------------------------------|
| ICD-10 Code           | Description                      |
| G35                   | MULTIPLE SCLEROSIS               |
| H4600                 | OPTIC PAPILLITIS UNSPECIFIED EYE |
| H4601                 | OPTIC PAPILLITIS RIGHT EYE       |

| <b>Demyelinating Disease</b> |                                      |
|------------------------------|--------------------------------------|
| <b>ICD-10 Code</b>           | <b>Description</b>                   |
| H4602                        | OPTIC PAPILLITIS LEFT EYE            |
| H4603                        | OPTIC PAPILLITIS BILATERAL           |
| H4610                        | RETROBULBAR NEURITIS UNSPECIFIED EYE |
| H4611                        | RETROBULBAR NEURITIS RIGHT EYE       |
| H4612                        | RETROBULBAR NEURITIS LEFT EYE        |
| H4613                        | RETROBULBAR NEURITIS BILATERAL       |
| H462                         | NUTRITIONAL OPTIC NEUROPATHY         |
| H463                         | TOXIC OPTIC NEUROPATHY               |
| H468                         | OTHER OPTIC NEURITIS                 |
| H469                         | UNSPECIFIED OPTIC NEURITIS           |
| G610                         | GUILLAIN-BARRE SYNDROME              |

| <b>Diagnosis indicating increased risk of<br/>GI perforation, thrombosis or malignancy</b> |  |
|--|--|
| <b>ICD-10 Code</b>   | <b>Description</b>   |
| K5700  | DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING                |
| K5701  | DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING                   |
| K5710  | DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING              |
| K5711  | DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING                 |
| K5712  | DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING              |
| K5713  | DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING                 |
| K5720  | DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING                |
| K5721  | DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING                   |
| K5730  | DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING              |
| K5731  | DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING                 |
| K5732  | DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING              |
| K5733  | DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING              |
| K5740  | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING |
| K5741  | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING    |



| <b>Diagnosis indicating increased risk of<br/>GI perforation, thrombosis or malignancy</b> |  |
|--|--|
| <b>ICD-10 Code</b>   | <b>Description</b>   |
| K5750  | DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5751  | DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING    |
| K5752  | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5753  | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING    |
| K5780  | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING     |
| K5781  | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITH BLEEDING        |
| K5790  | DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING   |
| K5791  | DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING      |
| K5792  | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING   |
| K5793  | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING      |
| I2601  | SEPTIC PULMONARY EMBOLISM WITH ACUTE COR PULMONALE   |
| I2602  | SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE                                      |
| I2609  | OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE  |
| I2690  | SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE  |
| I2692  | SADDLE EMBOLUS OF PULMONARY ARTERY WITHOUT ACUTE COR PULMONALE                                   |
| I2699  | OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE   |

| <b>Heart Failure Diagnoses</b> |   |
|--------------------------------|---|
| <b>ICD-10 Code</b>             | <b>Description</b>  |
| I2583                          | CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE         |
| I2584                          | CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION |
| I2589                          | OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE             |
| I259                           | CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED               |
| I501                           | LEFT VENTRICULAR FAILURE                                  |
| I5020                          | UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE           |
| I5021                          | ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE                 |
| I5022                          | CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE               |
| I5023                          | ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE      |
| I5030                          | UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE          |



| Heart Failure Diagnoses |  |
|-------------------------|--|
| ICD-10 Code             | Description  |
| I5031                   | ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE   |
| I5032                   | CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE   |
| I5033                   | ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE                                    |
| I5040                   | UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE      |
| I5041                   | ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE            |
| I5042                   | CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE          |
| I5043                   | ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I509                    | HEART FAILURE, UNSPECIFIED   |

| Hematologic Abnormalities |  |
|---------------------------|--|
| ICD-10 Code               | Description  |
| D6101                     | APLASTIC ANEMIA, UNSPECIFIED   |
| D6109                     | OTHER CONSTITUTIONAL APLASTIC ANEMIA                                     |
| D611                      | DRUG-INDUCED APLASTIC ANEMIA   |
| D612                      | APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS                             |
| D613                      | IDIOPATHIC APLASTIC ANEMIA   |
| D61810                    | ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA                         |
| D61811                    | OTHER DRUG-INDUCED PANCYTOPENIA  |
| D61818                    | OTHER PANCYTOPENIA   |
| D6189                     | OTHER SPECIFIED APLASTIC ANEMIAS AND OTHER BONE MARROW FAILURE SYNDROMES |
| D619                      | APLASTIC ANEMIA, UNSPECIFIED   |
| D693                      | IMMUNE THROMBOCYTOPENIC PURPURA  |
| D6941                     | EVANS SYNDROME   |
| D6942                     | CONGENITAL AND HEREDITARY THROMBOCYTOPENIA PURPURA                       |
| D6949                     | OTHER PRIMARY THROMBOCYTOPENIA   |
| D6951                     | POSTTRANSFUSION PURPURA  |
| D6959                     | OTHER SECONDARY THROMBOCYTOPENIA   |
| D696                      | THROMBOCYTOPENIA, UNSPECIFIED  |
| D700                      | CONGENITAL AGRANULOCYTOSIS   |
| D701                      | AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY                         |
| D702                      | OTHER DRUG-INDUCED AGRANULOCYTOSIS                                       |
| D703                      | NEUTROPENIA DUE TO INFECTION   |
| D704                      | CYCLIC NEUTROPENIA   |
| D708                      | OTHER NEUTROPENIA  |
| D709                      | NEUTROPENIA, UNSPECIFIED   |

| Hematologic Abnormalities |  |
|---------------------------|--|
| ICD-10 Code               | Description                                  |
| D72810                    | LYMPHOCYTOPENIA                              |
| D72818                    | OTHER DECREASED WHITE BLOOD CELL COUNT       |
| D72819                    | DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED |

| Hepatic Disease/Impairment |  |
|----------------------------|--|
| ICD-10 Code                | Description  |
| B160                       | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA           |
| B161                       | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA        |
| B162                       | ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA        |
| B169                       | ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA |
| B170                       | ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER           |
| B1710                      | ACUTE HEPATITIS C WITHOUT HEPATIC COMA                         |
| B1711                      | ACUTE HEPATITIS C WITH HEPATIC COMA                            |
| B172                       | ACUTE HEPATITIS E  |
| B178                       | OTHER SPECIFIED ACUTE VIRAL HEPATITIS                          |
| B179                       | ACUTE VIRAL HEPATITIS, UNSPECIFIED                             |
| B180                       | CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT                     |
| B181                       | CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT                  |
| B182                       | CHRONIC VIRAL HEPATITIS C                                      |
| B188                       | OTHER CHRONIC VIRAL HEPATITIS                                  |
| B189                       | CHRONIC VIRAL HEPATITIS, UNSPECIFIED                           |
| B190                       | UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA                  |
| B1910                      | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA             |
| B1911                      | UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA                |
| B1920                      | UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA             |
| B1921                      | UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA                |
| B199                       | UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA               |
| K700                       | ALCOHOLIC FATTY LIVER  |
| K7010                      | ALCOHOLIC HEPATITIS WITHOUT ASCITES                            |
| K7011                      | ALCOHOLIC HEPATITIS WITH ASCITES                               |
| K702                       | ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER                      |
| K7030                      | ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES                   |
| K7031                      | ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES                      |
| K7040                      | ALCOHOLIC HEPATIC FAILURE WITHOUT COMA                         |
| K7041                      | ALCOHOLIC HEPATIC FAILURE WITH COMA                            |
| K709                       | ALCOHOLIC LIVER DISEASE, UNSPECIFIED                           |
| K710                       | TOXIC LIVER DISEASE WITH CHOLESTASIS                           |

| Hepatic Disease/Impairment |   |
|----------------------------|---|
| ICD-10 Code                | Description   |
| K7110                      | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA            |
| K7111                      | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA               |
| K712                       | TOXIC LIVER DISEASE WITH ACUTE HEPATITIS                          |
| K713                       | TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS             |
| K714                       | TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS                |
| K7150                      | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES |
| K7151                      | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES    |
| K716                       | TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED      |
| K717                       | TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER          |
| K718                       | TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER                 |
| K719                       | TOXIC LIVER DISEASE, UNSPECIFIED                                  |
| K7200                      | ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA                   |
| K7201                      | ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA                      |
| K7210                      | CHRONIC HEPATIC FAILURE WITHOUT COMA                              |
| K7211                      | CHRONIC HEPATIC FAILURE WITH COMA                                 |
| K7290                      | HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA                         |
| K7291                      | HEPATIC FAILURE, UNSPECIFIED WITH COMA                            |
| K730                       | CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED            |
| K731                       | CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED               |
| K732                       | CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED                |
| K738                       | OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED                 |
| K739                       | CHRONIC HEPATITIS, UNSPECIFIED                                    |
| K740                       | HEPATIC FIBROSIS  |
| K741                       | HEPATIC SCLEROSIS   |
| K742                       | HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS                           |
| K743                       | PRIMARY BILIARY CIRRHOSIS   |
| K744                       | SECONDARY BILIARY CIRRHOSIS                                       |
| K745                       | BILIARY CIRRHOSIS, UNSPECIFIED                                    |
| K7460                      | UNSPECIFIED CIRRHOSIS OF LIVER                                    |
| K7469                      | OTHER CIRRHOSIS OF LIVER  |
| K750                       | ABSCESS OF LIVER  |
| K751                       | PHLEBITIS OF PORTAL VEIN  |
| K752                       | NONSPECIFIC REACTIVE HEPATITIS                                    |
| K753                       | GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED                 |
| K754                       | AUTOIMMUNE HEPATITIS  |
| K7581                      | NONALCOHOLIC STEATOHEPATITIS (NASH)                               |

| Hepatic Disease/Impairment |  |
|----------------------------|--|
| ICD-10 Code                | Description                                      |
| K7589                      | OTHER SPECIFIED INFLAMMATORY LIVER DISEASES      |
| K759                       | INFLAMMATORY LIVER DISEASE, UNSPECIFIED          |
| K761                       | CHRONIC PASSIVE CONGESTION OF LIVER              |
| K763                       | INFARCTION OF LIVER                              |
| K7689                      | OTHER SPECIFIED DISEASES OF LIVER                |
| K769                       | LIVER DISEASE, UNSPECIFIED                       |
| K77                        | LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE |

| Mild to Moderate Renal Impairment |   |
|-----------------------------------|---|
| ICD-10 Code                       | Description   |
| N182                              | CHRONIC KIDNEY DISEASE, STAGE 2 (MILD) (eGFR 89-60 mL/min)      |
| N1830                             | CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (eGFR 59-30 mL/min) |
| N1831                             | CHRONIC KIDNEY DISEASE, STAGE 3A (eGFR 59-45 mL/min)            |
| N1832                             | CHRONIC KIDNEY DISEASE, STAGE 3B (eGFR 44-30 mL/min)            |

| Severe Renal Impairment |  |
|-------------------------|--|
| ICD-10 Code             | Description  |
| N184                    | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min) |
| N185                    | CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)           |
| N186                    | END STAGE RENAL DISEASE                                      |

| Chronic Renal Disease |  |
|-----------------------|--|
| ICD-10 Code           | Description  |
| N184                  | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min) |
| N185                  | CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)           |
| N186                  | END STAGE RENAL DISEASE                                      |

| Serious Active Infection |  |
|--------------------------|--|
| ICD-10 Code              | Description  |
| B160                     | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA           |
| B161                     | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA        |
| B162                     | ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA        |
| B169                     | ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA |
| B180                     | CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT                     |

| Serious Active Infection |  |
|--------------------------|--|
| B181                     | CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT      |
| B1910                    | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA |
| B1911                    | UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA    |
| A150                     | TUBERCULOSIS OF LUNG                               |
| A154                     | TUBERCULOSIS OF INTRATHORACIC LYMPH NODES          |
| A155                     | TUBERCULOSIS OF LARYNX, TRACHEA AND BRONCHUS       |
| A156                     | TUBERCULOUS PLEURISY                               |
| A157                     | PRIMARY RESPIRATORY TUBERCULOSIS                   |
| A158                     | OTHER RESPIRATORY TUBERCULOSIS                     |
| A159                     | RESPIRATORY TUBERCULOSIS UNSPECIFIED               |
| B440                     | INVASIVE PULMONARY ASPERGILLOSIS                   |
| B441                     | OTHER PULMONARY ASPERGILLOSIS                      |
| B447                     | DISSEMINATED ASPERGILLOSIS                         |
| B449                     | ASPERGILLOSIS, UNSPECIFIED                         |
| B59                      | PNEUMOCYSTOSIS                                     |

| Atopic dermatitis, Systemic Therapies |                               |
|---------------------------------------|-------------------------------|
| GCN                                   | Label Name                    |
| 46771                                 | AZATHIOPRINE 50 MG TABLET     |
| 47563                                 | CELLCEPT 200 MG/ML ORAL SUSP  |
| 47560                                 | CELLCEPT 250 MG CAPSULE       |
| 47561                                 | CELLCEPT 500 MG TABLET        |
| 26781                                 | CORTEF 10 MG TABLET           |
| 26782                                 | CORTEF 20 MG TABLET           |
| 26783                                 | CORTEF 5 MG TABLET            |
| 13910                                 | CYCLOSPORINE 100 MG CAPSULE   |
| 13917                                 | CYCLOSPORINE 100 MG/ML        |
| 13911                                 | CYCLOSPORINE 25 MG CAPSULE    |
| 13919                                 | CYCLOSPORINE MODIFIED 100 MG  |
| 13918                                 | CYCLOSPORINE MODIFIED 25 MG   |
| 13916                                 | CYCLOSPORINE MODIFIED 50 MG   |
| 27422                                 | DEXAMETHASONE 0.5 MG TABLET   |
| 27400                                 | DEXAMETHASONE 0.5 MG/5 ML ELX |
| 27411                                 | DEXAMETHASONE 0.5 MG/5 ML LIQ |
| 27425                                 | DEXAMETHASONE 0.75 MG TABLET  |
| 27424                                 | DEXAMETHASONE 1 MG TABLET     |
| 27427                                 | DEXAMETHASONE 1.5 MG TABLET   |
| 27426                                 | DEXAMETHASONE 2 MG TABLET     |

