Immunomodulatory Agents for Systemic Inflammatory Diseases (for Ohio Only)

Policy Number: CSOH2024D0150.A
Effective Date: November 1, 2024

Instructions for Use

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Related Policies
None

Application

This Medical Benefit Drug Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

This policy addresses the following immunomodulatory agents for systemic inflammatory diseases:

- Actemra® (tocilizumab)
- Cimzia® (certolizumab pegol)
- Cosentyx® (secukinumab)
- Entyvio® (vedolizumab)
- Ilumya® (tildrakizumab-asmn)
- Omvoh® (mirikizumab-mrkz)
- Orencia® (abatacept)
- Skyrizi® (risankizumab-rzaa)
- Stelara® (ustekinumab)

Immunomodulatory agents are considered medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the Ohio Department of Medicaid Unified Preferred Drug List Criteria.

This policy refers only to immunomodulatory agents for provider administration. Immunomodulatory agents for self-administered subcutaneous injection are obtained under the pharmacy benefit.

Policy History/Revision Information

Date	Summary of Changes

11/01/2024	**Template Update/Title Change**
	• Reorganized and renamed policy; combined content previously included in the Medical Benefit Drug Policies titled:
	  ○ *Actemra® (Tocilizumab) Injection for Intravenous Infusion (for Ohio Only)*
	  ○ *Cimzia® (Certolizumab Pegol) (for Ohio Only)*
	  ○ *Entyvio® (Vedolizumab) (for Ohio Only)*
	  ○ *Ilumya® (Tildrakizumab-Asmn) (for Ohio Only)*
	  ○ *Omvoh® (Mirikizumab-Mrkz) (for Ohio Only)*
	  ○ *Orencia® (Abatacept) Injection for Intravenous Infusion (for Ohio Only)*

Date	Summary of Changes
	○ *Skyrizi® (Risankizumab-Rzaa) (for Ohio Only)* ○ *Stelara® (Ustekinumab) (for Ohio Only)* • Removed *Applicable Codes*, *Background*, *Clinical Evidence*, *FDA*, and *References* sections **Coverage Rationale** • Revised language to indicate: ○ This policy addresses the following immunomodulatory agents for systemic inflammatory diseases: ▪ Actemra® (tocilizumab) ▪ Cimzia® (certolizumab pegol) ▪ Cosentyx® (secukinumab) ▪ Entyvio® (vedolizumab) ▪ Ilumya® (tildrakizumab-asmn) ▪ Omvoh® (mirikizumab-mrkz) ▪ Orencia® (abatacept) ▪ Skyrizi® (risankizumab-rzaa) ▪ Stelara® (ustekinumab) ○ Immunomodulatory agents are considered Medically Necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the *Ohio Department of Medicaid Unified Preferred Drug List Criteria* ○ This policy refers only to immunomodulatory agents for provider administration; immunomodulatory agents for self-administered subcutaneous injection are obtained under the pharmacy benefit **Supporting Information** • Archived previous policy versions CSOH2024D0043.C, CSOH2024D0083.B, CSOH2024D0053.B, CSOH2024D0074.B, CSOH2024D0129.C, CSOH2024D0039.B, CSOH2024D0116.A, and CSOH2024D0045.A

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]), or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC), or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.