Concomitant (Concurrent) use of Biologics (Biologic Response Modifiers Therapies) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs)

Summary

Biologic response modifier therapies, or biologics, are specialized agents bioengineered to interact with specific aspects of the immune system. These unique therapeutics modulate the immune response and disrupt inflammation, playing a pivotal role in managing autoimmune diseases. Biologics, also recognized as immunomodulators and anticytokine agents, have a broad treatment scope encompassing conditions like axial ankylosing spondylitis, graft-versus-host disease, juvenile idiopathic arthritis, rheumatoid arthritis, psoriatic arthritis, psoriasis, and inflammatory bowel disease. Beyond autoimmune disorders, biologics also find usage in oncology, where they can target specific cancer cells or mitigate side effects of other cancer therapies. The administration routes for these drugs include intravenous, subcutaneous, and in some instances, oral delivery.

Classifications of biologics include soluble receptor antagonists, monoclonal antibodies, and cell surface receptor antagonist proteins, defined by their origin and function. Further subclassifications exist based on the mechanism of action and targeted therapy area, such as anti-integrin antibodies, B-cell inhibitors, Interleukin (IL) inhibitors, T-cell inhibitors, and Tumor Necrosis Factor (TNF) inhibitors.

Table 1: Disease-modifying antirheumatic drugs (DMARDs)

Type of DMARD	Generic name	Example brand name(s)	Administration method
Conventional synthetic DMARDs	Azathioprine	Imuran, Azasan	Oral
	Hydroxychloroquine	Plaquenil	Oral
	Leflunomide	Arava	Oral
	Methotrexate	Rheumatrex, Trexall, Otrexup, Rasuvo	Oral or subcutaneous injection
	Sulfasalazine	Azulfidine, Azulfidine EN tabs	Oral
Biologic DMARDs	Abatacept	Orencia	Subcutaneous injection or intravenous infusion
	Adalimumab	Abrilada, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Hyrimoz, Idacio, Simlandi, Yuflyma, Yusimry	Subcutaneous injection
	Anakinra	Kineret	Subcutaneous injection
	Belatacept	Nulojix	Intravenous infusion
	Belimumab	Benlysta	Subcutaneous injection or intravenous infusion
	Bimekizumab	Bimzelx	Subcutaneous injection
	Brodalumab	Siliq	Subcutaneous injection
	Canakinumab	Ilaris	Subcutaneous injection
	Certolizumab pegol	Cimzia	Subcutaneous injection
	Etanercept	Enbrel	Subcutaneous injection
	Golimumab	Simponi	Subcutaneous injection or intravenous infusion
	Guselkumab	Tremfya	Subcutaneous injection
	Infliximab	Avsola, Inflectra, Ixifi, Remicade, Renflexis, Zymfentra	Subcutaneous injection or intravenous infusion

	Ixekizumab	Taltz	Subcutaneous injection
	Mirikizumab	Omvoh	Subcutaneous injection or intravenous infusion
	Natalizumab	Tysabri	Intravenous infusion
	Obinutuzumab	Gazyva	Intravenous infusion
	Rilonacept	Arcalyst	Subcutaneous injection
	Ofatumumab	Arzerra, Kesimpta	Subcutaneous injection or intravenous infusion
	Risankizumab	Skyrizi	Subcutaneous injection or intravenous infusion
	Rituximab	Riabni, Rituxan, Ruxience, Truxima	Intravenous infusion
	Sarilumab	Kevzara	Subcutaneous injection
	Satrilazumab	Enspryng	Subcutaneous injection
	Secukinumab	Cosentyx	Subcutaneous injection or intravenous infusion
	Tocilizumab	Actemra, Tofidence	Subcutaneous injection or intravenous infusion
	Ustekinumab	Stelara, Wezlana	Subcutaneous injection or intravenous infusion
	Vedolizumab	Entyvio	Subcutaneous injection or intravenous infusion
Targeted synthetic DMARDs - Janus Associated Kinase (JAK) Inhibitors	Abrocitinib	Cibinqo	Oral
	Baricitinib	Olumiant	Oral
	Deucravacitinib	Sotyktu	Oral
	Fedratinib	Inrebic	Oral
	Momelotinib	Ojjaara	Oral
	Pacritinib	Vonjo	Oral
	Ritlecitinib	Litfulo	Oral
	Ruxolitinib	Jakafi	Oral
	Tofacitinib	Xeljanz/Xeljanz XR	Oral

	Upadacitinib	Rinvoq	Oral
Targeted synthetic DMARDs - Phosphodiesterase-4 (PDE-4) Inhibitors	Apremilast	Otezla	Oral

NOTE: The above table provides a selection of the commonly prescribed DMARDs in the United States. It is important to note that this table is not exhaustive, and it may not include some recently approved drugs or those currently under investigation.

- *Oral tsDMARDs coverage is subject to Plan benefits and are typically billed through a member's pharmacy benefits.*

Definitions

Biologic drug class by type of therapeutic molecule/agent:

- "Cell surface receptor antagonist proteins" are inactive proteins that compete with cytokines for binding sites on the cytokine's membrane receptor. The percentage of receptors they need to bind to for effective action can vary depending on the specific drug and condition being treated.
- "Monoclonal antibodies"are laboratory-produced antibodies derived from human or nonhuman sources, engineered to target and recognize specific antigens causing disease. Their affinity for antigens is greater than that of soluble receptor antagonists.
- "Soluble receptor antagonists"are molecules that selectively bind to target cytokines present in the blood, thus preventing the cytokines from interacting with cell surface receptors.