| Atopic dermatitis, Systemic Therapies |                                   |
|---------------------------------------|-----------------------------------|
| GCN                                   | Label Name                        |
| 27428                                 | DEXAMETHASONE 4 MG TABLET         |
| 27429                                 | DEXAMETHASONE 6 MG TABLET         |
| 27412                                 | DEXAMETHASONE INTENSOL 1 MG/ 1 ML |
| 45522                                 | DUPIXENT 200 MG/1.14 ML SYRINGE   |
| 48277                                 | DUPIXENT 300 MG/2 ML PEN          |
| 43222                                 | DUPIXENT 300 MG/2 ML SYRINGE      |
| 13917                                 | GENGRAF 100 MG/ML SOLN            |
| 13918                                 | GENGRAF 25 MG CAPSULE             |
| 13916                                 | GENGRAF 50 MG CAPSULE             |
| 26781                                 | HYDROCORTISONE 10 MG TABLET       |
| 26782                                 | HYDROCORTISONE 20 MG TABLET       |
| 26783                                 | HYDROCORTISONE 5 MG TABLET        |
| 46771                                 | IMURAN 50 MG TABLET               |
| 27051                                 | MEDROL 16 MG TABLET               |
| 27055                                 | MEDROL 32 MG TABLET               |
| 27056                                 | MEDROL 4 MG TABLET                |
| 27058                                 | MEDROL 8 MG TABLET                |
| 38489                                 | METHOTREXATE 2.5 MG TABLET        |
| 38466                                 | METHOTREXATE 50 MG/ 2 ML VIAL     |
| 18936                                 | METHOTREXATE 50 MG/2 ML VIAL      |
| 27051                                 | METHYLPREDNISOLONE 16 MG TABLET   |
| 27055                                 | METHYLPREDNISOLONE 32 MG TABLET   |
| 27056                                 | METHYLPREDNISOLONE 4 MG TABLET    |
| 27058                                 | METHYLPREDNISOLONE 8 MG TABLET    |
| 99610                                 | MILLIPRED 10 MG/5 ML SOLUTION     |
| 26963                                 | MILLIPRED 5 MG TABLET             |
| 47563                                 | MYCOPHENOLATE 200 MG/ML SUSP      |
| 47560                                 | MYCOPHENOLATE 250 MG CAPSULE      |
| 47561                                 | MYCOPHENOLATE 500 MG TABLET       |
| 19646                                 | MYCOPHENOLIC ACID DR 180 MG TAB   |
| 19647                                 | MYCOPHENOLIC ACID DR 360 MG TAB   |
| 19646                                 | MYFORTIC 180 MG TABLET            |
| 19647                                 | MYFORTIC 360 MG TABLET            |
| 13919                                 | NEORAL 100 MG CAPSULE             |
| 13917                                 | NEORAL 100 MG/ML SOLN             |
| 13918                                 | NEORAL 25 MG CAPSULE              |
| 35427                                 | OTREXUP 10 MG/0.4 ML AUTO-INJ     |
| 35428                                 | OTREXUP 15 MG/0.4 ML AUTO-INJ     |

| Atopic dermatitis, Systemic Therapies |                               |
|---------------------------------------|-------------------------------|
| GCN                                   | Label Name                    |
| 35437                                 | OTREXUP 20 MG/0.4 ML AUTO-INJ |
| 35438                                 | OTREXUP 25 MG/0.4 ML AUTO-INJ |
| 26800                                 | PREDNISOLONE 15 MG/5 ML SOLN  |
| 33806                                 | PREDNISOLONE 15 MG/5 ML SOLN  |
| 09115                                 | PREDNISOLONE 5 MG/5 ML SOLN   |
| 27108                                 | PREDNISOLONE ODT 10 MG TABLET |
| 27109                                 | PREDNISOLONE ODT 15 MG TABLET |
| 27114                                 | PREDNISOLONE ODT 30 MG TABLET |
| 27171                                 | PREDNISONE 1 MG TABLET        |
| 27172                                 | PREDNISONE 10 MG TABLET       |
| 27173                                 | PREDNISONE 2.5 MG TABLET      |
| 27174                                 | PREDNISONE 20 MG TABLET       |
| 27176                                 | PREDNISONE 5 MG TABLET        |
| 27160                                 | PREDNISONE 5 MG/5 ML SOLUTION |
| 27161                                 | PREDNISONE 5 MG/5 ML SOLUTION |
| 27177                                 | PREDNISONE 50 MG TABLET       |
| 13910                                 | SANDIMMUNE 100 MG CAPSULE     |
| 08220                                 | SANDIMMUNE 100 MG/ML SOLN     |
| 13911                                 | SANDIMMUNE 25 MG CAPSULE      |
| 06484                                 | TREXALL 10MG TABLET           |
| 13135                                 | TREXALL 15MG TABLET           |
| 13134                                 | TREXALL 5MG TABLET            |
| 38485                                 | TREXALL 7.5MG TABLET          |
| 14565                                 | VERIPRED 20 MG/5 ML SOLN      |
| 43319                                 | XATMEP 2.5MG/ML ORAL SOLUTION |

| Biologic DMARDs |                                   |
|-----------------|-----------------------------------|
| GCN             | Description                       |
| 35486           | ACTEMRA 162MG/0.9ML SYRINGE       |
| 56164           | ADALIMUMAB-AACF (CF) SYR 40 MG    |
| 53875           | ADALIMUMAB-ADAZ (CF) PEN 40 MG    |
| 53884           | ADALIMUMAB-ADAZ(CF) 40 MG SYRNG   |
| 48318           | ADALIMUMAB-FKJP (CF) 20 MG SYRG   |
| 48336           | ADALIMUMAB-FKJP (CF) 40 MG SYRG   |
| 48317           | ADALIMUMAB-FKJP (CF) PEN 40 MG    |
| 55665           | ADALIMUMAB-ADBIM (CF) 40 MG SYRNG |
| 55668           | ADALIMUMAB-ADBIM (CF) CRHN 40 MG  |
| 55668           | ADALIMUMAB-ADBIM (CF) PEN 40 MG   |

| Biologic DMARDs |   |
|-----------------|---|
| GCN             | Description                               |
| 55668           | ADALIMUMAB-ADBIM (CF) PEN PSORIA-UV 40 MG |
| 55332           | ADALIMUMAB-RYVK (CF) AI 40 MG             |
| 56016           | ADALIMUMAB-RYVK (CF) 40 MG SYRG           |
| 54007           | AMJEVITA 10 MG/0.2 ML SYRINGE             |
| 42592           | AMJEVITA 20 MG/0.4 ML SYRINGE             |
| 42639           | AMJEVITA 40 MG/0.8 ML AUTOINJ             |
| 42637           | AMJEVITA 40 MG/0.8 ML SYRINGE             |
| 23471           | CIMZIA 200MG/ML STARTER KIT               |
| 23471           | CIMZIA 200MG/ML SYRINGE KIT               |
| 37789           | COSENTYX 150MG/ML PEN INJECT              |
| 37788           | COSENTYX 150MG/ML SYRINGE                 |
| 53841           | CYLTEZO (CF) 10 MG/0.2 ML SYRNG           |
| 53842           | CYLTEZO (CF) 20 MG/0.4 ML SYRNG           |
| 43789           | CYLTEZO (CF) 40 MG/0.8 ML SYRNG           |
| 54205           | CYLTEZO (CF) PEN 40 MG/0.8 ML             |
| 54205           | CYLTEZO (CF) PEN CRH-UC-HS 40 MG          |
| 54205           | CYLTEZO (CF) PEN PSORIA-UV 40 MG          |
| 55665           | CYLTEZO (CF) 40 MG/0.4 ML SYRNG           |
| 55668           | CYLTEZO (CF) PEN 40 MG/0.4 ML             |
| 55668           | CYLTEZO (CF) PEN CRH-UC-HS 40 MG          |
| 55668           | CYLTEZO (CF) PEN PSORIA-UV 40 MG          |
| 52651           | ENBREL 25MG KIT                           |
| 98398           | ENBREL 25MG/0.5ML SYRINGE                 |
| 43294           | ENBREL 50 MG/ML MINI CARTRIDGE            |
| 97724           | ENBREL 50MG/ML SURECLICK SYRINGE          |
| 23574           | ENBREL 50MG/ML SYRINGE                    |
| 53846           | HADLIMA (CF) 40 MG/0.4 ML SYRNG           |
| 53848           | HADLIMA (CF) PUSHTOUCH 40MG/0.4           |
| 46718           | HADLIMA 40 MG/0.8 ML SYRINGE              |
| 46717           | HADLIMA PUSHTOUCH 40 MG/0.8 ML            |
| 48318           | HULIO (CF) 20 MG/0.4 ML SYRINGE           |
| 48336           | HULIO (CF) 40MG/0.8 ML SYRINGE            |
| 48317           | HULIO (CF) PEN 40 MG/0.8 ML               |
| 55235           | HULIO (CF) 20 MG/0.4 ML SYRINGE           |
| 55694           | HULIO (CF) 40MG/0.8 ML SYRINGE            |
| 55693           | HULIO (CF) PEN 40 MG/0.8 ML               |
| 44659           | HUMIRA (CF) 10 MG/0.1 ML SYRINGE          |
| 44664           | HUMIRA (CF) 20 MG/0.2 ML SYRINGE          |
| 43505           | HUMIRA (CF) 40 MG/0.4 ML SYRINGE          |
| 43904           | HUMIRA (CF) PEDI CROHN 80 MG/0.8          |
| 44677           | HUMIRA (CF) PEDI CROHN 80-40MG            |



| Biologic DMARDs |                                    |
|-----------------|------------------------------------|
| GCN             | Description                        |
| 44014           | HUMIRA (CF) PEN CRHN-UC-HS 80 MG   |
| 44954           | HUMIRA (CF) PEN PS-UV-AHS 80-40 MG |
| 37262           | HUMIRA 10 MG/0.2 ML SYRINGE        |
| 99439           | HUMIRA 20 MG/0.4 ML SYRINGE        |
| 18924           | HUMIRA 40 MG/0.8 ML SYRINGE        |
| 18924           | HUMIRA PEDI CROHN 40 MG/0.8 ML     |
| 43506           | HUMIRA PEN 40 MG/0.4 ML            |
| 97005           | HUMIRA PEN 40 MG/0.8 ML            |
| 97005           | HUMIRA PEN CROHN-UC-HS 40 MG       |
| 97005           | HUMIRA PEN PS-UV-ADOL HS 40 MG     |
| 53885           | HYRIMOZ (CF) 10 MG/0.1 ML SYRNG    |
| 53883           | HYRIMOZ (CF) 20 MG/0.2 ML SYRNG    |
| 53884           | HYRIMOZ (CF) 40 MG/0.4 ML SYRNG    |
| 53899           | HYRIMOZ (CF) PEDI CROHN 80 MG      |
| 53891           | HYRIMOZ (CF) PEDI CROHN 80-40 MG   |
| 53875           | HYRIMOZ (CF) PEN 40 MG/0.4 ML      |
| 53887           | HYRIMOZ (CF) PEN 80 MG/0.8 ML      |
| 53887           | HYRIMOZ (CF) PEN CROHN-UC 80 MG    |
| 53878           | HYRIMOZ (CF) PEN PSORIA 80-40 MG   |
| 53387           | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 53387           | IDACIO (CF) PEN PSORIASIS 40 MG    |
| 53387           | IDACIO (CF) PEN CROHNS-UC 40 MG    |
| 53386           | IDACIO (CF) 40 MG/0.8 ML SYRINGE   |
| 56152           | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 43148           | ILARIS 150MG/ML VIAL               |
| 27445           | ILARIS 180MG VIAL                  |
| 44269           | KEVZARA 150 MG/1.14 ML PEN INJ     |
| 43223           | KEVZARA 150 MG/1.14 ML SYRINGE     |
| 44277           | KEVZARA 200 MG/1.14 ML PEN INJ     |
| 43224           | KEVZARA 200 MG/1.14 ML SYRINGE     |
| 14867           | KINERET 100MG/0.67ML SYRINGE       |
| 30289           | ORENCIA 125MG/ML SYRINGE           |
| 43389           | ORENCIA 50MG/0.4ML SYRINGE         |
| 43397           | ORENCIA 87.5MG/0.7ML SYRINGE       |
| 41656           | ORENCIA CLICKJECT 125MG/ML         |
| 37765           | OTEZLA 28 DAY STARTER PACK         |
| 36172           | OTEZLA 30 MG TABLET                |
| 56084           | OTEZLA 10-20 MG STARTER 28 DAY     |
| 56083           | OTEZLA 20 MG TABLET                |

| Biologic DMARDs |                                      |
|-----------------|--------------------------------------|
| GCN             | Description                          |
| 56286           | OTULFI 45 MG/0.5 ML SYRINGE          |
| 56287           | OTULFI 90 MG/ML SYRINGE              |
| 55583           | SELARSDI 45 MG/0.5 ML SYRINGE        |
| 55584           | SELARSDI 90 MG/ML SYRINGE            |
| 43055           | SILIQ 210 MG/1.5 ML SYRINGE          |
| 55332           | SIMLANDI (CF) AI 40 MG/0.4 ML        |
| 57361           | SIMLANDI (CF) AI 80 MG/0.8 ML        |
| 56047           | SIMLANDI (CF) 20 MG/0.2 ML SYRG      |
| 56048           | SIMLANDI (CF) 80 MG/0.8 ML SYRG      |
| 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           |
| 28158           | STELARA 45 MG/0.5 ML SYRINGE         |
| 56753           | STEQEYMA 45 MG/0.5 ML SYRINGE        |
| 56754           | STEQEYMA 90 MG/ML SYRINGE            |
| 40848           | TALTZ 80 MG/ML AUTOINJ               |
| 40848           | TALTZ 80 MG/ML SYRINGE               |
| 55341           | TALTZ 20 MG/0.25 ML SYRINGE          |
| 55342           | TALTZ 40 MG/ 0.5 ML SYRINGE          |
| 40849           | TALTZ 80 MG/ML SYRINGE               |
| 46024           | TREMFYA 100 MG/ML INJECTOR           |
| 57417           | TREMFYA 100 MG/ML PEN                |
| 43612           | TREMFYA 100 MG/ML SYRINGE            |
| 55956           | USTEKINUMAB-TTWE 45 MG/0.5ML SYRINGE |
| 55957           | USTEKINUMAB-TTWE 90 MG/ML SYRINGE    |
| 56599           | YESINTEK 45 MG/0.5 ML SYRINGE        |
| 56607           | YESINTEK 45 MG/0.5 ML VIAL           |
| 56603           | YESINTEK 90 MG/ML SYRINGE            |

| Calcineurin Inhibitors |                             |
|------------------------|-----------------------------|
| GCN                    | Label Name                  |
| 98662                  | ASTAGRAF XL 0.5 MG CAPSULE  |
| 98663                  | ASTAGRAF XL 1 MG CAPSULE    |
| 98664                  | ASTAGRAF XL 5 MG CAPSULE    |
| 13910                  | CYCLOSPORINE 100 MG CAPSULE |
| 13917                  | CYCLOSPORINE 100 MG/ML      |

