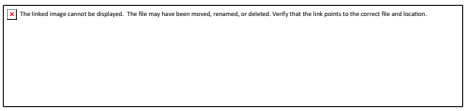

Prior Authorization Guideline

Guideline Name	Adalimumab Biosimilars
Formulary	• Medicaid - CareOregon (CORMCAID)

Guideline Note:

Effective Date:	7/21/2026

1 . Criteria

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Ankylosing Spondylitis and Axial Spondyloarthritis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member's age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 The member has ankylosing spondylitis or axial spondyloarthritis (radiographic or non-radiographic) by the following:

- Back pain and stiffness for more than 3 months
- Signs of active inflammation on MRI or radiological evidence of sacroiliitis or hla-b27 positive

AND

2.2.2 Moderate to severe active disease at baseline, as evidenced by an objective test such as the BASDAI

AND

2.2.3 One of the following

2.2.3.1 Both of the following:

2.2.3.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.3.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.3.2 Both of the following:

2.2.3.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.3.2.2 Trial and failure of all of the following:

- At least two NSAIDs for 3 months at maximum recommended or tolerated anti-inflammatory dose unless contraindicated
- Physical therapy/exercise program
- Only for those age 21 and older: IV infliximab

AND

2.2.4 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a rheumatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I”

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Ankylosing Spondylitis and Axial Spondyloarthritis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has significant improvement in signs and symptoms of AS/SpA and/or functioning, such as ASAS40 or 2-point improvement in BASDAI

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Crohn’s Disease
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member’s age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 Diagnosis of moderate to severe Crohn's disease

AND

2.2.2 Member has tried and failed infliximab (only for ages 21 and older)

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a gastroenterologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I” • First auth day 0 – 21: MDD 0.22 • Second auth day 22- 180: no MDD

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Crohn's Disease
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has experienced a decrease in symptoms, a reduction in enterocutaneous fistulas, or clinical remission

Notes	Authorization approval parameters: • Ignore Drug Status "I" • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Hidradenitis Suppurativa
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member's age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 Member has a diagnosis of moderate to severe hidradenitis suppurativa with submitted documentation showing Hurley Stage II or III disease

AND

2.2.2 One of the following

2.2.2.1 Both of the following:

2.2.2.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.2.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.2.2 Both of the following:

2.2.2.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.2.2.2 Trial and failure of all of the following:

- One of the following combination oral antibiotic regimens: Clindamycin (or another tetracycline) + rifampin; OR Moxifloxacin + metronidazole + rifampin
- Intralesional corticosteroid injections
- Antiandrogenic hormonal treatments for women (oral contraceptives, metformin, finasteride, or spironolactone)
- Acitretin if not of child-bearing potential
- Only for those age 21 and older: IV infliximab

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a dermatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I” • First auth day 0 – 21: MDD 0.22 • Second auth day 22- 180: MDD 0.15

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Hidradenitis Suppurativa
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has significant improvement as evident by one of the following:

- A reduction of 25% or more in the total abscess and inflammatory nodule count
- No increase in abscesses and draining fistulas

Notes	Authorization approval parameters: • Ignore Drug Status “I” • MDD 0.15 • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Juvenile Idiopathic Arthritis (JIA)
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member’s age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 Member has juvenile idiopathic arthritis with active systemic features of juvenile idiopathic arthritis, with a physician global assessment of 5 or higher (or any systemic activity in the absence of active joint involvement

AND

2.2.2 One of the following

2.2.2.1 Both of the following:

2.2.2.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.2.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.2.2 Both of the following:

2.2.2.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.2.2.2 Trial and failure of all of the following:

- systemic corticosteroids
- a 3 month trial of methotrexate or leflunomide for at least 3 months (or have a contraindication to both)
- Only for those age 21 and older: IV infliximab

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a rheumatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I”

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Juvenile Idiopathic Arthritis (JIA)
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has experienced 20% or greater improvement in tender joint count and swollen joint count or there has been an improvement in functional ability

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Non-infectious Uveitis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member's age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 Member has a diagnosis of non-infectious, intermediate, posterior or panuveitis

AND

2.2.2 One of the following

2.2.2.1 Both of the following:

2.2.2.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.2.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.2.2 Both of the following:

2.2.2.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.2.2.2 Trial and failure of all of the following:

- Topical glucocorticoids for at least 1 month OR periocular steroid injections
- Immunomodulator: mycophenolate, tacrolimus, cyclosporine, azathioprine, or methotrexate
- Only for those age 21 and older: IV infliximab

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a rheumatologist or ophthalmologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I” • First auth day 0 – 21: MDD 0.22 • Second auth day 22- 180: no MDD