Biologic response modifier therapies (biologics) drug class by mechanism of action and area of target:

- "Anti-integrin antibody" specifically bind to and inhibit the interaction between integrin alpha-4-beta-7 and mucosal addressin cell adhesion molecule-1 (MAdCAM-1) in the gut, thus reducing chronic inflammation associated with ulcerative colitis and Crohn's disease. Natalizumab and vedolizumab are FDA-approved anti-integrin drugs.
- "B-cells inhibitors" impede the activation of B-cells, the cells initiating a cascade reaction resulting in inflammation. B-cell inhibitors include rituximab and belimumab.
- "Interleukin (IL) inhibitors" target interleukins, which are key mediators of inflammation in the body. Anakinra, canakinumab, and rilonacept are common IL-1 inhibitors. IL-6 inhibitors include tocilizumab and sarilumab, while IL-17 inhibitors comprise secukinumab, ixekizumab, or brodalumab. Ustekinumab is a common IL-12/23 inhibitor. Newer IL-23 inhibitors like guselkumab and risankizumab specifically target the p19 subunit of IL-23, providing more selective inhibition.
- "T-cells inhibitors" impede the activation of cytokines influencing systemic inflammation. An example of a T-cell co-stimulation blocker is abatacept.
- "Tumor Necrosis Factor (TNF) inhibitors" specifically target tumor necrosis factor-alpha, an inflammatory cytokine implicated in cell death during inflammation. They halt this inflammatory

process and slow disease progression. Examples include infliximab, adalimumab, certolizumab, etanercept, golimumab.

"Concomitant" refers to the use of two or more drugs together as part of a treatment regimen.

"Disease-modifying antirheumatic drugs (DMARDs)" are a class of drugs that modulate the immune system and inflammation. They are categorized as:

1. Conventional/traditional DMARDs: e.g., methotrexate, sulfasalazine, hydroxychloroquine, leflunomide. They are typically the first line of therapy.
2. Biologic DMARDs: These include many of the biologics mentioned above, typically used in patients who do not respond to initial therapy for rheumatoid arthritis. However, it's important to note that not all biologics are necessarily categorized as DMARDs, as some are used for conditions other than rheumatic diseases.
3. Targeted synthetic DMARDs (tsDMARDs): e.g., baricitinib, tofacitinib, apremilast. They are generally prescribed for patients who have failed or have contraindications to conventional DMARDs or biologic DMARDs.

"Kinase inhibitors"are small-molecule drugs not made from recombinant DNA or proteins; thus, they are not considered biologics. They inhibit various kinases, including Janus kinases (JAK), which are critical for cellular signal transduction pathways. These orally administered medications include tofacitinib and baricitinib, which specifically target JAK, but other kinase inhibitors may target different kinases.

Policy Statement on Concomitant (Concurrent) use of Biologics (Biologic Response Modifiers Therapies) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs)

The concurrent use of two or more biologic agents or a biologic agent with a targeted synthetic DMARD (tsDMARD) for the same diagnosis during the same time period is typically considered experimental or investigational and is not considered medically necessary, unless supported by FDA guidelines, clinical criteria, or high-quality clinical evidence.

- Concomitant use of multiple biologics may increase the risk of infection without providing additional clinical benefit.
- Clinical trials have not demonstrated added benefit from concomitant use of certain biologics.
- Current treatment guidelines from major rheumatology and dermatology societies do not recommend routine concurrent use of biologics or biologics with tsDMARDs.

Medical Necessity Criteria for Concomitant (Concurrent) use of Biologics (Biologic Response Modifiers Therapies) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs)

The Plan does not consider medically necessary the concurrent use of a biologic when the following criteria are met:

1. The use of two or more biologic agents (Anti-integrin antibody, B-cell inhibitors, IL inhibitors, T-cell inhibitors, TNF inhibitors), for purposes of the same diagnosis during the same time period (unless indicated that there is greater efficacy with concurrent use of biologics by FDA prescribing guidelines, compendia, national society guidelines, clinical criteria or high-quality clinical evidence); *or*
2. The use of a biologic agent with a targeted synthetic DMARD (tsDMARD), for purposes of the same diagnosis during the same time period, (unless indicated that there is greater efficacy with concurrent use of biologics by FDA prescribing guidelines, compendia, national society guidelines, clinical criteria or high-quality clinical evidence) including but not limited to:
    a. An oral Janus kinase (JAK) inhibitor (e.g., Olumiant [baricitinib], Rinvoq [upadacitinib], Xeljanz [tofacitinib], Xeljanz XR [tofacitinib]); *or*
    b. An oral phosphodiesterase-4 (PDE4) inhibitor (e.g., Otezla [apremilast]).

Rationale:

The current body of evidence is not sufficient to confirm the medical benefits of concurrent use of Biologic Response Modifiers Therapies (i.e., biologics) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs). Based on the Plan's review of the available clinical evidence, the Plan maintains the following position:

1. There is not enough information to establish definitive medical necessity criteria for coverage.
2. In line with current evidence, the Plan advises against the concurrent use of biologics and tsDMARDs for the same diagnosis during the same time period, as there is insufficient evidence supporting such practice. This stance prioritizes the safety of our members and directs their treatment towards evidence-based, effective regimens.
3. The concurrent use of these therapies will be classified as experimental, investigational, and unproven until robust clinical evidence suggesting otherwise becomes available.

The Plan considers the concomitant use of various classes of biologic agents including Anti-integrin antibody, B-cell inhibitors, IL inhibitors, and T-cell inhibitors, as well as concomitant use of biologic agents with tsDMARDs, such as JAK inhibitors and PDE4 inhibitors, not medically necessary unless specifically indicated in FDA prescribing guidelines, compendia, national society guidelines, clinical criteria or high-quality clinical evidence.

