

Biologics for Autoimmune Diseases Drug Use Criteria

Created: February 2019, Reviewed: October 2020, August 2021

Includes:

Orencia®	<i>Abatacept</i>
Humira®	<i>Adalimumab</i>
Kineret®	<i>Anakinra</i>
Otezla®	<i>Apremilast</i>
Olumiant®	<i>Baricitinib</i>
Siliq®	<i>Brodalumab</i>
Ilaris®	<i>Canakinumab</i>
Cimzia®	<i>Certolizumab</i>
Enbrel® and biosimilars	<i>Etanercept</i>
Simponi® and Simponi Aria®	<i>Golimumab</i>
Tremfya®	<i>Guselkumab</i>
Remicade® and biosimilars	<i>Infliximab</i>
Taltz®	<i>Ixekizumab</i>
Skyrizi®	<i>Risankizumab-rzaa</i>
Rituxan® and biosimilars	<i>Rituximab</i>
Kevzara®	<i>Sarilumab</i>
Cosentyx®	<i>Secukinumab</i>
Ilumya®	<i>Tildrakizumab-asmn</i>
Actemra®	<i>Tocilizumab</i>
Xeljanz®	<i>Tofacitinib</i>
Rinvoq®	<i>Upadacitinib</i>
Stelara®	<i>Ustekinumab</i>
Entyvio®	<i>Vedolizumab</i>

GUIDELINE FOR USE:

For consideration of coverage refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria at:

https://www.orpdl.org/durm/PA_Docs/biologicsforautoimmunediseases.pdf

Rationale:

To ensure medically appropriate, cost-effective use of medication based on the best available evidence.

References:

- 1) Oregon Medicaid FFS Drug Use Criteria. Biologics for Autoimmune Diseases. Drug Use Research and Management. Health Systems Division. Oregon Health Authority.