

**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

Litfulo (Ritlecitinib)

- **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

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

Revision Notes

Initial publication and presentation to the DUR Board

**Litfulo (Ritlecitinib)****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.

Actemra	
Label Name	GCN
LITFULO 50 MG CAPSULE	54429



Litfulo (Ritlecitinib)

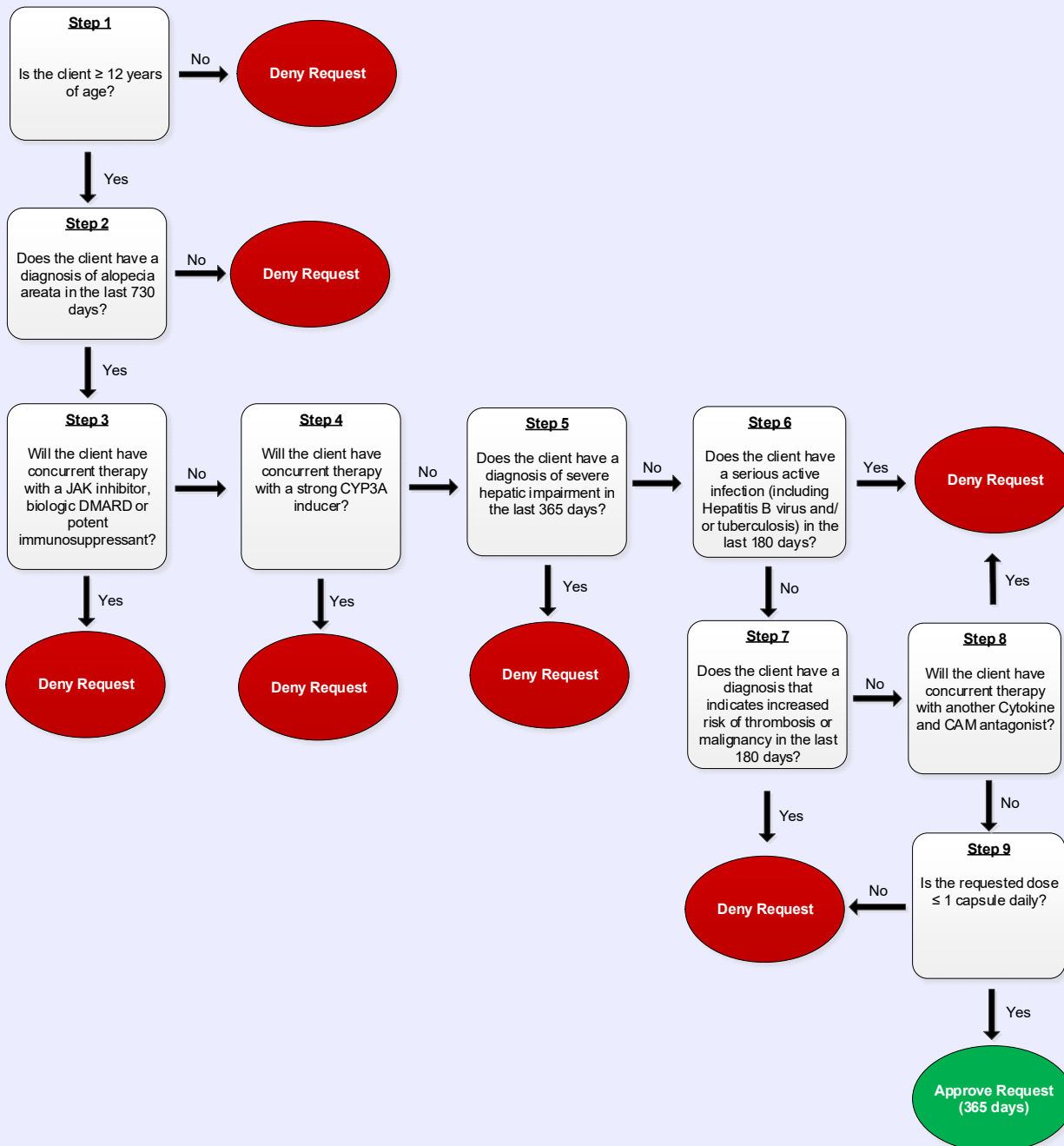
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 12 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a diagnosis of **alopecia areata** in the last 730 days?
 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. Will the client have concurrent therapy with a **strong CYP3A inducer**?
 Yes – Deny
 No – Go to #5
5. Does the client have a diagnosis of **severe hepatic impairment** 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 – Go to #7
7. Does the client have a diagnosis that indicates **increased risk of thrombosis or malignancy** in the last 180 days?
 Yes – Deny
 No – Go to #8
8. Will the client have concurrent therapy with another **Cytokine and CAM antagonist**?
 Yes – Deny
 No – Go to #9
9. Is the requested dose less than or equal to (\leq) 1 capsule daily?
 Yes – Approve (365 days)
 No – Deny