4. National societies such as the American College of Gastroenterology, American College of Rheumatology, American Academy of Dermatology, National Comprehensive Cancer Network, and National Psoriasis Foundation, currently do not include concurrent use of biologics in their general guidance.
5. FDA prescribing labels often discourage simultaneous usage due to increased risk of severe infections and potential drug interactions.
6. Clinical studies of drugs like Abatacept (Orencia), a T-cell co-stimulation blocker, have failed to demonstrate any enhanced efficacy with concurrent treatment. Instead, individuals treated with concomitant biologics and/or tsDMARDs experienced increased

rates of infections and serious infections. The use of TNF inhibitors in conjunction with other biologic agents also lacks compelling evidence supporting its safety and efficacy.

Experimental or Investigational / Not Medically Necessary

The Plan considers concomitant use of Biologic Response Modifiers Therapies (i.e., biologics) and targeted synthetic Disease-Modifying Antirheumatic Drugs (tsDMARDs) to be not medically necessary primarily due to lack of substantial high-quality clinical evidence, showing a clear and significant benefit to members when these treatments are used concurrently.

Most of the current scientific evidence and clinical guidelines advocate for a stepwise approach in the treatment of autoimmune diseases, beginning with conventional synthetic DMARDs, then moving to biologics or tsDMARDs if necessary. The simultaneous use of two or more biologics or a combination of a biologic with a tsDMARD is generally not supported by these guidelines, primarily due to concerns about increased risk of severe side effects, such as serious infections, without a commensurate increase in therapeutic benefit.

The concurrent use of these treatments can also compound their individual side effects, potentially posing increased risk of harm to the member. As such, until there is clear, robust evidence from well-designed clinical trials showing that the combined use of these treatments offers substantial benefits that outweigh the potential risks, such use will be considered experimental, investigational, and unproven.

Concomitant Use of Biologics

The concomitant use of multiple biologics generally increases the susceptibility to infection and is not routinely recommended. Practice guidelines from national societies such as the American College of Gastroenterology, American College of Rheumatology, American Academy of Dermatology, National Comprehensive Cancer Network, National Psoriasis Foundation do not generally endorse the concurrent use of biologics (B-cell inhibitors, IL inhibitors, T-cell inhibitors, TNF inhibitors) as part of standard treatment protocols. The Plan recognizes that in certain refractory cases, some recent studies have explored combination therapies under close monitoring. Please consult the most recent FDA prescribing labels for specific indications, contraindications, warnings, and precautions.

Concomitant use of Anti-integrin antibody

The Plan does not consider medically necessary the use of anti-integrin antibodies (e.g., Tysabri [natalizumab], Entyvio [vedolizumab]) concurrently with another anti-integrin antibody or TNF inhibitors due to the risk of drug interactions and increased infections, as per current prescribing labels.

Concomitant use of B-cells inhibitors

Other biologics

The Plan does not consider medically necessary the concomitant use of B-cell inhibitors with other biologics due to limited evidence. This includes newer B-cell targeting therapies such as Gazyva (obinutuzumab) and Kesimpta (ofatumumab).

Concomitant Use of IL inhibitors

Other biologics

The Plan does not consider medically necessary the concurrent use of IL inhibitors (e.g., Kineret [anakinra], Tremfya [guselkumab], Skyrizi [risankizumab]) with TNF blockers (e.g., infliximab [i.e., Remidace, Inflectra, Zymfentra]), as there is no established added clinical benefit per FDA labels. Concurrent use of IL inhibitors (e.g., ustekinumab [i.e., Stelara, Yesintek, Wezlana]) with other biologic agents has not been sufficiently evaluated in clinical studies for most conditions. However, emerging research in inflammatory bowel disease suggests potential benefits in certain refractory cases, which may be considered on a case-by-case basis.

Concomitant use of Janus kinase (JAK) inhibitors

The Plan does not consider medically necessary the concurrent use of JAK inhibitors (including but not limited to Rinvoq [upadacitinib], Olumiant [baricitinib], Xeljanz [tofacitinib], Cibinqo [abrocitinib], Sotyktu [deucravacitinib], Inrebic [fedratinib], Jakafi [ruxolitinib]) with other JAK inhibitors, biologic DMARDs, or potent immunosuppressants such as azathioprine and cyclosporine. These combinations are not recommended in current prescribing labels due to increased risk of immunosuppression without established additional benefit. The combination may increase the risk of infections.

Concomitant Use of T-cell co-stimulation blockers

TNF Inhibitor, Biologic DMARDs, JAK inhibitors

The Plan does not consider medically necessary the use of T-cell co-stimulation blockers (e.g., Orencia [abatacept]) when prescribed with a TNF inhibitor, other biologic DMARDs, or JAK inhibitors, as it is not recommended per FDA labels. The ORENCIA STUDY IV clinical trial demonstrated no benefit and increased risk of infections with concurrent use of abatacept (Orencia) and TNF inhibitor therapy.

Concomitant use of Phosphodiesterase-4 (PDE4) inhibitors

PDE4 inhibitors (e.g., Otezla [apremilast]) are not recommended for use concurrently with biologics for Behçet's Disease, moderate-to-severe plaque psoriasis, or active psoriatic arthritis (except in the case of oral small molecules which are recommended in combination over Otezla [apremilast] monotherapy). There is limited evidence to support the combined use of Otezla (apremilast) with certain biologics for the management of psoriasis, however the recommendation is based on low quality of evidence. They should be used as an alternative for

members who have failed or have contraindications to conventional DMARDs and/or biologics, as per current clinical pharmacology data and drug interaction databases.