| Calcineurin Inhibitors |                              |
|------------------------|------------------------------|
| GCN                    | Label Name                   |
| 13911                  | CYCLOSPORINE 25 MG CAPSULE   |
| 13919                  | CYCLOSPORINE MODIFIED 100 MG |
| 13918                  | CYCLOSPORINE MODIFIED 25 MG  |
| 13916                  | CYCLOSPORINE MODIFIED 50 MG  |
| 39120                  | ENVARUS XR 0.75 MG TABLET    |
| 39123                  | ENVARUS XR 1 MG TABLET       |
| 39124                  | ENVARUS XR 4 MG TABLET       |
| 13919                  | GENGRAF 100 MG CAPSULE       |
| 13917                  | GENGRAF 100 MG/ML SOLN       |
| 13918                  | GENGRAF 25 MG CAPSULE        |
| 13916                  | GENGRAF 50 MG CAPSULE        |
| 13919                  | NEORAL 100 MG CAPSULE        |
| 13917                  | NEORAL 100 MG/ML SOLN        |
| 13918                  | NEORAL 25 MG CAPSULE         |
| 28495                  | PROGRAF 0.5 MG CAPSULE       |
| 28491                  | PROGRAF 1 MG CAPSULE         |
| 28492                  | PROGRAF 5 MG CAPSULE         |
| 13910                  | SANDIMMUNE 100 MG CAPSULE    |
| 08220                  | SANDIMMUNE 100 MG/ML SOLN    |
| 13911                  | SANDIMMUNE 25 MG CAPSULE     |

| Cibinqo – Contraindicated drugs |                                |
|---------------------------------|--------------------------------|
| GCN                             | Label Name                     |
| 60822                           | DIFLUCAN 10 MG/ML SUSPENSION   |
| 42190                           | DIFLUCAN 100 MG TABLET         |
| 42193                           | DIFLUCAN 150 MG TABLET         |
| 42191                           | DIFLUCAN 200 MG TABLET         |
| 60821                           | DIFLUCAN 40 MG/ML SUSPENSION   |
| 48192                           | DIFLUCAN 50 MG TABLET          |
| 60822                           | FLUCONAZOLE 10 MG/ML SUSP      |
| 42190                           | FLUCONAZOLE 100 MG TABLET      |
| 42193                           | FLUCONAZOLE 150 MG TABLET      |
| 42191                           | FLUCONAZOLE 200 MG TABLET      |
| 60821                           | FLUCONAZOLE 40 MG/ML SUSP      |
| 42192                           | FLUCONAZOLE 50 MG TABLET       |
| 69790                           | FLUCONAZOLE-NACL 200 MG/100 ML |
| 69791                           | FLUCONAZOLE-NACL 400 MG/200 ML |

| Cibinqo – Contraindicated drugs |                                   |
|---------------------------------|-----------------------------------|
| GCN                             | Label Name                        |
| 16357                           | FLUOXETINE 20 MG/5 ML SOLUTION    |
| 12929                           | FLUOXETINE DR 90 MG CAPSULE       |
| 16353                           | FLUOXETINE HCL 10 MG CAPSULE      |
| 16356                           | FLUOXETINE HCL 10 MG TABLET       |
| 16354                           | FLUOXETINE HCL 20 MG CAPSULE      |
| 16359                           | FLUOXETINE HCL 20 MG TABLET       |
| 16355                           | FLUOXETINE HCL 40 MG CAPSULE      |
| 30817                           | FLUOXETINE HCL 60 MG TABLET       |
| 99481                           | FLUVOXAMINE ER 100 MG CAPSULE     |
| 99482                           | FLUVOXAMINE ER 150 MG CAPSULE     |
| 16349                           | FLUVOXAMINE MALEATE 100 MG TABLET |
| 16347                           | FLUVOXAMINE MALEATE 25 MG TABLET  |
| 16348                           | FLUVOXAMINE MALEATE 50 MG TABLET  |
| 20870                           | OLANZAPINE-FLUOXETINE 12-25 MG    |
| 20872                           | OLANZAPINE-FLUOXETINE 12-50 MG    |
| 98648                           | OLANZAPINE-FLUOXETINE 3-25 MG     |
| 20868                           | OLANZAPINE-FLUOXETINE 6-25 MG     |
| 20869                           | OLANZAPINE-FLUOXETINE 6-50 MG     |
| 16353                           | PROZAC 10 MG PULVULE              |
| 16354                           | PROZAC 20 MG PULVULE              |
| 16355                           | PROZAC 40 MG PULVULE              |
| 41470                           | RIFADIN IV 600 MG VIAL            |
| 41260                           | RIFAMPIN 150 MG CAPSULE           |
| 41261                           | RIFAMPIN 300 MG CAPSULE           |
| 41470                           | RIFAMPIN IV 600 MG VIAL           |
| 98648                           | SYMBYAX 3-25 MG CAPSULE           |
| 20868                           | SYMBYAX 6-25 MG CAPSULE           |

| Cibinqo Dosing Guidelines                      |                          |
|--|--------------------------|
| Label Name                                     | Maximum Recommended Dose |
| Mild renal impairment<br>eGFR 60-89 mL/min     | 1 – 100mg tablet daily   |
| Moderate renal impairment<br>eGFR 30-59 mL/min | 1 - 50mg tablet daily    |
| Use with strong CYP2C19 inhibitor              | 1 – 100mg tablet daily   |
| CYP2C19 poor metabolizers                      | 1 – 100mg tablet daily   |

| Cimzia - Contraindicated Drugs |                                |
|--------------------------------|--------------------------------|
| GCN                            | Label Name                     |
| 14867                          | KINERET 100 MG/0.67 ML SYRINGE |
| 30289                          | ORENCIA 125 MG/ML SYRINGE      |
| 70151                          | RITUXAN 10 MG/ML VIAL          |
| 23805                          | TYSABRI 300 MG/15 ML VIAL      |

| Conventional Therapy – Crohn’s Disease |                                   |
|--|-----------------------------------|
| GCN                                    | Description                       |
| 46771                                  | AZATHIOPRINE 50 MG TABLET         |
| 26781                                  | CORTEF 10 MG TABLET               |
| 26782                                  | CORTEF 20 MG TABLET               |
| 26783                                  | CORTEF 5 MG TABLET                |
| 13910                                  | CYCLOSPORINE 100 MG CAPSULE       |
| 13917                                  | CYCLOSPORINE 100 MG/ML            |
| 13911                                  | CYCLOSPORINE 25 MG CAPSULE        |
| 13919                                  | CYCLOSPORINE MODIFIED 100 MG      |
| 13918                                  | CYCLOSPORINE MODIFIED 25 MG       |
| 13916                                  | CYCLOSPORINE MODIFIED 50 MG       |
| 27422                                  | DEXAMETHASONE 0.5 MG TABLET       |
| 27400                                  | DEXAMETHASONE 0.5 MG/5 ML ELX     |
| 27411                                  | DEXAMETHASONE 0.5 MG/5 ML LIQ     |
| 27425                                  | DEXAMETHASONE 0.75 MG TABLET      |
| 27424                                  | DEXAMETHASONE 1 MG TABLET         |
| 27427                                  | DEXAMETHASONE 1.5 MG TABLET       |
| 27426                                  | DEXAMETHASONE 2 MG TABLET         |
| 27428                                  | DEXAMETHASONE 4 MG TABLET         |
| 27429                                  | DEXAMETHASONE 6 MG TABLET         |
| 27412                                  | DEXAMETHASONE INTENSOL 1 MG/ 1 ML |
| 13919                                  | GENGRAF 100 MG CAPSULE            |
| 13917                                  | GENGRAF 100 MG/ML SOLN            |
| 13918                                  | GENGRAF 25 MG CAPSULE             |
| 13916                                  | GENGRAF 50 MG CAPSULE             |
| 26781                                  | HYDROCORTISONE 10 MG TABLET       |
| 26782                                  | HYDROCORTISONE 20 MG TABLET       |
| 26783                                  | HYDROCORTISONE 5 MG TABLET        |
| 46771                                  | IMURAN 50 MG TABLET               |
| 27051                                  | MEDROL 16 MG TABLET               |
| 27055                                  | MEDROL 32 MG TABLET               |

| Conventional Therapy – Crohn’s Disease |                                 |
|--|---------------------------------|
| GCN                                    | Description                     |
| 27056                                  | MEDROL 4 MG TABLET              |
| 27058                                  | MEDROL 8 MG TABLET              |
| 38520                                  | MERCAPTOPYRINE 50 MG TABLET     |
| 38489                                  | METHOTREXATE 2.5 MG TABLET      |
| 38466                                  | METHOTREXATE 50 MG/ 2 ML VIAL   |
| 18936                                  | METHOTREXATE 50 MG/2 ML VIAL    |
| 27051                                  | METHYLPREDNISOLONE 16 MG TABLET |
| 27055                                  | METHYLPREDNISOLONE 32 MG TABLET |
| 27056                                  | METHYLPREDNISOLONE 4 MG TABLET  |
| 27058                                  | METHYLPREDNISOLONE 8 MG TABLET  |
| 99610                                  | MILLIPRED 10 MG/5 ML SOLUTION   |
| 26963                                  | MILLIPRED 5 MG TABLET           |
| 13919                                  | NEORAL 100 MG CAPSULE           |
| 13917                                  | NEORAL 100 MG/ML SOLN           |
| 13918                                  | NEORAL 25 MG CAPSULE            |
| 35427                                  | OTREXUP 10 MG/0.4 ML AUTO-INJ   |
| 35428                                  | OTREXUP 15 MG/0.4 ML AUTO-INJ   |
| 35437                                  | OTREXUP 20 MG/0.4 ML AUTO-INJ   |
| 35438                                  | OTREXUP 25 MG/0.4 ML AUTO-INJ   |
| 26800                                  | PREDNISOLONE 15 MG/5 ML SOLN    |
| 33806                                  | PREDNISOLONE 15 MG/5 ML SOLN    |
| 09115                                  | PREDNISOLONE 5 MG/5 ML SOLN     |
| 27108                                  | PREDNISOLONE ODT 10 MG TABLET   |
| 27109                                  | PREDNISOLONE ODT 15 MG TABLET   |
| 27114                                  | PREDNISOLONE ODT 30 MG TABLET   |
| 27171                                  | PREDNISONE 1 MG TABLET          |
| 27172                                  | PREDNISONE 10 MG TABLET         |
| 27173                                  | PREDNISONE 2.5 MG TABLET        |
| 27174                                  | PREDNISONE 20 MG TABLET         |
| 27176                                  | PREDNISONE 5 MG TABLET          |
| 27160                                  | PREDNISONE 5 MG/5 ML SOLUTION   |
| 27161                                  | PREDNISONE 5 MG/5 ML SOLUTION   |
| 27177                                  | PREDNISONE 50 MG TABLET         |
| 33277                                  | PURIXAN 20 MG/ML ORAL SUSP      |
| 13910                                  | SANDIMMUNE 100 MG CAPSULE       |
| 08220                                  | SANDIMMUNE 100 MG/ML SOLN       |
| 13911                                  | SANDIMMUNE 25 MG CAPSULE        |
| 06484                                  | TREXALL 10MG TABLET             |

| Conventional Therapy – Crohn’s Disease |                               |
|--|-------------------------------|
| GCN                                    | Description                   |
| 13135                                  | TREXALL 15MG TABLET           |
| 13134                                  | TREXALL 5MG TABLET            |
| 38485                                  | TREXALL 7.5MG TABLET          |
| 14565                                  | VERIPRED 20 MG/5 ML SOLN      |
| 43319                                  | XATMEP 2.5MG/ML ORAL SOLUTION |

| Conventional therapy for plaque psoriasis |   |
|---|---|
| GCN                                       | Description                               |
| 56164                                     | ADALIMUMAB-AACF (CF) SYR 40 MG            |
| 53875                                     | ADALIMUMAB-ADAZ (CF) PEN 40 MG            |
| 53884                                     | ADALIMUMAB-ADAZ(CF) 40 MG SYRNG           |
| 48318                                     | ADALIMUMAB-FKJP (CF) 20 MG SYRG           |
| 48336                                     | ADALIMUMAB-FKJP (CF) 40 MG SYRG           |
| 48317                                     | ADALIMUMAB-FKJP (CF) PEN 40 MG            |
| 55665                                     | ADALIMUMAB-ADBIM (CF) 40 MG SYRNG         |
| 55668                                     | ADALIMUMAB-ADBIM (CF) CRHN 40 MG          |
| 55668                                     | ADALIMUMAB-ADBIM (CF) PEN 40 MG           |
| 55668                                     | ADALIMUMAB-ADBIM (CF) PEN PSORIA-UV 40 MG |
| 55332                                     | ADALIMUMAB-RYVK (CF) AI 40 MG             |
| 56016                                     | ADALIMUMAB-RYVK (CF) 40 MG SYRG           |
| 54007                                     | AMJEVITA 10 MG/0.2 ML SYRINGE             |
| 42592                                     | AMJEVITA 20 MG/0.4 ML SYRINGE             |
| 42639                                     | AMJEVITA 40 MG/0.8 ML AUTOINJ             |
| 42637                                     | AMJEVITA 40 MG/0.8 ML SYRINGE             |
| 98662                                     | ASTAGRAF XL 0.5 MG CAPSULE                |
| 98663                                     | ASTAGRAF XL 1 MG CAPSULE                  |
| 98664                                     | ASTAGRAF XL 5 MG CAPSULE                  |
| 46771                                     | AZATHIOPRINE 50 MG TABLET                 |
| 01851                                     | CALCIPOTRIENE 0.005% CREAM                |
| 01850                                     | CALCIPOTRIENE 0.005% OINTMENT             |
| 01852                                     | CALCIPOTRIENE 0.005% SOLUTION             |
| 13785                                     | CALCIPOTRIENE-BETAMETH DP OINT            |
| 47563                                     | CELLCEPT 200 MG/ML ORAL SUSP              |
| 47560                                     | CELLCEPT 250 MG CAPSULE                   |
| 47561                                     | CELLCEPT 500 MG TABLET                    |
| 23471                                     | CIMZIA 200MG/ML STARTER KIT               |
| 23471                                     | CIMZIA 200MG/ML SYRINGE KIT               |
| 13910                                     | CYCLOSPORINE 100 MG CAPSULE               |
| 13917                                     | CYCLOSPORINE 100 MG/ML                    |

