

**Xeljanz® (tofacitinib)  
Xeljanz XR® (tofacitinib)  
Effective 02/20/19**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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
2. Active psoriatic arthritis
3. Moderately to severely active ulcerative colitis (UC)

All other indications are considered experimental/investigational and are not a covered benefit.

**Coverage Guidelines**

Approval will be granted if the member meets the following criteria:

1. Member has a diagnosis of RA or PsA **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine) \* **AND**
3. Dosing does not exceed the quantity limit.

*\*DMARD trial is not required in members with active psoriatic arthritis with axial (spine) involvement (including sacroiliitis) whose condition is not sufficiently controlled with NSAIDs*

**Continuation of Therapy**



Reauthorization will be granted if documentation is submitted indicating a positive response to therapy

**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®	60 tablets per 30 days
Xeljanz® XR	30 tablets per 30 days

**Appendix**

**Dosing**

Xeljanz® (tofacitinib)	<b>Rheumatoid arthritis (moderate-severe) and Psoriatic arthritis</b> 5 mg twice daily
Xeljanz® XR® (tofacitinib extended release)	<b>Rheumatoid arthritis (moderate-severe) and Psoriatic arthritis</b> 11 mg once daily

**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

**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.