Concomitant Use of TNF inhibitors

Other biologics

The Plan does not consider medically necessary the use of TNF inhibitors (e.g., infliximab [i.e., Remicade, Inflectra, Zymfentra], Enbrel [etanercept], adalimumab [i.e., Humira, Hulio, Cyltezo]) concurrently with other biologic agents such as IL inhibitors or biologic agents in different drug classes, due to insufficient evidence on safety and efficacy as per FDA guidelines. While some recent small-scale studies in inflammatory bowel disease have explored combination therapy with TNF inhibitors and IL inhibitors, these approaches remain experimental and raise safety concerns. Any such combinations should only be considered in highly refractory cases under expert care and close monitoring, which may be considered on a case-by-case basis.

Biosimilars

The above guidance applies equally to reference biologics and their approved biosimilars. The use of biosimilars should follow the same principles of monotherapy or limited combination therapy as their reference products.

Applicable Billing Codes (HCPCS/CPT Codes)

Disclaimer

The codes for products listed below are provided for informational purposes only. Inclusion or exclusion of a code does not imply or guarantee coverage or reimbursement by the Plan. The actual coverage or non-coverage of services for an individual member will be determined by the terms and conditions of their policy at the time of service, as well as applicable state and federal law.

For confirmation of coverage, please refer to the member's policy documents, such as the Certificate/Evidence of Coverage, Schedule of Benefits, or Plan Formulary. Alternatively, the Plan can be directly contacted for confirmation. The provision of services is governed by the terms, conditions, and limitations of a member's policy.

As outlined in the aforementioned policy, concurrent use of biologics is not typically considered medically necessary. Coverage for a singular biologic is dependent on the members' plan benefits and adherence to the Plan's Clinical Guidelines, including but not limited to the Commercial Preferred Physician-Administered Specialty Drugs (CG052).

CPT/HCPCS Codes for biologics	
Anti-integrin antibodies	
J2323	Injection, natalizumab, 1 mg
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg
J3380	Injection, vedolizumab, intravenous, 1 mg
C9399/J3590	[vedolizumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
B-cell inhibitors	
Code	*Description*
J0490	Injection, belimumab, 10 mg
J3590	[belimumab (SC)] Unclassified biologics
J9301	Injection, obinutuzumab, 10 mg
J9302	Injection, ofatumumab, 10 mg
C9399/J3590	[ofatumumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
J9311	Injection, rituximab 10 mg and hyaluronidase
J9312	Injection, rituximab, 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
Janus Associated Kinase (JAK) Inhibitors	
J8499	[Abrocitinib] Prescription drug, oral, non chemotherapeutic, nos
J8499	[Baricitinib] Prescription drug, oral, non chemotherapeutic, nos
J8499	[Deucravacitinib] Prescription drug, oral, non chemotherapeutic, nos
C9399/J8999	[Fedratinib] Unclassified drugs or biologicals/Prescription drug, oral, chemotherapeutic, nos
C9399/J8999	[Momelotinib] Unclassified drugs or biologicals/Prescription drug, oral, chemotherapeutic, nos
C9399/J9499	[Pacritinib] Unclassified drugs or biologicals/Prescription drug, oral, chemotherapeutic, nos

J8499	[Ritlecitinib] Prescription drug, oral, non chemotherapeutic, nos
C9399/J8999	[Ruxolitinib] Unclassified drugs or biologicals/Prescription drug, oral, chemotherapeutic, nos
J8499	[Tofacitinib, tofacitinib citrate ER] Prescription drug, oral, non chemotherapeutic, nos
J7999	[tofacitinib citrate (bulk powder)] Compounded drug, not otherwise classified
J8499	[Tofacitinib, tofacitinib citrate] Prescription drug, oral, non chemotherapeutic, nos
J8499	[Upadacitinib] Prescription drug, oral, non chemotherapeutic, nos
Interleukin inhibitors	
J3590	[Anakinra (SC)] Unclassified biologics
C9399/J3590	[Brodalumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[Bimekizumab-bkzx] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[Ixekizumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
J2267	Injection, mirikizumab-mrkz, 1 mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
C9399/J3590	[Risankizumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[Sarilumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[Satralizumab-mwge] Unclassified drugs or biologicals/Unclassified biologics
J3247	Injection, secukinumab, intravenous, 1 mg
C9399/J3590	[Secukinumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
J0638	Injection, canakinumab, 1 mg
J1628	Injection, guselkumab, 1 mg
J2793	Injection, rilonacept, 1 mg

J3262	Injection, tocilizumab, 1 mg
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
C9399/J3590	[tocilizumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
C9399/J3590	[ustekinumab-stba (IV) (SC)] Unclassified drugs or biologicals/Unclassified biologics
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
C9399/J3590	[ustekinumab-kfce (IV) (SC)] Unclassified drugs or biologicals/Unclassified biologics
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg
Phosphodiesterase-4 (PDE-4) Inhibitors	
J8499	[Apremilast] Prescription drug, oral, non chemotherapeutic, nos
T-cell inhibitors	