Litfulo (Ritlecitinib)

Clinical Criteria Logic Diagram





Cytokine and CAM Antagonists

Clinical Criteria Supporting Tables

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

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

Biologic DMARDs	
GCN	Description
35486	ACTEMRA 162MG/0.9ML SYRINGE
23471	CIMZIA 200MG/ML STARTER KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
37789	COSENTYX 150MG/ML PEN INJECT

Biologic DMARDs	
GCN	Description
37788	COSENTYX 150MG/ML SYRINGE
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
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
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
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
43055	SILIQ 210 MG/1.5 ML SYRINGE
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE

Biologic DMARDs	
GCN	Description
34983	SIMPONI ARIA 50MG/4ML VIAL
28158	STELARA 45 MG/0.5 ML SYRINGE
40848	TALTZ 80 MG/ML AUTOINJ
40848	TALTZ 80 MG/ML SYRINGE
43612	TREMFYA 100 MG/ML SYRINGE

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
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*	
GCN	Description
*Potent immunosuppressants also include clients who have ≥ 14 days therapy with doses ≥ 80 mg per day of prednisone. Equivalent doses include ≥ 400 mg/day cortisone, 320mg/day hydrocortisone, 80mg/day prednisolone, 64mg/day methylprednisolone and 12mg/day dexamethasone.	

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
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

Corticosteroids	
GCN	Description
27109	PREDNISOLONE ODT 15 MG TABLET
27114	PREDNISOLONE ODT 30 MG TABLET
27171	PREDNISONONE 1 MG TABLET
27172	PREDNISONONE 10 MG TABLET
27173	PREDNISONONE 2.5 MG TABLET
27174	PREDNISONONE 20 MG TABLET
27176	PREDNISONONE 5 MG TABLET
27160	PREDNISONONE 5 MG/5 ML SOLUTION
27161	PREDNISONONE 5 MG/5 ML SOLUTION
27177	PREDNISONONE 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

Strong CYP3A4 Inducer	
GCN	Description
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
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

Strong CYP3A4 Inducer	
GCN	Description
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
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

Strong CYP3A4 Inducer	
GCN	Description
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

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

Hepatic Disease/Impairment	
ICD-10 Code	Description
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
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

Hepatic Disease/Impairment	
ICD-10 Code	Description
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)
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

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
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

Serious Active Infection	
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS

Diagnosis indicating increased risk of thrombosis or malignancy	
ICD-10 Code	Description
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

Cytokine and CAM Antagonists	
GCN	Description
35486	ACTEMRA 162MG/0.9ML SYRINGE
45082	ACTEMRA ACTPEN 162 MG/0.9 ML
99473	ARCALYST 220MG INJECTION
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
51827	CIBINQO 100 MG TABLET
51828	CIBINQO 200 MG TABLET
51825	CIBINQO 50 MG TABLET
23471	CIMZIA 200MG/ML SYRINGE KIT
23471	CIMZIA 200MG/ML STARTER KIT
37789	COSENTYX 300 MG DOSE-2 PENS
37789	COSENTYX 150 MG/ML PEN INJECT
37788	COSENTYX 150 MG/ML SYRINGE
37788	COSENTYX 300 MG DOSE-2 SYRINGES
49732	COSENTYX 75 MG/0.5ML SYRINGE
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

