

Policy History		
#	Date	Change Description
2.	Effective Date: / /202	\$GGHGFULWHULDIRUJHQHUDOLJHGSXVWXODUSVRULDVLV
2.	Effective Date: 12/09/2021	Removed FDA approved indication, phototherapy and oral DMARD criteria for psoriasis, and the oral DMARD criteria for psoriatic arthritis, and added trial of one topical corticosteroid for psoriasis indication.
2.	Effective Date: 08/12/2021	Removal of criteria requiring documented negative TB test
	Effective Date: 02/04/2021	Removal of the topical steroid criteria for psoriasis indication
	Effective Date: 12/03/2020	Criteria updated to align management between pharmacy and medical benefit for all listed indications.
	Effective Date: 4/16/2020	Updated criteria to include dose optimization of preferred product statement and updated pricing table
	Effective Date: 02/06/2020	Updated to include biosimilar Avsola (infliximab-axxq).
	Effective Date: 08/15/2019	Updated to include a credible explanation statement
	Effective Date: 05/09/2019	Updated criteria to include trial of preferred products
	Effective Date: 09/07/2018	The Treatments for RA Policy is being retired; all RA criteria was listed in this document.
	Effective Date: 08/09/2018	Criteria update-Ixifi addition and Step Therapy
	Effective Date: 02/08/2018	New criteria document; added drugs including biosimilars
	Effective Date:	0HGLFDOSROLFNWVWDEOLVKHG

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.