| Conventional therapy for plaque psoriasis |                                  |
|---|----------------------------------|
| GCN                                       | Description                      |
| 13911                                     | CYCLOSPORINE 25 MG CAPSULE       |
| 13919                                     | CYCLOSPORINE MODIFIED 100 MG     |
| 13918                                     | CYCLOSPORINE MODIFIED 25 MG      |
| 13916                                     | CYCLOSPORINE MODIFIED 50 MG      |
| 53841                                     | CYLTEZO (CF) 10 MG/0.2 ML SYRNG  |
| 53842                                     | CYLTEZO (CF) 20 MG/0.4 ML SYRNG  |
| 55665                                     | CYLTEZO (CF) 40 MG/0.4 ML SYRNG  |
| 43789                                     | CYLTEZO (CF) 40 MG/0.8 ML SYRNG  |
| 55668                                     | CYLTEZO (CF) PEN 40 MG/0.4 ML    |
| 54205                                     | CYLTEZO (CF) PEN 40 MG/0.8 ML    |
| 54205                                     | CYLTEZO (CF) PEN CRH-UC-HS 40 MG |
| 54205                                     | CYLTEZO (CF) PEN PSORIA-UV 40 MG |
| 55668                                     | CYLTEZO (CF) PEN CRH-UC-HS 40 MG |
| 55668                                     | CYLTEZO (CF) PEN PSORIA-UV 40 MG |
| 01851                                     | DOVONEX 0.005% CREAM             |
| 52651                                     | ENBREL 25MG KIT                  |
| 98398                                     | ENBREL 25MG/0.5ML SYRINGE        |
| 97724                                     | ENBREL 50MG/ML SURECLICK SYRINGE |
| 23574                                     | ENBREL 50MG/ML SYRINGE           |
| 43294                                     | ENBREL 50 MG/ML MINI CARTRIDGE   |
| 39120                                     | ENVARUSUS XR 0.75 MG TABLET      |
| 39123                                     | ENVARUSUS XR 1 MG TABLET         |
| 39124                                     | ENVARUSUS XR 4 MG TABLET         |
| 32178                                     | FABIOR 0.1% FOAM                 |
| 13919                                     | GENGRAF 100 MG CAPSULE           |
| 13917                                     | GENGRAF 100 MG/ML SOLN           |
| 13918                                     | GENGRAF 25 MG CAPSULE            |
| 13916                                     | GENGRAF 50 MG CAPSULE            |
| 53846                                     | HADLIMA (CF) 40 MG/0.4 ML SYRNG  |
| 53848                                     | HADLIMA (CF) PUSHTOUCH 40MG/0.4  |
| 46718                                     | HADLIMA 40 MG/0.8 ML SYRINGE     |
| 46717                                     | HADLIMA PUSHTOUCH 40 MG/0.8 ML   |
| 48318                                     | HULIO (CF) 20 MG/0.4 ML SYRINGE  |
| 55235                                     | HULIO (CF) 20 MG/0.4 ML SYRINGE  |
| 48336                                     | HULIO (CF) 40MG/0.8 ML SYRINGE   |
| 48317                                     | HULIO (CF) PEN 40 MG/0.8 ML      |
| 55694                                     | HULIO (CF) 40MG/0.8 ML SYRINGE   |
| 55693                                     | HULIO (CF) PEN 40 MG/0.8 ML      |
| 44659                                     | HUMIRA (CF) 10 MG/0.1 ML SYRINGE |
| 44664                                     | HUMIRA (CF) 20 MG/0.2 ML SYRINGE |



| Conventional therapy for plaque psoriasis |                                    |
|---|------------------------------------|
| GCN                                       | Description                        |
| 43505                                     | HUMIRA (CF) 40 MG/0.4 ML SYRINGE   |
| 43904                                     | HUMIRA (CF) PEDI CROHN 80 MG/0.8   |
| 44677                                     | HUMIRA (CF) PEDI CROHN 80-40MG     |
| 44014                                     | HUMIRA (CF) PEN CRHN-UC-HS 80 MG   |
| 44954                                     | HUMIRA (CF) PEN PS-UV-AHS 80-40 MG |
| 37262                                     | HUMIRA 10 MG/0.2 ML SYRINGE        |
| 99439                                     | HUMIRA 20 MG/0.4 ML SYRINGE        |
| 18924                                     | HUMIRA 40 MG/0.8 ML SYRINGE        |
| 18924                                     | HUMIRA PEDI CROHN 40 MG/0.8 ML     |
| 43506                                     | HUMIRA PEN 40 MG/0.4 ML            |
| 97005                                     | HUMIRA PEN 40 MG/0.8 ML            |
| 97005                                     | HUMIRA PEN CROHN-UC-HS 40 MG       |
| 97005                                     | HUMIRA PEN PS-UV-ADOL HS 40 MG     |
| 53885                                     | HYRIMOZ (CF) 10 MG/0.1 ML SYRNG    |
| 53883                                     | HYRIMOZ (CF) 20 MG/0.2 ML SYRNG    |
| 53884                                     | HYRIMOZ (CF) 40 MG/0.4 ML SYRNG    |
| 53899                                     | HYRIMOZ (CF) PEDI CROHN 80 MG      |
| 53891                                     | HYRIMOZ (CF) PEDI CROHN 80-40 MG   |
| 53875                                     | HYRIMOZ (CF) PEN 40 MG/0.4 ML      |
| 53887                                     | HYRIMOZ (CF) PEN 80 MG/0.8 ML      |
| 53887                                     | HYRIMOZ (CF) PEN CROHN-UC 80 MG    |
| 53878                                     | HYRIMOZ (CF) PEN PSORIA 80-40 MG   |
| 53387                                     | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 53387                                     | IDACIO (CF) PEN PSORIASIS 40 MG    |
| 53387                                     | IDACIO (CF) PEN CROHNS-UC 40 MG    |
| 53386                                     | IDACIO (CF) 40 MG/0.8 ML SYRINGE   |
| 56152                                     | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 46771                                     | IMURAN 50 MG TABLET                |
| 38489                                     | METHOTREXATE 2.5 MG TABLET         |
| 38466                                     | METHOTREXATE 50 MG/ 2 ML VIAL      |
| 18936                                     | METHOTREXATE 50 MG/2 ML VIAL       |
| 47563                                     | MYCOPHENOLATE 200 MG/ML SUSP       |
| 47560                                     | MYCOPHENOLATE 250 MG CAPSULE       |
| 47561                                     | MYCOPHENOLATE 500 MG TABLET        |
| 19646                                     | MYCOPHENOLIC ACID DR 180 MG TAB    |
| 19647                                     | MYCOPHENOLIC ACID DR 360 MG TAB    |
| 19646                                     | MYFORTIC 180 MG TABLET             |
| 19647                                     | MYFORTIC 360 MG TABLET             |

| Conventional therapy for plaque psoriasis |                                 |
|---|---------------------------------|
| GCN                                       | Description                     |
| 13919                                     | NEORAL 100 MG CAPSULE           |
| 13917                                     | NEORAL 100 MG/ML SOLN           |
| 13918                                     | NEORAL 25 MG CAPSULE            |
| 35427                                     | OTREXUP 10 MG/0.4 ML AUTO-INJ   |
| 35428                                     | OTREXUP 15 MG/0.4 ML AUTO-INJ   |
| 35437                                     | OTREXUP 20 MG/0.4 ML AUTO-INJ   |
| 35438                                     | OTREXUP 25 MG/0.4 ML AUTO-INJ   |
| 56286                                     | OTULFI 45 MG/0.5 ML SYRINGE     |
| 56287                                     | OTULFI 90 MG/ML SYRINGE         |
| 28495                                     | PROGRAF 0.5 MG CAPSULE          |
| 28491                                     | PROGRAF 1 MG CAPSULE            |
| 28492                                     | PROGRAF 5 MG CAPSULE            |
| 13910                                     | SANDIMMUNE 100 MG CAPSULE       |
| 08220                                     | SANDIMMUNE 100 MG/ML SOLN       |
| 13911                                     | SANDIMMUNE 25 MG CAPSULE        |
| 55583                                     | SELARSDI 45 MG/0.5 ML SYRINGE   |
| 55584                                     | SELARSDI 90 MG/ML SYRINGE       |
| 55332                                     | SIMLANDI (CF) AI 40 MG/0.4 ML   |
| 57361                                     | SIMLANDI (CF) AI 80 MG/0.8 ML   |
| 56047                                     | SIMLANDI (CF) 20 MG/0.2 ML SYRG |
| 56048                                     | SIMLANDI (CF) 80 MG/0.8 ML SYRG |
| 32228                                     | SORILUX 0.005% FOAM             |
| 42351                                     | STELARA 130 MG/26 ML VIAL       |
| 19903                                     | STELARA 45 MG/0.5 ML VIAL       |
| 28158                                     | STELARA 45 MG/0.5 ML SYRINGE    |
| 28159                                     | STELARA 90 MG/ML SYRINGE        |
| 56753                                     | STEQEYMA 45 MG/0.5 ML SYRINGE   |
| 56754                                     | STEQEYMA 90 MG/ML SYRINGE       |
| 10290                                     | TABLOID 40 MG TABLE             |
| 99699                                     | TACLONEX 0.005%-0.064% SUSP     |
| 13785                                     | TACLONEX OINTMENT               |
| 28495                                     | TACROLIMUS 0.5 MG CAPSULE       |
| 28491                                     | TACROLIMUS 1 MG CAPSULE         |
| 28492                                     | TACROLIMUS 5 MG CAPSULE         |
| 85363                                     | TAZAROTENE 0.1% CREAM           |
| 85362                                     | TAZORAC 0.05% CREAM             |
| 29221                                     | TAZORAC 0.05% GEL               |
| 85363                                     | TAZORAC 0.1% CREAM              |
| 29222                                     | TAZORAC 0.1% GEL                |

| Conventional therapy for plaque psoriasis |                                      |
|---|--------------------------------------|
| GCN                                       | Description                          |
| 06484                                     | TREXALL 10MG TABLET                  |
| 13135                                     | TREXALL 15MG TABLET                  |
| 13134                                     | TREXALL 5MG TABLET                   |
| 38485                                     | TREXALL 7.5MG TABLET                 |
| 55956                                     | USTEKINUMAB-TTWE 45 MG/0.5ML SYRINGE |
| 55957                                     | USTEKINUMAB-TTWE 90 MG/ML SYRINGE    |
| 43319                                     | XATMEP 2.5MG/ML ORAL SOLUTION        |
| 56599                                     | YESINTEK 45 MG/0.5 ML SYRINGE        |
| 56607                                     | YESINTEK 45 MG/0.5 ML VIAL           |
| 56603                                     | YESINTEK 90 MG/ML SYRINGE            |

| Conventional Therapy – Ulcerative Colitis |                                   |
|---|-----------------------------------|
| GCN                                       | Description                       |
| 16159                                     | APRISO ER 0.375 GRAM CAPSULE      |
| 46771                                     | AZATHIOPRINE 50 MG TABLET         |
| 28680                                     | BUDESONIDE DR 3 MG CAPSULE        |
| 34063                                     | BUDESONIDE ER 9 MG TABLET         |
| 26781                                     | CORTEF 10 MG TABLET               |
| 26782                                     | CORTEF 20 MG TABLET               |
| 26783                                     | CORTEF 5 MG TABLET                |
| 13910                                     | CYCLOSPORINE 100 MG CAPSULE       |
| 13917                                     | CYCLOSPORINE 100 MG/ML            |
| 13911                                     | CYCLOSPORINE 25 MG CAPSULE        |
| 13919                                     | CYCLOSPORINE MODIFIED 100 MG      |
| 13918                                     | CYCLOSPORINE MODIFIED 25 MG       |
| 13916                                     | CYCLOSPORINE MODIFIED 50 MG       |
| 41428                                     | DELZICOL DR 400 MG CAPSULE        |
| 27422                                     | DEXAMETHASONE 0.5 MG TABLET       |
| 27400                                     | DEXAMETHASONE 0.5 MG/5 ML ELX     |
| 27411                                     | DEXAMETHASONE 0.5 MG/5 ML LIQ     |
| 27425                                     | DEXAMETHASONE 0.75 MG TABLET      |
| 27424                                     | DEXAMETHASONE 1 MG TABLET         |
| 27427                                     | DEXAMETHASONE 1.5 MG TABLET       |
| 27426                                     | DEXAMETHASONE 2 MG TABLET         |
| 27428                                     | DEXAMETHASONE 4 MG TABLET         |
| 27429                                     | DEXAMETHASONE 6 MG TABLET         |
| 27412                                     | DEXAMETHASONE INTENSOL 1 MG/ 1 ML |

| Conventional Therapy – Ulcerative Colitis |                                 |
|---|---------------------------------|
| GCN                                       | Description                     |
| 33401                                     | DIPENTUM 250 MG CAPSULE         |
| 13919                                     | GENGRAF 100 MG CAPSULE          |
| 13917                                     | GENGRAF 100 MG/ML SOLN          |
| 13918                                     | GENGRAF 25 MG CAPSULE           |
| 13916                                     | GENGRAF 50 MG CAPSULE           |
| 26781                                     | HYDROCORTISONE 10 MG TABLET     |
| 26782                                     | HYDROCORTISONE 20 MG TABLET     |
| 26783                                     | HYDROCORTISONE 5 MG TABLET      |
| 46771                                     | IMURAN 50 MG TABLET             |
| 97842                                     | LIALDA DR 1.2 GM TABLET         |
| 27051                                     | MEDROL 16 MG TABLET             |
| 27055                                     | MEDROL 32 MG TABLET             |
| 27056                                     | MEDROL 4 MG TABLET              |
| 27058                                     | MEDROL 8 MG TABLET              |
| 38520                                     | MERCAPTOPURINE 50 MG TABLET     |
| 21663                                     | MESALAMINE 800 MG DR TABLET     |
| 97842                                     | MESALAMINE DR 1.2 GM TABLET     |
| 41428                                     | MESALAMINE DR 400 MG CAPSULE    |
| 16159                                     | MESALAMINE ER 0.375 GRAM CAP    |
| 38489                                     | METHOTREXATE 2.5 MG TABLET      |
| 38466                                     | METHOTREXATE 50 MG/ 2 ML VIAL   |
| 18936                                     | METHOTREXATE 50 MG/2 ML VIAL    |
| 27051                                     | METHYLPREDNISOLONE 16 MG TABLET |
| 27055                                     | METHYLPREDNISOLONE 32 MG TABLET |
| 27056                                     | METHYLPREDNISOLONE 4 MG TABLET  |
| 27058                                     | METHYLPREDNISOLONE 8 MG TABLET  |
| 99610                                     | MILLIPRED 10 MG/5 ML SOLUTION   |
| 26963                                     | MILLIPRED 5 MG TABLET           |
| 13919                                     | NEORAL 100 MG CAPSULE           |
| 13917                                     | NEORAL 100 MG/ML SOLN           |
| 13918                                     | NEORAL 25 MG CAPSULE            |
| 35427                                     | OTREXUP 10 MG/0.4 ML AUTO-INJ   |
| 35428                                     | OTREXUP 15 MG/0.4 ML AUTO-INJ   |
| 35437                                     | OTREXUP 20 MG/0.4 ML AUTO-INJ   |
| 35438                                     | OTREXUP 25 MG/0.4 ML AUTO-INJ   |
| 30220                                     | PENTASA 250 MG CAPSULE          |
| 23422                                     | PENTASA 500 MG CAPSULE          |
| 26800                                     | PREDNISOLONE 15 MG/5 ML SOLN    |