J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J0485	Injection, belatacept, 1 mg
TNF inhibitors	
C9399/J3590	[adalimumab-bwwd (Hadlima)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[adalimumab-atto (Amjevita)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[adalimumab-adaz (Hyrimoz)] Unclassified drugs or biologicals/Unclassified biologics
C9399/J3590	[adalimumab-aqvh (Yusimry)] Unclassified drugs or biologicals/Unclassified biologics
Q5140	Injection, adalimumab-fkjp, biosimilar, 10 mg
Q5141	Injection, adalimumab-aaty, biosimilar, 10 mg
Q5142	Injection, adalimumab-ryvk, biosimilar, 10 mg
Q5143	Injection, adalimumab-adbm, biosimilar, 10 mg
Q5144	Injection, adalimumab-aacf (idacio), 10 mg
Q5145	Injection, adalimumab-afzb (adrilada), 10 mg
J0139	Injection, adalimumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1602	Injection, golimumab, 1 mg, for intravenous use
C9399/J3590	[golimumab (SC)] Unclassified drugs or biologicals/Unclassified biologics
J1745	Injection, infliximab, excludes biosimilar, 10 mg

J1748	Injection, infliximab-dyyb (zymfentra), 10 mg
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
ICD-10 codes considered NOT medically necessary:	
Code	*Description*
Z79	Long term (current) drug therapy
Z79.6	Long term (current) use of immunomodulators and immunosuppressants
Z79.62	Long term (current) use of immunosuppressant
Z79.61	Long term (current) use of immunomodulator
Z79.620	Long term (current) use of immunosuppressive biologic
Z79.622	Long term (current) use of Janus kinase inhibitor

References

1. Arthritis Foundation. Biologics. Arthritis.org. https://www.arthritis.org/drug-guide/biologics/biologics
2. Abrilada (adalimumab-afzb) [prescribing information]. New York, NY: Pfizer Inc; October 2023.
3. Actemra (Tocilizumab) [prescribing information]. San Francisco, CA: Genentech, Inc. September 2024.
4. Amjevita (adalimumab) [prescribing information]. Thousand Oaks, CA: Amgen Inc; August 2024.
5. Angeles-Han ST, Ringold S, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the screening, monitoring, and treatment of juvenile idiopathic arthritis-associated uveitis. Arthritis Care Res (Hoboken). 2019;71(6):703-716.
6. Arcalyst (Rilonacept) [prescribing information]. London, UK: Kiniksa Pharmaceuticals (UK), Ltd. March 2021.
7. Avsola (infliximab-axxq) [prescribing information]. Thousand Oaks, CA: Amgen, Inc. September 2021.
8. Avtozma (Tocilizumab) [prescribing information]. Republic of Korea: Celltrion, Inc. January 2025.
9. Ballow, M., & Fleisher, T.A. (April 2021). Secondary immunodeficiency induced by biologic therapies. UpToDate.com. https://www.uptodate.com/contents/secondary-immunodeficiency-induced-by-biologic-therapies?search=B-cell%20inhibitors%20concomitant&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2
10. Bathon J, Robles M, Ximenes AC, et al. Sustained disease remission and inhibition of radiographic progression in methotrexate-naive patients with rheumatoid arthritis and poor prognostic factors treated with abatacept: 2-year outcomes. Ann Rheum Dis. 2011;70(11):1949-1956.
11. Benlysta (belimumab) [prescribing information]. Durham, NC: GlaxoSmithKline LLC; May 2024.
12. Bimzelx (bimekizumab-bkzx) [prescribing information]. Smyrna, GA: UCB, Inc. November 2024.

13. Budtarad, N., Prawjaeng, J., Leelahavarong, P., Pilasant, S., Chanjam, C., Narongroeknawin, P., Kitumnuaypong, T., & Katchamart, W. (2023). Efficacy and safety of biologic, biosimilars and targeted synthetic DMARDs in moderate-to-severe rheumatoid arthritis with inadequate response to methotrexate: a systematic review and network meta-analysis. . https://doi.org/10.1101/2023.01.20.23284852.
14. Burmester, G.R. (Nov. 2020). Overview of biologic agents and kinase inhibitors in the rheumatic diseases. UpToDate.com. https://www.uptodate.com/contents/overview-of-biologic-agents-and-kinase-inhibitors-in-the-rheumatic-diseases?search=biologics&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H3220612907
15. Cibinqo (abrocitinib) [prescribing information]. New York, NY: Pfizer Labs; December 2023.
16. Cimzia (certolizumab pegol) [prescribing information]. Smyrna, GA: UCB Pharma S.A. September 2024.
17. Coates, L.C., Soriano, E.R., Corp, N. et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021. Nat Rev Rheumatol 18, 465–479 (2022). https://doi.org/10.1038/s41584-022-00798-0
18. Cohen, S., & Cannella, A. (Dec 2019). Patient education: Disease-modifying antirheumatic drugs (DMARDs) in rheumatoid arthritis (Beyond the Basics). UpToDate.com. https://www.uptodate.com/contents/disease-modifying-antirheumatic-drugs-dmards-in-rheumatoid-arthritis-beyond-the-basics#H2
19. Cohen, S., & Cannella, A. (Jan 2020). Treatment of rheumatoid arthritis in adults resistant to initial conventional nonbiologic DMARD therapy. UpToDate.com. https://www.uptodate.com/contents/treatment-of-rheumatoid-arthritis-in-adults-resistant-to-initial-conventional-nonbiologic-dmard-therapy?search=targeted%20synthetic%20disease-modifying%20antirheumatic%20drug&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
20. Cosentyx (Secukinumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Co. September 2024.
21. Cyltezo (adalimumab) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; April 2024.
22. Dai C, Huang YH, Jiang M. Combination therapy in inflammatory bowel disease: Current evidence and perspectives. Int Immunopharmacol. 2023 Jan;114:109545. doi: 10.1016/j.intimp.2022.109545. Epub 2022 Dec 9.
23. Davis DMR, Drucker AM, Alikhan A, et al. Executive summary: Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2024 Feb;90(2):342-345. doi: 10.1016/j.jaad.2023.08.103. Epub 2023 Nov 7.
24. Elmets CA, Korman NJ, Prater EF et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. J Am Acad Dermatol. 2021; 84:432-470.
25. Elsevier. (Oct 2019). Apremilast, Otezla, Description/Classification. www.clinicalkey.com. https://www.clinicalkey.com/pharmacology/monograph/3844?sec=mondesc&n=Otezla
26. Enbrel (etanercept) [prescribing information] Thousand Oaks, CA: Immunex Corporation. September 2024.
27. Enspryng (Satralizumab) [prescribing information]. Tokyo, Japan: Chugai Pharmaceutical Co., Ltd. March 2022.
28. Entyvio (Vedolizumab) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc. April 2024.
29. Erlizi (etanercept-szzs) [prescribing information] Princeton, NJ: Sandoz Inc. November 2022.
30. Eticovo (etanercept-ykro) [prescribing information] Republic of Korea: Samsung Bioepis Co., Ltd. June 2024.
31. Feuerstein, J.D., Isaacs, K.L., Schneider, Y., et al. (April 2020). AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. Gastroenterology,158(5), 1450-1461. doi:10.1053/j.gastro.2020.01.006.

32. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. Arthritis Care Res (Hoboken). 2021;73(7):924-939.
33. Fraenkel, L., Bathon, J.M., England, B.R., St.Clair, E.W., Arayssi, T., Carandang, K., Deane, K.D., Genovese, M., Huston, K.K., Kerr, G., Kremer, J., Nakamura, M.C., Russell, L.A., Singh, J.A., Smith, B.J., Sparks, J.A., Venkatachalam, S., Weinblatt, M.E., Al-Gibbawi, M., Baker, J.F., Barbour, K.E., Barton, J.L., Cappelli, L., Chamseddine, F., George, M., Johnson, S.R., Kahale, L., Karam, B.S., Khamis, A.M., Navarro-Millán, I., Mirza, R., Schwab, P., Singh, N., Turgunbaev, M., Turner, A.S., Yaacoub, S. and Akl, E.A. (2021), 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res, 73: 924-939. https://doi.org/10.1002/acr.24596
34. Gazyva (obinutuzumab) [prescribing information]. South San Francisco, CA: Genentech Inc; July 2022.
35. Hadlima (adalimumab-bwwd) [prescribing information]. Jersey City, NJ: Organon LLC; June 2024.
36. Hirten, R.P., Iacucci, M., Shah, S., et al. (Sept 2018). Combining Biologics in Inflammatory Bowel Disease and Other Immune Mediated Inflammatory Disorders. Clinical Gastroenterology and Hepatology, 16(9), 1374-1384. Doi: https://doi.org/10.1016/j.cgh.2018.02.024
37. Hulio (adalimumab-fkjp) [prescribing information]. Cambridge, MA: Bicon Biologics Inc; February 2025.
38. Humira (adalimimumab) [prescribing information]. North Chicago, IL. AbbVie Inc. November 2023.
39. Hyrimoz (adalimumab-adaz) [prescribing information]. Princeton, NJ: Sandoz Inc; April 2024.
40. Idacio (adalimumab) [prescribing information]. Lake Zurich, IL: Fresenius Kabi USA LLC; June 2024.
41. Ilaris (canakinumab) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; November 2024.
42. Imuldose (ustekinumab-srlf) [prescribing information]. Raleigh, NC: Accord Biopharma Inc. March 2025.
43. Inflectra (infliximab-dyyb) [prescribing information]. New York, NY: Pfizer Inc. June 2021.
44. Inrebic (Fedratinib) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Co. May 2025.
45. Ixifi (infliximab-qbtx) [prescribing information]. New York, NY: Pfizer Inc. December 2023.
46. Jakafi (Ruxolitinib) [prescribing information]. Wilmington, DE: Incyte Corp. January 2023.
47. Kesimpta (Ofatumumab) [prescribing information]. East Hanover, CT: Novartis Pharmaceuticals Co. April 2024.
48. Kevzara (Sarilumab) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis U.S., LLC. June 2024.
49. Kineret (anakinra) [prescribing information]. Stockholm, Sweden: Swedish Orphan Biovitrum AB. September 2024.
50. Ko CW, Singh S, Feuerstein JD et al. AGA Clinical Practice Guidelines on the Management of Mild-to-Moderate Ulcerative Colitis. Gastroenterology. 2019; 156:748-764.
51. Lichtenstein GR, Loftus EV, Afzali A, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. The American Journal of Gastroenterology 120(6):p 1225-1264, June 2025. | DOI: 10.14309/ajg.0000000000003465
52. Liftfulo (Ritlecitinib) [prescribing information] New York, NY: Pfizer Labs. June 2023.
53. Manis, J.P. (Dec. 2020). Overview of therapeutic monoclonal antibodies. UpToDate.com. https://www.uptodate.com/contents/overview-of-therapeutic-monoclonal-antibodies?search=monoclonal%20antibodies&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
54. Menter A, Cordoro KM, Davis DMR et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis in pediatric patients. J Am Acad Dermatol. 2020; 82:161-201.
55. Menter A, Strober BE, Kaplan DH et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. J Am Acad Dermatol. 2019; 80:1029-1072.

