CareSource

PHARMACY POLICY STATEMENT **Indiana Medicaid**	
DRUG NAME	Xeljanz/Xeljanz XR (tofacitinib)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT— see **Dosage allowed** below
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Xeljanz/Xeljanz XR (tofacitinib) is a **preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

POLYARTICULAR COURSE JUVENILE IDIOPATHIC ARTHRITIS (pcJIA) – XELJANZ immediate-release only

For **initial** authorization:

1. Member must be 2 years of age or older;
2. Member has a confirmed diagnosis of active pcJIA; AND
3. Must have a documented negative TB test (i.e., tuberculosis skin test (PPD), interferon-gamma release assay (IGRA)) within 12 months prior to starting therapy; AND
4. Medication must be prescribed by or in consultation with a rheumatologist; AND
5. Member has had an adequate trial and failure of a non-biologic DMARD (e.g., methotrexate, leflunomide, etc.) for 8 weeks, unless not tolerated or contraindicated.
6. **Dosage allowed:**
   a) 10 kg to 19 kg: 3.2 mg (3.2 mL oral solution) twice daily;
   b) 20 kg to 39 kg: 4 mg (4 mL oral solution) twice daily;
   c) 40 kg or higher: 5 mg (one 5 mg tablet or 5 mL oral solution) twice daily.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided showing improvement of signs and symptoms of disease.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

PSORIATIC ARTHRITIS (PsA)

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a rheumatologist or dermatologist; AND
3. Member has a documented diagnosis of active psoriatic arthritis (PsA); AND
4. Must have a documented negative TB test (i.e., tuberculosis skin test (PPD), interferon-gamma release assay (IGRA)) within 12 months prior to starting therapy; AND

5. Member has met a 4-week trial of an NSAID taken at maximally tolerated doses AND a 3-month trial of a non-biologic DMARD agent (e.g., methotrexate, sulfasalazine, cyclosporine, etc.) unless **one** of the following situations is met:
   a) Non-biologic DMARD is not required for:
      i) Concomitant axial disease (i.e., involving sacroiliac joint and spine) or enthesitis; OR
   b) NSAID and non-biologic DMARD are not required for:
      i) Severe PsA (defined as having at least one of the following: erosive disease, active PsA at many sites including dactylitis or enthesitis, elevated levels of ESR or CRP, joint deformities, or major impairment in quality of life).
6. **Dosage allowed:** Xeljanz is 5 mg twice daily; Xeljanz XR is 11 mg once daily.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided showing improvement of signs and symptoms of disease.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

RHEUMATOID ARTHRITIS (RA)

For **initial** authorization:
1. Member must be 18 years of age or older with moderately to severely active RA; AND
2. Must have a documented negative TB test (i.e., tuberculosis skin test (PPD), interferon-gamma release assay (IGRA)) within 12 months prior to starting therapy; AND
3. Medication must be prescribed by or in consultation with a rheumatologist; AND
4. Member must have a trial and failure of, or intolerance to methotrexate and **one** other non-biologic DMARD (i.e., hydroxychloroquine, sulfasalazine, and leflunomide) for 3 months per trial, either together or separately; AND
   Note: only one non-biologic DMARD is required if member has a poor prognostic factor such as high swollen joint count, presence of early joint erosions, presence of autoantibodies (RF and/or ACPA).
5. **Dosage allowed:** Xeljanz is 5 mg twice daily; Xeljanz XR is 11 mg once daily.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; AND
2. Chart notes demonstrate improvement of RA signs and symptoms (e.g. fewer number of painful and swollen joints, achievement of remission, slowed progression of joint damage, etc.).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

ULCERATIVE COLITIS (UC)

For **initial** authorization:
1. Member is 18 years of age or older with moderately to severely active UC; AND
2. Medication must be prescribed by or in consultation with a gastroenterologist; AND
3. Must have a documented negative TB test (i.e., tuberculosis skin test (PPD), interferon-gamma release assay (IGRA)) within 12 months prior to starting therapy; AND
4. Member must have a documented history of inadequate response or intolerance to a tumor necrosis factor (TNF) blocker (e.g., Remicade, Humira, Simponi).
5. **Dosage allowed:**
   a) Xeljanz:

i) Induction: 10 mg twice daily for at least 8 weeks or up to 16 weeks. Discontinue after 16 weeks if adequate therapeutic response is not achieved.
ii) Maintenance: 5 mg twice daily.

b) Xeljanz XR:
i) Induction: 22 mg once daily for at least 8 weeks or up to 16 weeks. Discontinue after 16 weeks if adequate therapeutic response is not achieved.
ii) Maintenance: 11 mg once daily.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided showing improvement in signs and symptoms of UC (defined as clinical remission, decrease in rectal bleeding, decreased corticosteroid use, etc.).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Xeljanz/Xeljanz XR (tofacitinib) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
05/10/2017	New policy for Xeljanz/Xeljanz XR created. Policy SRx-0042 archived. For diagnosis of RA: trial of Humira and Enbrel required. List of diagnoses considered not medically necessary was added.
02/05/2018	New indication of Psoriatic Arthritis (PsA) was added.
09/14/2018	New indication of Ulcerative Colitis was added. Requirements on axial disease type removed from PsA.
02/26/2019	Humira and Enbrel removed from trials requirement. Initial authorization length increased to 12 months for UC. TB test allowed to be done within 12 months prior to initiation of therapy; chest x-ray option removed. References updated. Other drugs options allowed for PsA if there is an intolerance or contraindication to methotrexate.
08/06/2019	For diagnosis of UC, treatment options of immunomodulators, corticosteroids and salicylates were removed.
10/06/2020	New diagnosis polyarticular course juvenile idiopathic arthritis (pcJIA) added. Replaced list of excluded diagnoses with the generic statement. Updated references. For all diagnoses: Removed repeat TB in reauth for all diagnoses. For PsA: Added requirement of diagnosis of PsA. Allowed coverage of axial disease with trial of NSAID. Specified length of trials to be 4 weeks of NSAID and 3 months of non-biologic DMARD. For RA: Specified trials to require methotrexate as one of the non-biologic DMARD trials; only one trial is needed if member has poor prognostic factors. For UC: removed Mayo score in diagnosis. Removed requirement that exclude Crohn's disease symptoms.

References:

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