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Non-infectious Uveitis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Submission of medical records (e.g., chart notes) confirming that disease activity has been controlled, such as a lack of inflammation, no new inflammatory vascular lesions, no vitreous haze or decreases in visual acuity

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Plaque psoriasis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member’s age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 Member has a diagnosis of chronic, moderate to severe plaque psoriasis with functional impairment and at least one of the following:

- 10% or more body surface area involved
- Hand, foot, face, or mucous membrane involvement

AND

2.2.2 One of the following

2.2.2.1 Both of the following:

2.2.2.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.2.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.2.2 Both of the following:

2.2.2.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.2.2.2 Trial and failure of all of the following:

- High-potency topical corticosteroids, such as augmented betamethasone cream 0.05%, desoximetasone 0.25% cream, or clobetasol AND a non-steroid topical
- An oral DMARD (methotrexate, cyclosporine, or acitretin)
- Phototherapy
- Only for those age 21 and older: IV infliximab

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a dermatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I” • First auth day 0 – 21: MDD 0.22 • Second auth day 22- 180: no MDD

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Plaque Psoriasis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has experienced a clinically significant response, such as PASI-75 (75% improvement) and/or has shown functional improvement	
Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Psoriatic Arthritis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member’s age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 A diagnosis of psoriatic arthritis based on having at least 3 of the following:

- Psoriasis (1 point for personal or family history, 2 points for current)
- Psoriatic nail dystrophy
- Negative test result for rheumatoid factor (RF)
- Dactylitis (current or history)
- Radiological evidence of juxta-articular new bone formation

AND

2.2.2 One of the following

2.2.2.1 Both of the following:

2.2.2.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.2.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.2.2 Both of the following:

2.2.2.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.2.2.2 Trial and failure of all of the following:

- NSAIDs
- Methotrexate or other DMARD such as leflunomide, sulfasalazine, or cyclosporine
- Only for those age 21 and older: IV infliximab

AND

2.2.3 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a dermatologist or rheumatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I”

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Psoriatic Arthritis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member had a 20% or greater improvement in tender joint count and swollen joint count

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Rheumatoid Arthritis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member's age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 A diagnosis of rheumatoid arthritis

AND

2.2.2 Moderate to high disease activity measured by an accepted assessment instruction such as one of the following:

- PAS
- PASII
- RAPID3
- CDAI
- DAS28
- SDAI

AND

2.2.3 One of the following

2.2.3.1 Both of the following:

2.2.3.1.1 Member is transitioning to the requested treatment from a different biologic product

AND

2.2.3.1.2 Member has tried and failed infliximab (only for ages 21 and older

OR

2.2.3.2 Both of the following:

2.2.3.2.1 Member is NOT transitioning to the requested treatment from a different biologic product

AND

2.2.3.2.2 Trial and failure of all of the following:

- Methotrexate 20 mg per week for at least 8 weeks
- Leflunomide, hydroxychloroquine, or sulfasalazine
- Only for those age 21 and older: IV infliximab

AND

2.2.4 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a rheumatologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I”

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Rheumatoid arthritis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member had a 20% or greater improvement in tender joint count and swollen joint count

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Ulcerative Colitis
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - The requested agent is indicated for, or supported for use, in the submitted diagnosis for the member’s age

AND

2 - One of the following:

2.1 Both of the following:

2.1.1 Request is for maintenance of remission in a patient who already achieved remission with the requested product or has already initiated therapy

AND

2.1.2 Renewal criteria for the submitted diagnosis has been met

OR

2.2 All of the following:

2.2.1 A diagnosis of ulcerative colitis

AND

2.2.2 Moderate to severe disease by one of the following:

- 4 or more stools per day
- Evidence of toxicity such as fever, anemia, elevated ESR, or tachycardia

AND

2.2.3 Only for those age 21 and older: iv infliximab

AND

2.2.4 The risk of infections has been addressed by the following:

- Initial testing for latent TB and treatment, if necessary, before starting therapy
- No current active infection at initiation of therapy
- Risks and benefits documented in cases of chronic or recurrent infection

AND

3 - Prescribed by or in consultation with a gastroenterologist

AND

4 - Will not be used in combination with another biologic

Notes	Authorization approval parameters: • GPI10 • Ignore Drug Status “I” • First auth day 0 – 21: MDD 0.22 • Second auth day 22- 180: no MDD

Product Name: Hadlima, Brand Adalimumab-bwwd, Simlandi, Yusimry, Brand Adalimumab-adbm	
Diagnosis	Ulcerative Colitis
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member has significant improvement evident from one of the following:

- A decrease in bloody stools per day
- Eliminations of signs of toxicity

Notes	Authorization approval parameters: • Ignore Drug Status “I” • GPI10