Drug Name: Xeljanz/Xeljanz XR (tofacitinib)
Date: 09-2018

Drug Name:	**Xeljanz/Xeljanz XR (tofacitnib)**
Required Medical Information:	• For a diagnosis of moderate to severe active rheumatoid arthritis, the following criteria applies: o Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). **NOTE: Members who have received Xeljanz, Xeljanz XR or any other biologic DMARD are exempt from TB screening* **AND** o Member has previously received Xeljanz, Xeljanz XR, or any other biologic DMARD indicated for treatment of moderate to severe active RA **OR** o Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20mg/week) **OR** o Member has an intolerance or contraindication to methotrexate (i.e., alcoholism, alcoholic liver disease, other chronic liver disease, breastfeeding, renal impairment, myelodysplasia, elevated liver transaminases, pregnancy/planning pregnancy (male or female), etc.) • For a diagnosis of active psoriatic arthritis (PsA), the following criteria applies: o Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). **NOTE: Members who have received Xeljanz, Xeljanz XR or any other biologic DMARD are exempt from TB screening* **AND** o Xeljanz/Xeljanz XR is being used in combination with a nonbiologic disease modifying antirheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, etc). NOTE: *The efficacy of Xeljanz/Xeljanz XR as a monotherapy has NOT been studied in psoriatic arthritis* **AND** o Member has previously received Xeljanz, Xeljanz XR, or any other biologic DMARD indicated for treatment of active psoriatic arthritis **OR** o Member has experienced an inadequate response to at least a 3-month trial of methotrexate or other nonbiologic disease modifying antirheumatic drug (DMARD) (e.g., leflunomide, sulfasalazine, etc).

	• For a diagnosis of moderate to severe active ulcerative colitis (UC), the following criteria applies:
	  ○ Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). **NOTE: Members who have received Xeljanz, Xeljanz XR or any other biologic DMARD are exempt from TB screening* **AND**
	  ○ Member has previously received Xeljanz, Xeljanz XR, or any other biologic DMARD indicated for treatment of moderate to severe active ulcerative colitis **OR**
	  ○ Member has experienced an inadequate response, intolerance, or contraindication to at least 1 conventional therapy option for UC, such as oral mesalamine (e.g., Asacol, Asacol HD, Lialda, Pentasa), balsalazide, olsalazine, rectal mesalamine (e.g., Canasa, Rowasa), rectal hydrocortisone (e.g., Colocort, Cortifoam), prednisone, azathioprine, mercaptopurine, sulfasalazine **OR**
	  ○ Member has experienced an inadequate response, intolerance, or contraindication to at least 1 biologic DMARD indicated for UC

Renewal Criteria:	• All initial authorization criteria noted above has been met **AND** • Member has achieved or maintained positive clinical response after at least 3 months of therapy with Xeljanz/Xeljanz XR as evidenced by low disease activity or improvement in signs and symptoms of the condition
Quantity Limit:	• Xeljanz 5mg and 10mg: 60 tablets every 30 days • Xeljanz XR 11mg: 30 tablets every 30 days
Coverage duration:	• Initial: 24 months • Continuation of Therapy: 24 months