**Overview**
Tofacitinib inhibits Janus kinase (JAK) enzymes, which are intracellular enzymes involved in stimulating hematopoiesis and immune cell function through a signaling pathway. Inhibition of JAKs interrupts this pathway and proinflammatory cytokines.

**FDA-Approved Indications**
1. Moderately to severely active rheumatoid arthritis (RA)
2. Active psoriatic arthritis (PsA)
3. Moderately to severely active ulcerative colitis (UC)
4. Moderate to severely active juvenile idiopathic arthritis (pJIA) – Xeljanz only

**Coverage Guidelines**
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Xeljanz or Xeljanz XR excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Moderate to Severe Rheumatoid Arthritis (RA), Psoriatic arthritis (PsA), Moderate to severe Ulcerative Colitis (UC) and Moderate to severe polyarticular juvenile idiopathic arthritis (pJIA)

Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE traditional DMARD or contraindication to traditional DMARDs
   b. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

3. ONE of the following:
   a. If the request is for Xeljanz®, quantity requested is ≤2 tablets/day
   b. If the request is for Xeljanz XR®, quantity requested is ≤1 tablet/day

Moderate to severe polyarticular juvenile idiopathic arthritis (pJIA)
Prescriber provides documentation of ALL of the following:
1. Appropriate diagnosis
2. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE traditional DMARD or contraindication to traditional DMARDs
   b. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication
3. ONE of the following:
   a. If the request is for Xeljanz®, quantity requested is ≤2 tablets/day

Continuation of Therapy
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

Limitations
1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

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<tbody>
<tr>
<td>Xeljanz® 5mg and 10mg</td>
<td>60 tablets per 30 days</td>
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<tr>
<td>Xeljanz® XR 22mg</td>
<td>30 tablets per 30 days</td>
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References
1. Xeljanz/Xeljanz XR (tofacitinib) [prescribing information]. New York, NY: Pfizer; October 2018
Review History
06/24/2013: Reviewed
02/24/2014: Reviewed
02/23/2015: Reviewed
02/22/2016: Reviewed
02/27/2017: Adopted SGM & Step
03/01/2018: Adopted MH RS
02/20/2019: Reviewed P&T Mtg
03/18/2020: Updated (Included Ulcerative colitis indication to coverage guidelines); removed dosing
03/17/2021 – Reviewed and Updated; added moderate to severe polyarticular juvenile idiopathic arthritis (pJIA). Effective 06/01/2021

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.