Cytokine and CAM Antagonists	
GCN	Description
43924	ENBREL 50 MG/ML MINI CARTRIDGE
48417	ENBREL 25 MG/0.5 ML VIAL
48477	ENSPRYNG 120 MG/ML SYRINGE
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
44014	HUMIRA (CF) PEN 80 MG/0.8 ML
43904	HUMIRA (CF) PEDI CROHN 80 MG/0.8
44014	HUMIRA (CF) PEN PEDI UC 80 MG
44677	HUMIRA (CF) PEDI CROHN 80-40MG
43506	HUMIRA (CF) PEN 40 MG/0.4 ML
44014	HUMIRA (CF) PEN CRHN-UC-HS 80 MG
44954	HUMIRA (CF) PEN PS-UV-AHS 80-40 MG
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
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
43148	ILARIS 150MG/ML VIAL
44553	ILUMYA 100 MG/ML SYRINGE
43223	KEVZARA 150 MG/1.14 ML SYRINGE
43224	KEVZARA 200 MG/1.14 ML SYRINGE
44269	KEVZARA 150 MG/1.14 ML PEN INJ
44277	KEVZARA 200 MG/1.14 ML PEN INJ
14867	KINERET 100MG/0.67ML SYRINGE
47205	OLUMIANT 1 MG TABLET
43468	OLUMIANT 2 MG TABLET
30289	ORENCIA 125 MG/ML SYRINGE
41656	ORENCIA CLICKJECT 125MG/ML
43389	ORENCIA 50 MG/0.4 ML SYRINGE
43397	ORENCIA 87.5 MG/0.7 ML SYRINGE
36172	OTEZLA 30 MG TABLET
37765	OTEZLA 28 DAY STARTER PACK
46822	RINVOQ ER 15 MG TABLET

Cytokine and CAM Antagonists	
GCN	Description
51719	RINVOQ ER 30 MG TABLET
52085	RINVOQ ER 45 MG TABLET
43055	SILIQ 210 MG/1.5 ML SYRINGE
35001	SIMPONI 100 MG/ML PEN INJECTOR
34697	SIMPONI 100 MG/ML SYRINGE
22533	SIMPONI 50 MG/0.5 ML PEN INJECTOR
22536	SIMPONI 50MG/0.5 ML SYRINGE
34983	SIMPONI ARIA 50 MG/4 ML VIAL
46215	SKYRIZI 150 MG DOSE KIT - 2 SYRN
49617	SKYRIZI 150 MG/ML SYRINGE
49591	SKYRIZI 150 MG/ML PEN
53397	SKYRIZI 180 MG/1.2 ML ON-BODY
52475	SKYRIZI 360 MG/2.4 ML ON-BODY
52879	SOTYKTU 6 MG TABLET
28158	STELARA 45 MG/0.5 ML SYRINGE
19903	STELARA 45 MG/0.5 ML VIAL
28159	STELARA 90 MG/ML SYRINGE
40848	TALTZ 80 MG/ML AUTOINJECTOR (3-PK)
40848	TALTZ 80 MG/ML AUTOINJECTOR
40848	TALTZ 80 MG/ML AUTOIN (2-PK)
40849	TALTZ 80 MG/ML SYRINGE
43612	TREMFYA 100 MG/ML SYRINGE
46024	TREMFYA 100 MG/ML INJECTOR
48684	XELJANZ 1 MG/ML SOLUTION
33617	XELJANZ 5 MG TABLET
44882	XELJANZ 10 MG TABLET
38086	XELJANZ XR 11 MG TABLET



Cytokine and CAM Antagonists

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2023. Available at <http://www.clinicalpharmacology.com>. Accessed on October 13, 2023.
2. Litfulo Prescribing Information. Pfizer, Inc. New York, NY. June 2023.

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
10/13/2023	Initial publication and presentation to the DUR Board