Xeljanz® (tofacitinib)
Xeljanz XR® (tofacitinib)
Effective January 1, 2021

Plan	☐ MassHealth ☒ MassHealth (PUF) ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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)

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)

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

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:

Xeljanz® 5mg and 10mg	60 tablets per 30 days
Xeljanz® XR 22mg	30 tablets per 30 days

References

1. Xeljanz/Xeljanz XR (tofacitinib) [prescribing information]. New York, NY: Pfizer; October 2018
2. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol.* 2016;68(1)1-26.
3. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis.* 2017*;0*:1-18.
4. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol*. 2011;65(1):137-174.
5. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. *Ann Rheum Dis*. 2016;75(3):499-510.
6. Sandborn WJ, Su C, Sands BE, et al. Tofacitinib as Induction and Maintenance Therapy for Ulcerative Colitis. N Engl J Med 2017; 376:1723.

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
4/15/2020: MH unified drug list to prefer Xeljanz and Xeljanz XR ; change previous use of ONE biologic DMARD to inadequate response to Enbrel OR Humira. Change effective 6/22/20.
10/21/2020 – Reviewed and Updated; separated out Comm/Exch vs. MassHealth. Matched MassHealth

Preferred Unified Formulary for implementation 1/1/2021

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.