| Conventional Therapy – Ulcerative Colitis |                                |
|---|--------------------------------|
| GCN                                       | Description                    |
| 33806                                     | PREDNISOLONE 15 MG/5 ML SOLN   |
| 09115                                     | PREDNISOLONE 5 MG/5 ML SOLN    |
| 27108                                     | PREDNISOLONE ODT 10 MG TABLET  |
| 27109                                     | PREDNISOLONE ODT 15 MG TABLET  |
| 27114                                     | PREDNISOLONE ODT 30 MG TABLET  |
| 27171                                     | PREDNISONE 1 MG TABLET         |
| 27172                                     | PREDNISONE 10 MG TABLET        |
| 27173                                     | PREDNISONE 2.5 MG TABLET       |
| 27174                                     | PREDNISONE 20 MG TABLET        |
| 27176                                     | PREDNISONE 5 MG TABLET         |
| 27160                                     | PREDNISONE 5 MG/5 ML SOLUTION  |
| 27161                                     | PREDNISONE 5 MG/5 ML SOLUTION  |
| 27177                                     | PREDNISONE 50 MG TABLET        |
| 33277                                     | PURIXAN 20 MG/ML ORAL SUSP     |
| 13910                                     | SANDIMMUNE 100 MG CAPSULE      |
| 08220                                     | SANDIMMUNE 100 MG/ML SOLN      |
| 13911                                     | SANDIMMUNE 25 MG CAPSULE       |
| 41611                                     | SULFASALAZINE 500MG TABLET     |
| 41620                                     | SULFASALAZINE DR 500 MG TABLET |
| 06484                                     | TREXALL 10MG TABLET            |
| 13135                                     | TREXALL 15MG TABLET            |
| 13134                                     | TREXALL 5MG TABLET             |
| 38485                                     | TREXALL 7.5MG TABLET           |
| 34063                                     | UCERIS 9 MG ER TABLET          |
| 14565                                     | VERIPRED 20 MG/5 ML SOLN       |
| 43319                                     | XATMEP 2.5MG/ML ORAL SOLUTION  |

| Corticosteroids |                               |
|-----------------|-------------------------------|
| GCN             | Description                   |
| 26781           | CORTEF 10 MG TABLET           |
| 26782           | CORTEF 20 MG TABLET           |
| 26783           | CORTEF 5 MG TABLET            |
| 27422           | DEXAMETHASONE 0.5 MG TABLET   |
| 27400           | DEXAMETHASONE 0.5 MG/5 ML ELX |
| 27411           | DEXAMETHASONE 0.5 MG/5 ML LIQ |
| 27425           | DEXAMETHASONE 0.75 MG TABLET  |

| Corticosteroids |                                   |
|-----------------|-----------------------------------|
| GCN             | Description                       |
| 27424           | DEXAMETHASONE 1 MG TABLET         |
| 27427           | DEXAMETHASONE 1.5 MG TABLET       |
| 27426           | DEXAMETHASONE 2 MG TABLET         |
| 27428           | DEXAMETHASONE 4 MG TABLET         |
| 27429           | DEXAMETHASONE 6 MG TABLET         |
| 27412           | DEXAMETHASONE INTENSOL 1 MG/ 1 ML |
| 26781           | HYDROCORTISONE 10 MG TABLET       |
| 26782           | HYDROCORTISONE 20 MG TABLET       |
| 26783           | HYDROCORTISONE 5 MG TABLET        |
| 27051           | MEDROL 16 MG TABLET               |
| 27055           | MEDROL 32 MG TABLET               |
| 27056           | MEDROL 4 MG TABLET                |
| 27058           | MEDROL 8 MG TABLET                |
| 27051           | METHYLPREDNISOLONE 16 MG TABLET   |
| 27055           | METHYLPREDNISOLONE 32 MG TABLET   |
| 27056           | METHYLPREDNISOLONE 4 MG TABLET    |
| 27058           | METHYLPREDNISOLONE 8 MG TABLET    |
| 99610           | MILLIPRED 10 MG/5 ML SOLUTION     |
| 26963           | MILLIPRED 5 MG TABLET             |
| 26800           | PREDNISOLONE 15 MG/5 ML SOLN      |
| 33806           | PREDNISOLONE 15 MG/5 ML SOLN      |
| 09115           | PREDNISOLONE 5 MG/5 ML SOLN       |
| 27108           | PREDNISOLONE ODT 10 MG TABLET     |
| 27109           | PREDNISOLONE ODT 15 MG TABLET     |
| 27114           | PREDNISOLONE ODT 30 MG TABLET     |
| 27171           | PREDNISONE 1 MG TABLET            |
| 27172           | PREDNISONE 10 MG TABLET           |
| 27173           | PREDNISONE 2.5 MG TABLET          |
| 27174           | PREDNISONE 20 MG TABLET           |
| 27176           | PREDNISONE 5 MG TABLET            |
| 27160           | PREDNISONE 5 MG/5 ML SOLUTION     |
| 27161           | PREDNISONE 5 MG/5 ML SOLUTION     |
| 27177           | PREDNISONE 50 MG TABLET           |
| 14565           | VERIPRED 20 MG/5 ML SOLN          |

| Strong CYP3A4 Inducer |                                  |
|-----------------------|----------------------------------|
| GCN                   | Description                      |
| 25445                 | ACTOPLUS MED 15-850MG TABLET     |
| 25444                 | ACTOPLUS MET 15-500MG TABLET     |
| 28620                 | ACTOPLUS MET XR 15-1000MG TABLET |
| 28622                 | ACTOPLUS MET XR 30-1000MG TABLET |
| 92991                 | ACTOS 15MG TABLET                |
| 93001                 | ACTOS 30MG TABLET                |
| 93011                 | ACTOS 45MG TABLET                |
| 36098                 | APTIOM 200MG TABLET              |
| 36099                 | APTIOM 400MG TABLET              |
| 36106                 | APTIOM 600MG TABLET              |
| 27409                 | APTIOM 800MG TABLET              |
| 27346                 | ATRIPLA TABLET                   |
| 92373                 | BEXAROTENE 75MG CAPSULE          |
| 17460                 | CARBAMAZEPINE 100 MG TAB CHEW    |
| 47500                 | CARBAMAZEPINE 100 MG/5 ML SUSP   |
| 17450                 | CARBAMAZEPINE 200 MG TABLET      |
| 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   |
| 23934                 | CARBATROL ER 100 MG CAPSULE      |
| 23932                 | CARBATROL ER 200 MG CAPSULE      |
| 23933                 | CARBATROL ER 300 MG CAPSULE      |
| 17700                 | DILANTIN 100 MG CAPSULE          |
| 17241                 | DILANTIN 125 MG/5 ML SUSP        |
| 17701                 | DILANTIN 30 MG CAPSULE           |
| 17250                 | DILANTIN 50 MG INFATAB           |
| 97181                 | DUETACT 30-2MG TABLET            |
| 97180                 | DUETACT 30-4MG TABLET            |
| 17450                 | EPITOL 200 MG TABLET             |
| 13781                 | EQUETRO 100 MG CAPSULE           |
| 13805                 | EQUETRO 200 MG CAPSULE           |
| 13818                 | EQUETRO 300 MG CAPSULE           |
| 99318                 | INTELENCE 100MG TABLET           |
| 29424                 | INTELENCE 200MG TABLET           |
| 32035                 | INTELENCE 25MG TABLET            |
| 37810                 | LYSODREN 500MG TABLET            |

| Strong CYP3A4 Inducer |                                |
|-----------------------|--------------------------------|
| GCN                   | Description                    |
| 26101                 | MODAFINIL 100MG TABLET         |
| 26102                 | MODAFINIL 200MG TABLET         |
| 29810                 | MYCOBUTIN 150 MG CAPSULE       |
| 17321                 | MYSOLINE 250MG TABLET          |
| 17322                 | MYSOLINE 50MG TABLET           |
| 31420                 | NEVIRAPINE 200MG TABLET        |
| 31421                 | NEVIRAPINE 50MG/5ML SUSPENSION |
| 29767                 | NEVIRAPINE ER 400MG TABLET     |
| 42366                 | ORKAMBI 100-125MG TABLET       |
| 39008                 | ORKAMBI 200-125MG TABLET       |
| 34080                 | OSENI 12.5-15MG TABLET         |
| 34083                 | OSENI 12.5-30MG TABLET         |
| 34084                 | OSENI 12.5-45MG TABLET         |
| 34077                 | OSENI 25-15MG TABLET           |
| 34078                 | OSENI 25-30MG TABLET           |
| 34079                 | OSENI 25-45MG TABLET           |
| 12975                 | PHENOBARBITAL 100 MG TABLET    |
| 12892                 | PHENOBARBITAL 130 MG/ML VIAL   |
| 12971                 | PHENOBARBITAL 15 MG TABLET     |
| 97706                 | PHENOBARBITAL 16.2 MG TABLET   |
| 12956                 | PHENOBARBITAL 20 MG/5 ML ELIX  |
| 12973                 | PHENOBARBITAL 30 MG TABLET     |
| 97965                 | PHENOBARBITAL 32.4 MG TABLET   |
| 12972                 | PHENOBARBITAL 60 MG TABLET     |
| 97966                 | PHENOBARBITAL 64.8 MG TABLET   |
| 12894                 | PHENOBARBITAL 65 MG/ML VIAL    |
| 97967                 | PHENOBARBITAL 97.2 MG TABLET   |
| 15038                 | PHENYTEK 200 MG CAPSULE        |
| 15037                 | PHENYTEK 300 MG CAPSULE        |
| 17241                 | PHENYTOIN 125 MG/5 ML SUSP     |
| 17250                 | PHENYTOIN 50 MG TABLET CHEW    |
| 17200                 | PHENYTOIN 50 MG/ML VIAL        |
| 17700                 | PHENYTOIN SOD EXT 100 MG CAP   |
| 15038                 | PHENYTOIN SOD EXT 200 MG CAP   |
| 15037                 | PHENYTOIN SOD EXT 300 MG CAP   |
| 92991                 | PIOGLITAZONE HCL 15 MG TABLET  |
| 93001                 | PIOGLITAZONE HCL 30 MG TABLET  |
| 93011                 | PIOGLITAZONE HCL 45 MG TABLET  |



| Strong CYP3A4 Inducer |                               |
|-----------------------|-------------------------------|
| GCN                   | Description                   |
| 97181                 | PIOGLITAZONE-GLIMEPIRIDE 30-2 |
| 97180                 | PIOGLITAZONE-GLIMEPIRIDE 30-4 |
| 25444                 | PIOGLITAZONE-METFORMIN 15-500 |
| 25445                 | PIOGLITAZONE-METFORMIN 15-850 |
| 45911                 | PRIFTIN 150MG TABLET          |
| 17321                 | PRIMIDONE 250MG TABLET        |
| 17322                 | PRIMIDONE 50MG TABLET         |
| 26101                 | PROVIGIL 100MG TABLET         |
| 26102                 | PROVIGIL 200MG TABLET         |
| 29810                 | RIFABUTIN 150 MG CAPSULE      |
| 41260                 | RIFADIN 150 MG CAPSULE        |
| 41261                 | RIFADIN 300 MG CAPSULE        |
| 41470                 | RIFADIN IV 600 MG VIAL        |
| 89800                 | RIFAMATE CAPSULE              |
| 41260                 | RIFAMPIN 150 MG CAPSULE       |
| 41261                 | RIFAMPIN 300 MG CAPSULE       |
| 41470                 | RIFAMPIN IV 600 MG VIAL       |
| 14142                 | RIFATER TABLET                |
| 43303                 | SUSTIVA 200MG CAPSULE         |
| 43301                 | SUSTIVA 50MG CAPSULE          |
| 15555                 | SUSTIVA 600MG TABLET          |
| 34723                 | TAFINLAR 50MG CAPSULE         |
| 34724                 | TAFINLAR 75MG CAPSULE         |
| 92373                 | TARGRETIN 75MG CAPSULE        |
| 47500                 | TEGRETOL 100 MG/5 ML SUSP     |
| 17450                 | TEGRETOL 200 MG TABLET        |
| 27820                 | TEGRETOL XR 100 MG TABLET     |
| 27821                 | TEGRETOL XR 200 MG TABLET     |
| 27822                 | TEGRETOL XR 400 MG TABLET     |
| 14979                 | TRACLEER 125MG TABLET         |
| 14978                 | TRACLEER 62.5MG TABLET        |
| 31420                 | VIRAMUNE 200MG TABLET         |
| 31421                 | VIRAMUNE 50MG/5ML SUSPENSION  |
| 30935                 | VIRAMUNE XR 100MG TABLET      |
| 29767                 | VIRAMUNE XR 400MG TABLET      |
| 33183                 | XTANDI 40MG CAPSULE           |

| DMARDs |                                  |
|--------|----------------------------------|
| GCN    | Label Name                       |
| 67031  | ARAVA 10 MG TABLET               |
| 67032  | ARAVA 20 MG TABLET               |
| 46771  | AZATHIOPRINE 50 MG TABLET        |
| 41611  | AZULFIDINE 500 MG TABLET         |
| 41620  | AZULFIDINE ENTAB 500 MG          |
| 13910  | CYCLOSPORINE 100 MG CAPSULE      |
| 13917  | CYCLOSPORINE 100 MG/ML           |
| 13911  | CYCLOSPORINE 25 MG CAPSULE       |
| 13919  | CYCLOSPORINE MODIFIED 100 MG     |
| 13918  | CYCLOSPORINE MODIFIED 25 MG      |
| 13916  | CYCLOSPORINE MODIFIED 50 MG      |
| 13919  | GENGRAF 100 MG CAPSULE           |
| 13917  | GENGRAF 100 MG/ML SOLN           |
| 13918  | GENGRAF 25 MG CAPSULE            |
| 13916  | GENGRAF 50 MG CAPSULE            |
| 42940  | HYDROXYCHLOROQUINE 200 MG TABLET |
| 46771  | IMURAN 50 MG TABLET              |
| 67031  | LEFLUNOMIDE 10 MG TABLET         |
| 67032  | LEFLUNOMIDE 20 MG TABLET         |
| 38489  | METHOTREXATE 2.5 MG TABLET       |
| 38466  | METHOTREXATE 50 MG/ 2 ML VIAL    |
| 18936  | METHOTREXATE 50 MG/2 ML VIAL     |
| 13919  | NEORAL 100 MG CAPSULE            |
| 13917  | NEORAL 100 MG/ML SOLN            |
| 13918  | NEORAL 25 MG CAPSULE             |
| 35427  | OTREXUP 10 MG/0.4 ML AUTO-INJ    |
| 35428  | OTREXUP 15 MG/0.4 ML AUTO-INJ    |
| 35437  | OTREXUP 20 MG/0.4 ML AUTO-INJ    |
| 35438  | OTREXUP 25 MG/0.4 ML AUTO-INJ    |
| 42940  | PLAQUENIL 200 MG TABLET          |
| 13910  | SANDIMMUNE 100 MG CAPSULE        |
| 08220  | SANDIMMUNE 100 MG/ML SOLN        |
| 13911  | SANDIMMUNE 25 MG CAPSULE         |
| 41611  | SULFASALAZINE 500 MG TABLET      |
| 41620  | SULFASALAZINE DR 500 MG TABLET   |
| 06484  | TREXALL 10MG TABLET              |
| 13135  | TREXALL 15MG TABLET              |
| 13134  | TREXALL 5MG TABLET               |

