



Reference number
1012-AMBST

	Inflectra (infliximab-dyyb) Omvoh (mirikizumab-mrkz) Orenzia (abatacept) Otulfi (ustekinumab-aaaz) Remicade (infliximab) Renflexis (infliximab-abda) Selarsdi (ustekinumab-aeKn) Starjemza (ustekinumab-hmny) Steqeyma (ustekinumab-stba)	Tyruko (natalizumab-sztn) Tysabri (natalizumab) Unbranded infliximab Unbranded ustekinumab Unbranded ustekinumab-aaaz Unbranded ustekinumab-aeKn Unbranded ustekinumab-stba Wezlana (ustekinumab-auub)
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* Preferred products are available through the Part D benefit and may still require a prior authorization review for medical necessity

^Products may not be indicated for all indications listed above

^ Entyvio (vedolizumab) SC, Humira (adalimumab), Olumiant (baricitinib) and Zymfentra (infliximab-dyyb) are also preferred on open formularies

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization)
2. Documented inadequate response to a trial of two or more of the preferred products (documentation required upon request)
3. Documented intolerable adverse event to two or more of the preferred products (documentation required upon request)
4. For Cimzia requests, the member is currently breastfeeding, pregnant or planning pregnancy
5. The preferred products are contraindicated for the member
6. The request is for a medically necessary indication not listed above

B. If an infliximab product is deemed necessary for the indications listed above OR for all Avsola, Remicade, Unbranded infliximab requests for indications not listed above (new starts only):

TABLE. Infliximab products

Status	Product(s)
Preferred*	Inflectra (infliximab-dyyb) Renflexis (infliximab-abda)
Non-preferred (targeted)	Avsola (infliximab-axxq) Remicade (infliximab) Unbranded infliximab

*Preferred products may still require a prior authorization review for medical necessity

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization)

2. Documented intolerable adverse event to both preferred products that is not an expected adverse event attributed to the active ingredient as described in the prescribing information (documentation required upon request)

C. If a rituximab product is deemed necessary for rheumatoid arthritis (new starts only):

TABLE. Rituximab products

Status	Product(s)
Preferred*	Ruxience (rituximab-pvvr) Truxima (rituximab-abbs)
Non-preferred (targeted)**	Rituxan (rituximab) Riabni (rituximab-arrx)

*Preferred products may still require a prior authorization review for medical necessity

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization)
2. Documented intolerable adverse event to both preferred products that is not an expected adverse event attributed to the active ingredient as described in the prescribing information (documentation required upon request)

REFERENCES

1. Actemra (tocilizumab) [prescribing information]. South San Francisco, CA: Genentech, Inc.; December 2022.
2. Avsola (infliximab-axxq) [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; September 2021.
3. Avtozma (tocilizumab-anoh) [prescribing information]. Jersey City, NJ: Celltrion Inc.; January 2025.
4. Bimzelx (bimekizumab-bkzx) [prescribing information]. Smyrna, GA: UCB, Inc.; November 2024.
5. Cimzia (certolizumab pegol) [prescribing information]. Smyrna, GA: UCB, Inc.; December 2022.
6. Ilumya (tildrakizumab-asmn) [prescribing information]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; April 2023.
7. Imuldosa (ustekinumab-srlf) [prescribing information]. Raleigh, NC: Accord BioPharma Inc.; October 2024.
8. Inflectra (infliximab-dyyb) [prescribing information]. New York, NY: Pfizer labs; April 2023.
9. Infliximab [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; October 2021.
10. Omvoh (mirikizumab-mrkz) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; April 2024
11. Orenzia (abatacept) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; October 2023.
12. Otulfi (ustekinumab-aaaz) [prescribing information]. Lake Zurich, IL: Fresenius Kabi LLC; September 2024.
13. Pyzchiva IV (ustekinumab-ttwe) [prescribing information]. Princeton, NJ: Sandoz Inc; December 2024.
14. Remicade (infliximab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; October 2021.
15. Renflexis (infliximab-abda) [prescribing information]. Jersey City, NJ: Organon LLC; December 2023.
16. Riabni (rituximab-arrx) [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; June 2022.
17. Rituxan (rituximab) [prescribing information]. South San Francisco, CA: Genentech, Inc.; December 2021.
18. Rituxan Hycela [prescribing information]. South San Francisco, CA: Genentech, Inc.; June 2021
19. Ruxience (rituximab-pvvr) [prescribing information]. New York, NY: Pfizer labs, Division of Pfizer Inc.; October 2023.
20. Selarsdi (ustekinumab-aekn) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; February 2025.
21. Simponi Aria (golimumab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; February 2021.
22. Sotyktu (deucravacitinib) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; September 2022.



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23. Starjemza (ustekinumab-hmny) [prescribing information]. Berkeley Heights, NJ: Hikma Pharmaceuticals USA Inc.; May 2025.
24. Stelara (ustekizumab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; August 2022.
25. Steqeyma (ustekinumab-stba) [prescribing information]. Jersey City, NJ: Celltrion Inc.; December 2024.
26. Tofidence (tocilizumab-bavi) [prescribing information]. Cambridge, MA: Biogen MA Inc.; March 2025.
27. Tremfya (guselkumab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; September 2024.
28. Truxima (rituximab-abbs) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; February 2022.
29. Tyenne (tocilizumab-aazg) [prescribing information]. Lake Zurich, IL: Fresenius Kabi LLC; March 2024.
30. Tyruko (natalizumab-sztn) [prescribing information]. Princeton, NJ: Sandoz Inc.; August 2023.
31. Tysabri (natalizumab) [prescribing information]. Cambridge, MA: Biogen Inc.; October 2023.
32. Entyvio (vedolizumab) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals USA, Inc.; September 2023.
33. Yesintek IV (ustekinumab-kfce) [prescribing information]. Cambridge, MA: Biogen Inc.; November 2024.
34. Enbrel (etanercept) [prescribing information]. Thousand Oaks, CA: Immunex Corporation; June 2022.
35. Hadlima (adalimumab-bwwd) injection [prescribing information]. Jersey City, NJ: Organon & Co.; June 2024.
36. Rinvoq (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie, Inc.; November 2023.
37. Skyrizi [prescribing information]. North Chicago, IL: AbbVie Inc.; January 2024.
38. Xeljanz (tofacitinib) [prescribing information]. New York, NY: Pfizer, Inc.; January 2022.
39. Wezlana (ustekinumab-auub) [prescribing information]. Thousand Oaks, CA: Amgen, Inc.; March 2025.
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41. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; 2019. Available at <http://www.micromedexsolutions.com/micromedex2/librarian>. Updated periodically. Accessed October 2019.
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DOCUMENT HISTORY

Revised:	10/2025
Aetna Medicare Utilization Management Committee (MUMC) Approved:	12/18/2025
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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
 The formulary may change at any time. You will receive notice when necessary.