56. National Cancer Institute at the National Institutes of Health. Biological response modifier therapy. cancer.gov. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/biological-response-modifier-therapy
57. National Comprehensive Cancer Network. (March 2021). Clinical Practice Guidelines in Oncology (NCCN Guidelines), Hodgkin Lymphoma, Version 3.2021. NCCN.org. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf
58. National Comprehensive Cancer Network. (January 2025). Clinical Practice Guidelines in Oncology (NCCN Guidelines), Hodgkin Lymphoma, Version 2.2025. NCCN.org. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf
59. National Comprehensive Cancer Network. (March 2021). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), B-Cell Lymphomas, Version 3.2021. NCCN.org. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf
60. National Comprehensive Cancer Network. (February 2025). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines), B-Cell Lymphomas, Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf
61. Nulojix (belatacept) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company. July 2021.
62. Ojjaara (Momelotinib) [prescribing information]. Durham, NC: GlaxoSmithKline. April 2025.
63. Olumiant [package insert]. Indianapolis, IN: Eli Lilly and Company. June 2022.
64. Omvoh (mirikizumab) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; January 2025.
65. Opzelura (Ruxolitinib) [prescribing information] Wilmington, DE: Incyte Corp. January 2023.
66. Orencia (abatacept) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; January 2024.
67. Otezla (Apremilast) [prescribing information]. Thousand Oaks, CA: Amgen Inc. April 2024.
68. Otulfi (ustekinumab-aauz) [prescribing information]. Lake Zurich, IL: Fresenius Kabi U.S.A., LLC. March 2025.
69. Privitera G, Pugliese D, Onali S, et al. Combination therapy in inflammatory bowel disease - from traditional immunosuppressors towards the new paradigm of dual targeted therapy. Autoimmun Rev. 2021 Jun;20(6):102832. doi: 10.1016/j.autrev.2021.102832. Epub 2021 Apr 15.
70. Pyzchiva (ustekinumab-ttwe) [prescribing information] Republic of Korea: Samsung Bioepis Co,. Ltd. December 2024.
71. Ravelli A, Consolaro A, Horneff G, et al. Treating juvenile idiopathic arthritis to target: recommendations of an international task force. Ann Rheum Dis. 2018;77(6):819-828.
72. Remicade (infliximab) [prescribing information]. Horsham, PA: Janssen Biotech Inc. February 2025.
73. Renflexis (infliximab-abda) [prescribing information]. Republic of Korea: Samsung Bioepis Co., Ltd. December 2023.
74. Riabni (rituximab-arrx) [prescribing information]. Thousand Oaks, CA: Amgen, Inc. June 2022. Rigby, W.F.C, Mease P.J., Olech, E., et al. (May 2013). Safety of Rituximab in Combination with Other Biologic Disease-modifying Antirheumatic Drugs in Rheumatoid Arthritis: An Open-label Study. The Journal of Rheumatology, 40 (5), 599-604. DOI: https://doi.org/10.3899/jrheum.120924
75. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. Arthritis Care Res (Hoboken). 2019;71(6):717-734.
76. Rituxan (rituximab) [prescribing information]. San Francisco, CA: Genentech, Inc. December 2021.
77. Rituxan Hycela (rituximab and hyaluronidase human) [prescribing information]. San Francisco, CA: Genentech, Inc. June 2021.
78. RINVOQ [package insert]. North Chicago, IL: AbbVie Inc. April 2025.

79. Rubin DT, Ananthakrishnan AN, Siegel CA et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterol. 2019; 114:384-413.
80. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. The American Journal of Gastroenterology 120(6):p 1187-1224, June 2025. | DOI: 10.14309/ajg.0000000000003463
81. Ruxience (rituximab-pvvr) [prescribing information]. Cork, Ireland: Pfizer Ireland Pharmaceuticals. October 2023.
82. Sapkota, B., Makandar, S.N., & Acharya, S. (2020). Biologic Response Modifiers (BRMs). StatPearls [Internet], Treasure Island (FL): StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK542200/
83. Schiff M, Weinblatt ME, Valente R, et al. Head-to-head comparison of subcutaneous abatacept versus adalimumab for rheumatoid arthritis: two-year efficacy and safety findings from AMPLE trial. Ann Rheum Dis. 2014;73(1):86-94.Rubbert-Roth A, Enejosa J, Pangan AL, et al. Trial of upadacitinib or abatacept in rheumatoid arthritis (SELECT-CHOICE). N Engl J Med. 2020;383:1511-1521.
84. Selarsdi (ustekinumab-aekn) [prescribing information].Leesburg, VA: Alvotech USA Inc. February 2025.
85. Siliq (brodalumab) [prescribing information]. Bridgewater, NJ: Bausch Health US LLC; August 2024.
86. Simlandi (adalimumab) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; February 2025.
87. Simponi (Golimumab) [prescribing information] Horsham, PA: Janssen Biotech, Inc. April 2025.
88. Singh JA, Guyatt G, Ogdie A, et al. Special article: 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. Arthritis Rheumatol. 2019;71(1):5-32.
89. Singh, J. A., Saag, K. G., Bridges Jr, S. L., Akl, E. A., Bannuru, R. R., Sullivan, M. C., ... & McAlindon, T. (2016). 2015 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. Arthritis & rheumatology, 68(1), 1-26.
90. Singh, J.A., Guyatt, G., Ogdie, A., et al. (Nov. 2018). 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. Arthritis & Rheumatology, 1-28. doi: 10.1002/art.40726
91. Skyrizi (risankizumab-rzaa) [prescribing information]. North Chicago, IL: AbbVie Inc; June 2024.
92. Smolen, J. S., Landewé, R., Bijlsma, J., Burmester, G., Chatzidionysiou, K., Dougados, M., ... & Van Der Heijde, D. (2017). EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Annals of the rheumatic diseases, 76(6), 960-977.
93. Smolen, J. S., Schöls, M., Braun, J., Dougados, M., FitzGerald, O., Gladman, D. D., ... & Van Der Heijde, D. (2018). Treating axial spondyloarthritis and peripheral spondyloarthritis, especially psoriatic arthritis, to target: 2017 update of recommendations by an international task force. Annals of the rheumatic diseases, 77(1), 3-17.
94. Sotyktu (Deucravacitinib) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Co. September 2022.
95. Starjemza (ustekinumab-hmny) [prescribing information]. Guangdong, China: Bio-thera Solutions, Ltd. May 2025.
96. STELARA® (ustekinumab). (2020). STELARA® (ustekinumab) Has Expanded First-Line Biologic* Access for Your Patients1. Concomitant Therapies. Stelarahcp.com. https://www.stelarahcp.com/psoriatic-arthritis/support
97. Stelara (ustekinumab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc. April 2025.
98. Steqeyma (ustekinumab-stba) [prescribing information]. Republic of Korea: Celltrion, Inc. April 2025.
99. Taltz (Ixekizumab) [prescribing information]. Indianapolis, IN: Eli Lilly and Co. August 2024.
100. Tofidence (Tocilizumab-bavi) [prescribing information]. Cambridge, MA: Biogen MA Inc. March 2025.