| DMARDs |                               |
|--------|-------------------------------|
| GCN    | Label Name                    |
| 38485  | TREXALL 7.5MG TABLET          |
| 43319  | XATMEP 2.5MG/ML ORAL SOLUTION |

| Enbrel – Contraindicated Drugs |                                |
|--------------------------------|--------------------------------|
| GCN                            | Label Name                     |
| 35317                          | CYCLOPHOSPHAMIDE 25 MG CAPSULE |
| 35318                          | CYCLOPHOSPHAMIDE 50 MG CAPSULE |
| 14867                          | KINERET 100 MG/0.67 ML SYRINGE |
| 30289                          | ORENCIA 125 MG/ML SYRINGE      |

| Enspryng – Duplicate Therapy    |       |
|---------------------------------|-------|
| Label Name                      | GCN   |
| ACTEMRA 162MG/0.9ML SYRINGE     | 35486 |
| ACTEMRA ACTPEN 162 MG/0.9 ML    | 45082 |
| AUBAGIO 14 MG TABLET            | 33262 |
| AUBAGIO 7 MG TABLET             | 33259 |
| AVONEX PEN 30 MCG/0.5 ML KIT    | 30222 |
| AVONEX PREFILLED SYR 30 MCG KIT | 20147 |
| BAFIERTAM DR 95 MG CAPSULE      | 48156 |
| BETASERON 0.3 MG KIT            | 98376 |
| COPAXONE 20 MG/ML SYRINGE       | 17178 |
| COPAXONE 40 MG/ML SYRINGE       | 35983 |
| DIMETHYL FUMARATE 30D START PK  | 34433 |
| DIMETHYL FUMARATE DR 120 MG CP  | 34434 |
| DIMETHYL FUMARATE DR 240 MG CP  | 34435 |
| EXTAVIA 0.3 MG KIT              | 98376 |
| GILENYA 0.5 MG CAPSULE          | 29073 |
| GLATIRAMER 20 MG/ML SYRINGE     | 17178 |
| GLATIRAMER 40 MG/ML SYRINGE     | 35983 |
| GLATOPA 20 MG/ML SYRINGE        | 17178 |
| GLATOPA 40 MG/ML SYRINGE        | 35983 |
| KESIMPTA 20 MG/0.4 ML PEN       | 48513 |
| KEVZARA 150 MG/1.14 ML PEN INJ  | 44269 |
| KEVZARA 150 MG/1.14 ML SYRINGE  | 43223 |
| KEVZARA 200 MG/1.14 ML PEN INJ  | 44277 |
| KEVZARA 200 MG/1.14 ML SYRINGE  | 43224 |
| MAYZENT 0.25 MG STARTER PACK    | 46135 |

| Enspryng – Duplicate Therapy    |       |
|---------------------------------|-------|
| Label Name                      | GCN   |
| MAYZENT 0.25 MG TABLET          | 46134 |
| MAYZENT 2 MG TABLET             | 46133 |
| MITOXANTRONE 20 MG/10 ML VL     | 07544 |
| MITOXANTRONE 25 MG/12.5 ML VL   | 07544 |
| MITOXANTRONE 30 MG/15 ML VL     | 07544 |
| PLEGRIDY 125 MCG/0.5 ML PEN     | 36958 |
| PLEGRIDY 125 MCG/0.5 ML SYRINGE | 36948 |
| PLEGRIDY PEN INJ STARTER PACK   | 36956 |
| PLEGRIDY SYRINGE STARTER PACK   | 36947 |
| REBIF 22 MCG/0.5 ML SYRINGE     | 15914 |
| REBIF 44 MCG/0.5 ML SYRINGE     | 15918 |
| REBIF REBIDOSE 22 MCG/0.5 ML    | 34167 |
| REBIF REBIDOSE 44 MCG/0.5 ML    | 34168 |
| REBIF REBIDOSE TITRATION PACK   | 34166 |
| REBIF TITRATION PACK            | 24286 |
| RITUXAN 100MG/10ML VIAL         | 70151 |
| RITUXAN 500MG/50ML VIAL         | 70151 |
| RUXIENCE 100MG/10ML VIAL        | 46734 |
| RUXIENCE 500MG/50ML VIAL        | 46734 |
| SOLIRIS 300MG/30ML VIAL         | 98255 |
| TECFIDERA DR 120 MG CAPSULE     | 34434 |
| TECFIDERA DR 240 MG CAPSULE     | 34435 |
| TECFIDERA STARTER PACK          | 34433 |
| TRUXIMA 100MG/10ML VIAL         | 45822 |
| TRUXIMA 500MG/50ML VIAL         | 45822 |
| UPLIZNA 100MG/10ML VIAL         | 48233 |
| VUMERITY DR 230 MG CAPSULE      | 47209 |
| ZEPOSIA 0.23-0.46 MG START PCK  | 47864 |
| ZEPOSIA 0.23-0.46-0.92 MG KIT   | 47865 |
| ZEPOSIA 0.92 MG CAPSULE         | 47863 |

| IL-1 inhibitor |                           |
|----------------|---------------------------|
| GCN            | Description               |
| 99473          | ARCALYST 220 MG INJECTION |
| 43148          | ILARIS 150MG/ML VIAL      |
| 27445          | ILARIS 180MG VIAL         |

| IL-17 inhibitor |                               |
|-----------------|-------------------------------|
| GCN             | Description                   |
| 37789           | COSENTYX 150MG/ML PEN INJECT  |
| 37788           | COSENTYX 150MG/ML SYRINGE     |
| 40848           | TALTZ 80 MG/ML AUTOINJ (3-PK) |
| 40848           | TALTZ 80 MG/ML AUTOINJECTOR   |
| 40848           | TALTZ 80 MG/ML AUTOINJ (2-PK) |
| 40849           | TALTZ 80 MG/ML SYRINGE        |
| 55341           | TALTZ 20 MG/0.25 ML SYRINGE   |
| 55342           | TALTZ 40 MG/ 0.5 ML SYRINGE   |

| JAK Inhibitors |                          |
|----------------|--------------------------|
| GCN            | Label Name               |
| 51827          | CIBINQO 100 MG TABLET    |
| 51828          | CIBINQO 200 MG TABLET    |
| 51825          | CIBINQO 50 MG TABLET     |
| 30893          | JAKAFI 10 MG TABLET      |
| 30894          | JAKAFI 15 MG TABLET      |
| 30895          | JAKAFI 20 MG TABLET      |
| 30896          | JAKAFI 25 MG TABLET      |
| 30892          | JAKAFI 5 MG TABLET       |
| 47205          | OLUMIANT 1 MG TABLET     |
| 43468          | OLUMIANT 2 MG TABLET     |
| 46822          | RINVOQ ER 15 MG TABLET   |
| 48684          | XELJANZ 1 MG/ML SOLUTION |
| 44882          | XELJANZ 10 MG TABLET     |
| 33617          | XELJANZ 5 MG TABLET      |
| 38086          | XELJANZ XR 11 MG TABLET  |

| Potent Immunosuppressants* |                              |
|----------------------------|------------------------------|
| GCN                        | Description                  |
| 98662                      | ASTAGRAF XL 0.5 MG CAPSULE   |
| 98663                      | ASTAGRAF XL 1 MG CAPSULE     |
| 98664                      | ASTAGRAF XL 5 MG CAPSULE     |
| 46771                      | AZATHIOPRINE 50 MG TABLET    |
| 47563                      | CELLCEPT 200 MG/ML ORAL SUSP |
| 13910                      | CYCLOSPORINE 100 MG CAPSULE  |
| 13917                      | CYCLOSPORINE 100 MG/ML       |
| 13911                      | CYCLOSPORINE 25 MG CAPSULE   |

| Potent Immunosuppressants*  |                                 |
|---|---------------------------------|
| GCN   | Description                     |
| 13919   | CYCLOSPORINE MODIFIED 100 MG    |
| 13918   | CYCLOSPORINE MODIFIED 25 MG     |
| 13916   | CYCLOSPORINE MODIFIED 50 MG     |
| 13919   | GENGRAF 100 MG CAPSULE          |
| 13917   | GENGRAF 100 MG/ML SOLN          |
| 13918   | GENGRAF 25 MG CAPSULE           |
| 13916   | GENGRAF 50 MG CAPSULE           |
| 46771   | IMURAN 50 MG TABLET             |
| 47560   | MYCOPHENOLATE 250 MG CAPSULE    |
| 47561   | MYCOPHENOLATE 500 MG TABLET     |
| 19646   | MYCOPHENOLIC ACID DR 180 MG TAB |
| 19647   | MYCOPHENOLIC ACID DR 360 MG TAB |
| 13919   | NEORAL 100 MG CAPSULE           |
| 13917   | NEORAL 100 MG/ML SOLN           |
| 13918   | NEORAL 25 MG CAPSULE            |
| 13910   | SANDIMMUNE 100 MG CAPSULE       |
| 08220   | SANDIMMUNE 100 MG/ML SOLN       |
| 13911   | SANDIMMUNE 25 MG CAPSULE        |
| 28495   | TACROLIMUS 0.5 MG CAPSULE       |
| 28491   | TACROLIMUS 1 MG CAPSULE         |
| 28492   | TACROLIMUS 5 MG CAPSULE         |
| *Potent immunosuppressants also include clients who have $\geq 14$ days therapy with doses $\geq 80$ mg per day of prednisone. Equivalent doses include $\geq 400$ mg/day cortisone, 320mg/day hydrocortisone, 80mg/day prednisolone, 64mg/day methylprednisolone and 12mg/day dexamethasone. |                                 |

| JAK inhibitors |                          |
|----------------|--------------------------|
| GCN            | Label Name               |
| 30893          | JAKAFI 10 MG TABLET      |
| 30894          | JAKAFI 15 MG TABLET      |
| 30895          | JAKAFI 20 MG TABLET      |
| 30896          | JAKAFI 25 MG TABLET      |
| 30892          | JAKAFI 5 MG TABLET       |
| 47205          | OLUMIANT 1 MG TABLET     |
| 43468          | OLUMIANT 2 MG TABLET     |
| 46822          | RINVOQ ER 15 MG TABLET   |
| 48684          | XELJANZ 1 MG/ML SOLUTION |
| 33617          | XELJANZ 5 MG TABLET      |

| <b>JAK inhibitors</b> |                         |
|-----------------------|-------------------------|
| <b>GCN</b>            | <b>Label Name</b>       |
| 44882                 | XELJANZ 10 MG TABLET    |
| 38086                 | XELJANZ XR 11 MG TABLET |

| <b>Methotrexate</b> |                               |
|---------------------|-------------------------------|
| <b>GCN</b>          | <b>Label Name</b>             |
| 38489               | METHOTREXATE 2.5 MG TABLET    |
| 38466               | METHOTREXATE 50 MG/ 2 ML VIAL |
| 18936               | METHOTREXATE 50 MG/2 ML VIAL  |
| 35427               | OTREXUP 10 MG/0.4 ML AUTO-INJ |
| 35428               | OTREXUP 15 MG/0.4 ML AUTO-INJ |
| 35437               | OTREXUP 20 MG/0.4 ML AUTO-INJ |
| 35438               | OTREXUP 25 MG/0.4 ML AUTO-INJ |
| 06484               | TREXALL 10MG TABLET           |
| 13135               | TREXALL 15MG TABLET           |
| 13134               | TREXALL 5MG TABLET            |
| 38485               | TREXALL 7.5MG TABLET          |
| 43319               | XATMEP 2.5MG/ML ORAL SOLUTION |

| <b>Simponi - contraindicated drugs</b> |   |
|--|---|
| <b>GCN</b>                             | <b>Label Name</b>                         |
| 56164                                  | ADALIMUMAB-AACF (CF) SYR 40 MG            |
| 53875                                  | ADALIMUMAB-ADAZ (CF) PEN 40 MG            |
| 53884                                  | ADALIMUMAB-ADAZ(CF) 40 MG SYRNG           |
| 55665                                  | ADALIMUMAB-ADBIM (CF) 40 MG SYRNG         |
| 55668                                  | ADALIMUMAB-ADBIM (CF) CRHN 40 MG          |
| 55668                                  | ADALIMUMAB-ADBIM (CF) PEN 40 MG           |
| 55668                                  | ADALIMUMAB-ADBIM (CF) PEN PSORIA-UV 40 MG |
| 48318                                  | ADALIMUMAB-FKJP (CF) 20 MG SYRG           |
| 48336                                  | ADALIMUMAB-FKJP (CF) 40 MG SYRG           |
| 48317                                  | ADALIMUMAB-FKJP (CF) PEN 40 MG            |
| 55332                                  | ADALIMUMAB-RYVK (CF) AI 40 MG             |
| 56016                                  | ADALIMUMAB-RYVK (CF) 40 MG SYRG           |
| 54007                                  | AMJEVITA 10 MG/0.2 ML SYRINGE             |
| 42592                                  | AMJEVITA 20 MG/0.4 ML SYRINGE             |
| 42639                                  | AMJEVITA 40 MG/0.8 ML AUTOINJ             |
| 42637                                  | AMJEVITA 40 MG/0.8 ML SYRINGE             |
| 23471                                  | CIMZIA 200MG/ML STARTER KIT               |
| 23471                                  | CIMZIA 200MG/ML SYRINGE KIT               |