101. Togt, C., Bemt, B., Aletaha, D., Alten, R., Chatzidionysiou, K., Galloway, J., Isaac, J., Mulleman, D., Verschueren, P., Vulto, A., Welsing, P., Verhoef, L., & Broeder, A. (2023). Points to consider for cost-effective use of biological and targeted synthetic DMARDs in inflammatory rheumatic diseases: results from an umbrella review and international Delphi study. RMD Open, 9. https://doi.org/10.1136/rmdopen-2022-002898.
102. Tremfya (Guselkumab) [prescribing information]. Horsham, PA: Janssen Biotech, Inc. March 2025.
103. Truxima (rituximab-abbs) [prescribing information]. North Wales, PA: Celltrion, Inc. February 2022.
104. Tyenne (Tocilizumab-aazg) [prescribing information]. Lake Zurich, IL: Fresenius Kabi USA, LLC. May 2025.
105. Tyruko (Natalizumab-sztn) [prescribing information]. Princeton, NJ: Sandoz, Inc. August 2023.
106. Tysabri (Natalizumab) [prescribing information]. Cambridge, MA: Biogen, Inc. March 2025.
107. U.S. Food & Drug Administration (FDA). (April 2020). OTEZLA (apremilast) tablets, for oral use. FDA.gov. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/205437Orig1s008lbl.pdf
108. U.S. Food & Drug Administration (FDA). (June 2020). ORENCIA (abatacept) for injection, for intravenous use. ORENCIA (abatacept) injection, for subcutaneous use. Packageinserts.bms.com. https://packageinserts.bms.com/pi/pi_orencia.pdf
109. U.S. Food & Drug Administration (FDA). (June 2020). TYSABRI (natalizumab) injection, for intravenous use. www.tysabri.com. https://www.tysabri.com/content/dam/commercial/tysabri/pat/en_us/pdf/tysabri_prescribing_information.pdf
110. U.S. Food & Drug Administration (FDA). (March 2020). ENTYVIO (vedolizumab) for injection, for intravenous use. Fda.gov. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125476s025s030lbl.pdf
111. U.S. Food & Drug Administration (FDA). (May 2020). REMICADE (infliximab) for injection, for intravenous use. Fda.gov. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/103772s5389s5391s5394lbl.pdf
112. U.S. Food & Drug Administration (FDA). Resources for You (Biologics). Fda.gov. https://www.fda.gov/vaccines-blood-biologics/resources-you-biologics
113. Vieujean S, Peyrin-Biroulet L. Triple biologic therapy for refractory Crohn's disease. J Crohns Colitis. 2025 May 8;19(5):jjaf067. doi: 10.1093/ecco-jcc/jjaf067.
114. Vonjo (Pacritinib) [prescribing information] Seattle, WA: CTI BioPharma Corp. November 2024.
115. Ward, M. M., Deodhar, A., Gensler, L. S., Dubreuil, M., Yu, D., Khan, M. A., ... & Caplan, L. (2019). 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. Arthritis care & research, 71(10), 1285-1299.
116. Welzana (ustekinumab-auub) [prescribing information]. Thousand Oaks, CA: Amgen Inc. December 2024.
117. Xeljanz (Tofacitinib) [prescribing information]. New York, NY: Pfizer Labs. February 2025.
118. Yang, E., Panaccione, N., Whitmire, N., et al. (April 2020). Efficacy and safety of simultaneous treatment with two biologic medications in refractory Crohn's disease. Alimentary Pharmacology and Therapeutics, 51(11), 1031-1038. https://doi.org/10.1111/apt.15719
119. Yesintek (ustekinumab-kfce) [prescribing information]. Cambridge, MA: Biocon BIologics Inc. November 2024.
120. Yuflyma (adalimumab) [prescribing information]. Jersey City, NJ: Celltrion USA Inc; January 2024.
121. Yusimry (adalimumab-aqvh) [prescribing information]. Redwood City, CA: Coherus BioSciences Inc; September 2023.
122. Zymfentra (infliximab-dyyb) [prescribing information]. Jersey City, NJ: Celltrion USA, Inc. June 2021.

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