| Simponi - contraindicated drugs |   |
|---------------------------------|---|
| GCN                             | Label Name                              |
| 53841                           | CYLTEZO (CF) 10 MG/0.2 ML SYRNG         |
| 53842                           | CYLTEZO (CF) 20 MG/0.4 ML SYRNG         |
| 55665                           | CYLTEZO (CF) 40 MG/0.4 ML SYRNG         |
| 43789                           | CYLTEZO (CF) 40 MG/0.8 ML SYRNG         |
| 55668                           | CYLTEZO (CF) PEN 40 MG/0.4 ML           |
| 54205                           | CYLTEZO (CF) PEN 40 MG/0.8 ML           |
| 54205                           | CYLTEZO (CF) PEN CRH-UC-HS 40 MG        |
| 54205                           | CYLTEZO (CF) PEN PSORIA-UV 40 MG        |
| 53875                           | ADALIMUMAB-ADAZ (CF) PEN 40 MG          |
| 53884                           | ADALIMUMAB-ADAZ(CF) 40 MG SYRNG         |
| 48318                           | ADALIMUMAB-FKJP (CF) 20 MG SYRG         |
| 48336                           | ADALIMUMAB-FKJP (CF) 40 MG SYRG         |
| 48317                           | ADALIMUMAB-FKJP (CF) PEN 40 MG          |
| 55665                           | ADALIMUMAB-ADB (CF) 40 MG SYRNG         |
| 55668                           | ADALIMUMAB-ADB (CF) CRHN 40 MG          |
| 55668                           | ADALIMUMAB-ADB (CF) PEN 40 MG           |
| 55668                           | ADALIMUMAB-ADB (CF) PEN PSORIA-UV 40 MG |
| 55332                           | ADALIMUMAB-RYVK (CF) AI 40 MG           |
| 56016                           | ADALIMUMAB-RYVK (CF) 40 MG SYRG         |
| 53884                           | ADALIMUMAB-ADAZ (CF) 40 MG SYRNG        |
| 54007                           | AMJEVITA 10 MG/0.2 ML SYRINGE           |
| 42592                           | AMJEVITA 20 MG/0.4 ML SYRINGE           |
| 42639                           | AMJEVITA 40 MG/0.8 ML AUTOINJ           |
| 42637                           | AMJEVITA 40 MG/0.8 ML SYRINGE           |
| 53841                           | CYLTEZO (CF) 10 MG/0.2 ML SYRNG         |
| 53842                           | CYLTEZO (CF) 20 MG/0.4 ML SYRNG         |
| 43789                           | CYLTEZO (CF) 40 MG/0.8 ML SYRNG         |
| 54205                           | CYLTEZO (CF) PEN 40 MG/0.8 ML           |
| 54205                           | CYLTEZO (CF) PEN CRH-UC-HS 40 MG        |
| 54205                           | CYLTEZO (CF) PEN PSORIA-UV 40 MG        |
| 55665                           | CYLTEZO (CF) 40 MG/0.4 ML SYRNG         |
| 55668                           | CYLTEZO (CF) PEN 40 MG/0.4 ML           |
| 55668                           | CYLTEZO (CF) PEN CRH-UC-HS 40 MG        |
| 55668                           | CYLTEZO (CF) PEN PSORIA-UV 40 MG        |
| 53846                           | HADLIMA (CF) 40 MG/0.4 ML SYRNG         |
| 53848                           | HADLIMA (CF) PUSHTOUCH 40MG/0.4         |
| 46718                           | HADLIMA 40 MG/0.8 ML SYRINGE            |
| 46717                           | HADLIMA PUSHTOUCH 40 MG/0.8 ML          |
| 48318                           | HULIO (CF) 20 MG/0.4 ML SYRINGE         |
| 48336                           | HULIO (CF) 40MG/0.8 ML SYRINGE          |
| 48317                           | HULIO (CF) PEN 40 MG/0.8 ML             |
| 55235                           | HULIO (CF) 20 MG/0.4 ML SYRINGE         |



| Simponi - contraindicated drugs |                                    |
|---------------------------------|------------------------------------|
| GCN                             | Label Name                         |
| 55694                           | HULIO (CF) 40MG/0.8 ML SYRINGE     |
| 55693                           | HULIO (CF) PEN 40 MG/0.8 ML        |
| 44659                           | HUMIRA (CF) 10 MG/0.1 ML SYRINGE   |
| 44664                           | HUMIRA (CF) 20 MG/0.2 ML SYRINGE   |
| 43505                           | HUMIRA (CF) 40 MG/0.4 ML SYRINGE   |
| 43506                           | HUMIRA PEN 40 MG/0.4 ML            |
| 43904                           | HUMIRA (CF) PEDI CROHN 80 MG/0.8   |
| 44677                           | HUMIRA (CF) PEDI CROHN 80-40MG     |
| 44014                           | HUMIRA (CF) PEN CRHN-UC-HS 80 MG   |
| 44014                           | HUMIRA (CF) PEN PEDI UC 80 MG      |
| 44954                           | HUMIRA (CF) PEN PS-UV-AHS 80-40 MG |
| 37262                           | HUMIRA 10 MG/0.2 ML SYRINGE        |
| 99439                           | HUMIRA 20 MG/0.4 ML SYRINGE        |
| 18924                           | HUMIRA 40 MG/0.8 ML SYRINGE        |
| 97005                           | HUMIRA PEN 40 MG/0.8 ML            |
| 97005                           | HUMIRA PEN CROHN-UC-HS 40 MG       |
| 97005                           | HUMIRA PEN PS-UV-ADOL HS 40 MG     |
| 18924                           | HUMIRA PEDI CROHN 40 MG/0.8 ML     |
| 53885                           | HYRIMOZ (CF) 10 MG/0.1 ML SYRNG    |
| 53883                           | HYRIMOZ (CF) 20 MG/0.2 ML SYRNG    |
| 53884                           | HYRIMOZ (CF) 40 MG/0.4 ML SYRNG    |
| 53899                           | HYRIMOZ (CF) PEDI CROHN 80 MG      |
| 53891                           | HYRIMOZ (CF) PEDI CROHN 80-40 MG   |
| 53875                           | HYRIMOZ (CF) PEN 40 MG/0.4 ML      |
| 53887                           | HYRIMOZ (CF) PEN 80 MG/0.8 ML      |
| 53887                           | HYRIMOZ (CF) PEN CROHN-UC 80 MG    |
| 53878                           | HYRIMOZ (CF) PEN PSORIA 80-40 MG   |
| 53387                           | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 53387                           | IDACIO (CF) PEN PSORIASIS 40 MG    |
| 53387                           | IDACIO (CF) PEN CROHNS-UC 40 MG    |
| 53386                           | IDACIO (CF) 40 MG/0.8 ML SYRINGE   |
| 56152                           | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 14867                           | KINERET 100MG/0.67ML SYRINGE       |
| 30289                           | ORENCIA 125MG/ML SYRINGE           |
| 43389                           | ORENCIA 50MG/0.4ML SYRINGE         |
| 43397                           | ORENCIA 87.5MG/0.7ML SYRINGE       |
| 41656                           | ORENCIA CLICKJECT 125MG/ML         |
| 55332                           | SIMLANDI (CF) AI 40 MG/0.4 ML      |
| 57361                           | SIMLANDI (CF) AI 80 MG/0.8 ML      |
| 56047                           | SIMLANDI (CF) 20 MG/0.2 ML SYRG    |
| 56048                           | SIMLANDI (CF) 80 MG/0.8 ML SYRG    |
| 22536                           | SIMPONI 50MG/0.5ML SYRINGE         |

| Simponi - contraindicated drugs |                            |
|---------------------------------|----------------------------|
| GCN                             | Label Name                 |
| 34983                           | SIMPONI ARIA 50MG/4ML VIAL |

| TNF Blocker |   |
|-------------|---|
| GCN         | Description                               |
| 56164       | ADALIMUMAB-AACF (CF) SYR 40 MG            |
| 53875       | ADALIMUMAB-ADAZ (CF) PEN 40 MG            |
| 53884       | ADALIMUMAB-ADAZ(CF) 40 MG SYRNG           |
| 48318       | ADALIMUMAB-FKJP (CF) 20 MG SYRG           |
| 48336       | ADALIMUMAB-FKJP (CF) 40 MG SYRG           |
| 48317       | ADALIMUMAB-FKJP (CF) PEN 40 MG            |
| 55665       | ADALIMUMAB-ADBIM (CF) 40 MG SYRNG         |
| 55668       | ADALIMUMAB-ADBIM (CF) CRHN 40 MG          |
| 55668       | ADALIMUMAB-ADBIM (CF) PEN 40 MG           |
| 55668       | ADALIMUMAB-ADBIM (CF) PEN PSORIA-UV 40 MG |
| 55332       | ADALIMUMAB-RYVK (CF) AI 40 MG             |
| 56016       | ADALIMUMAB-RYVK (CF) 40 MG SYRG           |
| 53884       | ADALIMUMAB-ADAZ (CF) 40 MG SYRNG          |
| 54007       | AMJEVITA 10 MG/0.2 ML SYRINGE             |
| 42592       | AMJEVITA 20 MG/0.4 ML SYRINGE             |
| 42639       | AMJEVITA 40 MG/0.8 ML AUTOINJ             |
| 42637       | AMJEVITA 40 MG/0.8 ML SYRINGE             |
| 23471       | CIMZIA 200MG/ML STARTER KIT               |
| 23471       | CIMZIA 200MG/ML SYRINGE KIT               |
| 53841       | CYLTEZO (CF) 10 MG/0.2 ML SYRNG           |
| 53842       | CYLTEZO (CF) 20 MG/0.4 ML SYRNG           |
| 43789       | CYLTEZO (CF) 40 MG/0.8 ML SYRNG           |
| 54205       | CYLTEZO (CF) PEN 40 MG/0.8 ML             |
| 54205       | CYLTEZO (CF) PEN CRH-UC-HS 40 MG          |
| 54205       | CYLTEZO (CF) PEN PSORIA-UV 40 MG          |
| 55665       | CYLTEZO (CF) 40 MG/0.4 ML SYRNG           |
| 55668       | CYLTEZO (CF) PEN 40 MG/0.4 ML             |
| 55668       | CYLTEZO (CF) PEN CRH-UC-HS 40 MG          |
| 55668       | CYLTEZO (CF) PEN PSORIA-UV 40 MG          |
| 52651       | ENBREL 25 MG KIT                          |
| 23574       | ENBREL 50 MG/ML SYRINGE                   |
| 97724       | ENBREL 50 MG/ML SURECLICK SYR             |
| 98398       | ENBREL 25 MG/0.5 ML SYRINGE               |

| TNF Blocker |                                    |
|-------------|------------------------------------|
| GCN         | Description                        |
| 43924       | ENBREL 50 MG/ML MINI CARTRIDGE     |
| 48417       | ENBREL 25 MG/0.5 ML VIAL           |
| 53846       | HADLIMA (CF) 40 MG/0.4 ML SYRNG    |
| 53848       | HADLIMA (CF) PUSHTOUCH 40MG/0.4    |
| 46718       | HADLIMA 40 MG/0.8 ML SYRINGE       |
| 46717       | HADLIMA PUSHTOUCH 40 MG/0.8 ML     |
| 48318       | HULIO (CF) 20 MG/0.4 ML SYRINGE    |
| 48336       | HULIO (CF) 40MG/0.8 ML SYRINGE     |
| 48317       | HULIO (CF) PEN 40 MG/0.8 ML        |
| 55235       | HULIO (CF) 20 MG/0.4 ML SYRINGE    |
| 55694       | HULIO (CF) 40MG/0.8 ML SYRINGE     |
| 55693       | HULIO (CF) PEN 40 MG/0.8 ML        |
| 44659       | HUMIRA (CF) 10 MG/0.1 ML SYRINGE   |
| 44664       | HUMIRA (CF) 20 MG/0.2 ML SYRINGE   |
| 43505       | HUMIRA (CF) 40 MG/0.4 ML SYRINGE   |
| 43506       | HUMIRA PEN 40 MG/0.4 ML            |
| 43904       | HUMIRA (CF) PEDI CROHN 80 MG/0.8   |
| 44677       | HUMIRA (CF) PEDI CROHN 80-40MG     |
| 44014       | HUMIRA (CF) PEN CRHN-UC-HS 80 MG   |
| 44014       | HUMIRA (CF) PEN PEDI UC 80 MG      |
| 44954       | HUMIRA (CF) PEN PS-UV-AHS 80-40 MG |
| 37262       | HUMIRA 10 MG/0.2 ML SYRINGE        |
| 99439       | HUMIRA 20 MG/0.4 ML SYRINGE        |
| 18924       | HUMIRA 40 MG/0.8 ML SYRINGE        |
| 97005       | HUMIRA PEN 40 MG/0.8 ML            |
| 97005       | HUMIRA PEN CROHN-UC-HS 40 MG       |
| 97005       | HUMIRA PEN PS-UV-ADOL HS 40 MG     |
| 18924       | HUMIRA PEDI CROHN 40 MG/0.8 ML     |
| 53885       | HYRIMOZ (CF) 10 MG/0.1 ML SYRNG    |
| 53883       | HYRIMOZ (CF) 20 MG/0.2 ML SYRNG    |
| 53884       | HYRIMOZ (CF) 40 MG/0.4 ML SYRNG    |
| 53899       | HYRIMOZ (CF) PEDI CROHN 80 MG      |
| 53891       | HYRIMOZ (CF) PEDI CROHN 80-40 MG   |
| 53875       | HYRIMOZ (CF) PEN 40 MG/0.4 ML      |
| 53887       | HYRIMOZ (CF) PEN 80 MG/0.8 ML      |
| 53887       | HYRIMOZ (CF) PEN CROHN-UC 80 MG    |
| 53878       | HYRIMOZ (CF) PEN PSORIA 80-40 MG   |
| 53387       | IDACIO (CF) PEN 40 MG/0.8 ML       |
| 53387       | IDACIO (CF) PEN PSORIASIS 40 MG    |

| TNF Blocker |                                  |
|-------------|----------------------------------|
| GCN         | Description                      |
| 53387       | IDACIO (CF) PEN CROHNS-UC 40 MG  |
| 53386       | IDACIO (CF) 40 MG/0.8 ML SYRINGE |
| 56152       | IDACIO (CF) PEN 40 MG/0.8 ML     |
| 55332       | SIMLANDI (CF) AI 40 MG/0.4 ML    |
| 57361       | SIMLANDI (CF) AI 80 MG/0.8 ML    |
| 56047       | SIMLANDI (CF) 20 MG/0.2 ML SYRG  |
| 56048       | SIMLANDI (CF) 80 MG/0.8 ML SYRG  |
| 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       |

| TNF Blocker (excluding adalimumab) |                                 |
|------------------------------------|---------------------------------|
| GCN                                | Description                     |
| 23471                              | CIMZIA 200MG/ML STARTER KIT     |
| 23471                              | CIMZIA 200MG/ML SYRINGE KIT     |
| 52651                              | ENBREL 25 MG KIT                |
| 23574                              | ENBREL 50 MG/ML SYRINGE         |
| 97724                              | ENBREL 50 MG/ML SURECLICK SYR   |
| 98398                              | ENBREL 25 MG/0.5 ML SYRINGE     |
| 43924                              | ENBREL 50 MG/ML MINI CARTRIDGE  |
| 48417                              | ENBREL 25 MG/0.5 ML 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      |



## 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  |
|------------------|--|
| 11/20/2014       | Presented to the DUR Board   |
| 11/25/2014       | Initial publication and posting to website   |
| 07/31/2015       | Review and update of ICD-9 and ICD-10 codes  |
| 02/25/2016       | Review and update ICD-10s and GCNs   |
| 05/12/2017       | Drugs Requiring PA - Added GCN for Ilaris 150mg/mL vial<br>Criteria Logic and Logic Diagram - Added TRAPS, HIDS/MKD and FMF diagnoses for children $\geq 2$ years of age<br>Added ICD-9/10s for TRAPS, HIDS/MKD and FMF<br>Added GCNs for Cimzia Starter Kit, Humira Pen Psoriasis-Uveitis, Inflectra  |
| 07/18/2017       | Drugs Requiring PA - Added GCN for Xeljanz XR 11 mg tablet   |
| 09/11/2017       | Actemra: <ul style="list-style-type: none"> <li>Added GCA as a diagnosis to criteria logic and logic diagram</li> <li>Added Table for GCA ICD-10 codes</li> <li>Updated DMARD table</li> <li>Updated active infection table</li> </ul> Cimzia: <ul style="list-style-type: none"> <li>Added question 7 (therapy with a contraindicated drug) to criteria logic and logic diagram</li> <li>Updated demyelinating disease, heart failure and active infection table</li> <li>Added table for contraindicated drugs</li> </ul> Enbrel: <ul style="list-style-type: none"> <li>Added criteria logic and logic diagram</li> <li>Added supporting tables for criteria</li> </ul> Humira: <ul style="list-style-type: none"> <li>Added criteria logic and logic diagram</li> <li>Added supporting tables for criteria</li> </ul> Orencia: <ul style="list-style-type: none"> <li>Updated age for PJIA/SJIA in criteria logic and logic diagram</li> </ul> Simponi: <ul style="list-style-type: none"> <li>Added question 9 (therapy with a contraindicated drug) to criteria logic and logic diagram</li> <li>Updated methotrexate table</li> <li>Added contraindicated drug table</li> </ul> Stelara: <ul style="list-style-type: none"> <li>Added question 3 (check for Crohn's disease) and question 4 (history of prior therapy) to criteria logic and logic diagram</li> </ul> |



|            |  |
|------------|--|
|            | <ul style="list-style-type: none"> <li>Added Crohn's disease diagnosis table</li> <li>Added table containing conventional therapy for Crohn's disease</li> </ul> <p>Xeljanz:</p> <ul style="list-style-type: none"> <li>Updated methotrexate table</li> <li>Updated methotrexate/DMARD table</li> <li>Updated biologic DMARD/potent immunosuppressant table</li> </ul> <p>Updated References</p> |
| 11/16/2017 | <p>Added criteria for Arcalyst, Kevzara, Otezla, Siliq, Taltz and Tremfya - Clinical PA criteria were approved for these agents at the November 2017 DUR Board meeting</p> <p>Added ICD-9s and ICD-10s for uveitis for Humira</p> <p>Added new GCNs for Orencia</p> <p>Added psoriatic arthritis as an indication for Orencia</p>  |
| 11/30/2017 | <p>Updated Humira contraindicated drug table</p> <p>Updated Simponi contraindicated drug table</p>   |
| 03/19/2018 | <p>Added cytokine release syndrome (CRS) to question 5 on the logic and logic diagram</p> <p>Added CRS to diagnosis table</p>  |
| 05/18/2018 | <p>Added indication for plaque psoriasis in patients 12 and older to Stelara criteria</p>  |
| 08/23/2018 | <p>Added indication for psoriatic arthritis and ulcerative colitis to Xeljanz criteria logic and logic diagram, pages</p> <p>Added table containing diagnosis codes for psoriatic arthritis and ulcerative colitis and table for methotrexate/DMARD GCNs</p> <p>Updated references</p>   |
| 10/17/2018 | <p>Updated GCNs for Enbrel and Humira</p> <p>Added diagnosis of psoriatic arthritis to Taltz criteria</p> <p>Updated references</p>  |
| 11/29/2018 | <p>Removed Arcalyst criteria – drug is currently not on formulary</p> <p>Added indication for plaque psoriasis to Cimzia criteria</p> <p>Updated age check for Humira for hidradenitis suppurativa and uveitis</p> <p>Added new Kevzara GCNs to Drugs Requiring PA</p> <p>Added new Xeljanz GCN to Drugs Requiring PA</p> <p>Added GCNs to biologic DMARDs table</p> <p>Updated references</p>   |
| 02/05/2019 | <p>Added criteria for Olumiant</p> <p>Updated references</p>   |
| 03/20/2019 | <p>Separated psoriatic arthritis and plaque psoriasis diagnoses for Stelara criteria</p>   |
| 03/27/2019 | <p>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="https://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</p>  |
| 04/30/2019 | <p>Added new indication for Cimzia – updated criteria logic and logic diagram, pages – updated diagnosis table for Cimzia</p> <p>Added new Humira GCNs to Drugs Requiring Prior Authorization</p> <p>Added criteria set for Ilumya</p> <p>Updated references</p>   |
| 05/20/2019 | <p>Added new GCN for Actemra in Drugs Requiring PA table</p>   |

|            |   |
|------------|---|
| 07/30/2019 | Added clinical criteria for Skyrizi as approved by the DUR Board at the July 2019 meeting<br>Added diagnosis of oral ulcers associated with Behcet's disease to Otezla criteria logic and logic diagram<br>Updated Otezla diagnosis table<br>Added new GCN for Tremfya  |
| 08/07/2019 | Added GCN for Stelara 45mg vial to drug table   |
| 09/16/2019 | Added ankylosing spondylitis to diagnosis table for Taltz   |
| 10/30/2019 | Added criteria for Rinvoq as approved by the DUR Board  |
| 11/07/2019 | Added ulcerative colitis to Taltz criteria logic and logic diagram  |
| 06/26/2020 | Added diagnosis of non-radiographic axial spondyloarthritis to Cosentyx criteria<br>Updated references  |
| 08/27/2020 | Added GCN for Olumiant 1mg to drug table<br>Updated Taltz age and indications in criteria logic and logic diagram<br>Updated diagnosis tables for Taltz   |
| 10/20/2020 | Updated descriptions for ICD-10 codes for non-radiographic axial spondyloarthritis<br>Age change to 6 years and older for patients with plaque psoriasis – Stelara criteria logic and logic diagram<br>Added GCN for Taltz prefilled syringe to drug table<br>Added diagnosis of psoriatic arthritis – Tremfya criteria logic and logic diagram<br>Added diagnosis of juvenile idiopathic arthritis – Xeljanz criteria logic and logic diagram<br>Updated references  |
| 02/24/2021 | Removed cytokine releasing syndrome as a diagnosis for Actemra – medication is given by IV infusion for this diagnosis and administered by a healthcare practitioner<br>Added a check for conventional therapy for clients with a diagnosis of Crohn's disease for Cimzia<br>Added active Still's disease to criteria logic for Ilaris (diagnosis already included in ICD-10 table)<br>Added DIRA as an approval diagnosis to Kineret criteria<br>Updated Simponi Aria criteria: <ul style="list-style-type: none"> <li>Added PJIA and PsA as approval diagnosis for patients <math>\geq</math> 2 years of age</li> </ul> For criteria requiring prior use of different therapeutic agent, updated lookback to 180 days if the request is for initial therapy and updated criteria to reflect that prior therapy is not required for continuing therapy<br>Updated clinical criteria reference tables<br>Updated references |
| 03/02/2021 | Updated age to $\geq$ 5 years for ulcerative colitis diagnosis for Humira   |
| 04/06/2021 | Added SSc-ILD as an approval diagnosis for Actemra  |
| 06/06/2021 | Added GCN for Enbrel vial (48417) to drug table   |
| 08/09/2021 | Updated age to $\geq$ 6 for clients requesting Cosentyx with moderate to severe plaque psoriasis  |

|            |   |
|------------|---|
| 09/13/2021 | Added GCNs for Skyrizi (49617 and 49591) to drug table  |
| 09/21/2021 | Added GCN and criteria for Arcalyst (99473)   |
| 09/23/2021 | Added GCN for Xeljanz solution (48684) to drug table  |
| 11/16/2021 | Added criteria for Enspryng as approved by the DUR Board  |
| 12/02/2021 | Corrected Enbrel logic diagram (Step 6, renumbered and corrected age to 2 years)  |
| 12/20/2021 | Updated Xeljanz question 1 (is the client $\geq$ 2 years of age), so that 'no' leads to a denial  |
| 01/14/2022 | Added diagnosis of enthesitis-related arthritis for patients $\geq$ 4 years for Cosentyx<br>Added diagnosis of prophylaxis of acute graft versus host disease in patients $\geq$ 2 years in combination with a calcineurin inhibitor and methotrexate for Orencia<br>Removed 'moderate to severe' from plaque psoriasis for Otezla<br>Added diagnosis of psoriatic arthritis, removed check for methotrexate and added check for prior therapy with a TNF-blocker for Rinvoq<br>Added diagnosis of ankylosing spondylitis, removed check for methotrexate/DMARDs and added check for prior therapy with a TNF-blocker for Xeljanz |
| 01/28/2022 | Added diagnosis of atopic dermatitis and added check for prior therapy with systemic agent for atopic dermatitis for Rinvoq<br>Added diagnosis of psoriatic arthritis for Skyrizi   |
| 04/20/2022 | Added diagnosis of ulcerative colitis for Rinvoq  |
| 04/27/2022 | Added criteria for Cibinqo as approved by the DUR Board<br>Updated systemic therapy list for treatment of atopic dermatitis for Rinvoq to include oral immunomodulators and oral glucocorticoids  |
| 05/23/2022 | Added GCNs for Rinvoq (51719, 52085) to PA table<br>Added diagnosis of ankylosing spondylitis for Rinvoq<br>Cibinqo and Rinvoq: clarified prior therapy criteria for clients with atopic dermatitis should be 30 continuous days in the last 90 days<br>Added renewal step for Cibinqo and Rinvoq – prior therapy requirements are not applicable to renewal requests   |
| 08/23/2022 | Added GCN for Cosentyx (49732) to PA table  |
| 08/31/2022 | Updated age to 6 years and older for psoriatic arthritis for Stelara  |
| 09/19/2022 | Updated age to 2 years and older for psoriatic arthritis for Cosentyx   |
| 12/01/2022 | Annual review by staff<br>Updated references  |
| 01/20/2023 | Added diagnosis of alopecia areata for Olumiant   |
| 02/13/2023 | Removed check for OAT3 inhibitors for Olumiant and revised check for severe renal impairment (from $< 60$ mL/min/ $1.73\text{m}^3$ to $< 30$ mL/min/ $1.73\text{m}^3$ ) per updated prescribing information   |
| 03/02/2023 | Updated age to include clients 12 years and older for Cibinqo   |
| 04/03/2023 | Added diagnosis of polymyalgia rheumatica for Kevzara   |

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|            | Updated Olumiant question 5, Rinvoq question 9, and Xeljanz question 6 to ask for concurrent therapy with a biological DMARD or potent immunosuppressant   |
| 04/28/2023 | Added diagnosis of nr-axSpA in adults to Rinvoq<br>Added GCNs for Skyrizi on-body cartridges (53397, 52475) to PA drugs<br>Added diagnosis of Crohn's disease in adults to Skyrizi<br>Added criteria for Sotyktu as approved by the DUR Board<br>Added therapy with 14 days or more of greater than 80mg/day prednisone or prednisone equivalent to potent immunosuppressant therapy<br>Updated references                         |
| 05/15/2023 | Updated Cibinqo Recommended Dosing Table to "Maximum Recommended Dose" and added maximum recommended dose for CYP2C19 poor metabolizers  |
| 05/19/2023 | Added GCNs for Amjevita (42639, 42637, 42592, 54007)<br>Updated Humira criteria logic and logic diagram to include Amjevita  |
| 06/13/2023 | Added diagnosis of Crohn's disease in adults to Rinvoq   |
| 07/19/2023 | Added diagnosis of uveitis for Amjevita<br>Corrected criteria logic for diagnosis of ulcerative colitis for Amjevita   |
| 08/03/2023 | Separated Humira and Amjevita criteria   |
| 05/15/2024 | Added GCNs for adalimumab-adbm (55665, 55668), adalimumab-ryvk (55332), Cyltezo (55665, 55668), and Simlandi (55332) to Adalimumab Biosimilar Drugs Requiring PA   |
| 07/03/2024 | Added GCNs for Hulio (48317, 48318, 48336, 55693, 55235, 55694) to Adalimumab Biosimilar Drugs Requiring PA  |
| 08/12/2024 | Removed GCN for Skyrizi (46215) – product has been discontinued<br>Updated Skyrizi criteria logic and diagram step 4 to read 'Is the request for ≤ one 150mg syringe/pen or one 180mg or 360mg cartridge?'   |
| 08/16/2024 | Added GCNs for adalimumab-ryvk (56016), Taltz (55341, 55342), and Otezla (56083, 56084) to Drugs Requiring PA and supporting tables<br>Added GCNs for adalimumab (55665, 55668, 55332, 56016), Cyltezo (55665, 55668), Hulio (55235, 55694, 55693), and Simlandi (55332) to supporting tables  |
| 09/06/2024 | Added GCNs for Idacio (53387, 53386, 56152) and adalimumab-aacf (56164) to Drugs Requiring PA and supporting tables<br>Updated TNF blocker and Simponi contraindicated drugs table to include adalimumab biosimilars<br>Added supporting table for conventional therapy for ulcerative colitis   |
| 11/22/2024 | Added GCNs for Cimzia (23471) and Enbrel (52651, 23574, 97724, 98398, 43924, 48417) to TNF blocker (excluding adalimumab) supporting table<br>Added GCNs for Cyltezo (53841, 53842, 43789, 54205), Hadlima (53846, 53848, 46718, 46717), and Hyrimoz (53885, 53883, 53884, 53899, 53891, 53875, 53887) to adalimumab biosimilars Drugs Requiring PA table  |
| 02/19/2025 | Updated Stelara (Ustekinumab) to Stelara (Ustekinumab) and Biosimilar Agents<br>Added GCNs for Simlandi (56047, 56048) to Humira (Adalimumab) and Biosimilar Agents to Drugs Requiring PA table and supporting tables<br>Added GCNs for Steqeyma (56753, 56754), Yesintek (56599, 56607, 56603), and ustekinumab-ttwe (55956, 55957) to Stelara (Ustekinumab) and Biosimilar Agents Drugs Requiring PA table and supporting tables |

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| 03/10/2025 | Added GCNs for Selarsdi (55583, 55584) and Otulfi (56286, 56287) to Stelara (Ustekinumab) and Biosimilar Agents Drugs Requiring PA table and supporting tables                                     |
| 04/04/2025 | Added GCN for Simlandi (57361) to Adalimumab Biosimilars Drugs Requiring PA table and supporting tables<br>Added GCN for Tremfya (57417) to Tremfya Drugs Requiring PA table and supporting tables |