

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tofacitinib 10 mg immediate release (Xeljanz 10 mg IR)

Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Formulary **tofacitinib 10 mg immediate release (Xeljanz 10 mg IR)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
 - Patient has tried and failed/intolerant to as least 1 of the following:
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
2. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe])
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)

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3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Patient has tried and failed/intolerant to or has a contraindication to secukinumab product (criteria based)
4. Prescriber is a gastroenterologist and patient has a diagnosis of ulcerative colitis
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Infliximab product
 - Adalimumab product (criteria based)
5. Prescriber is a dermatologist and patient has a diagnosis of alopecia areata
 - Patient has at least 50% hair loss
 - Patient is at least 8 years of age
 - Patient has tried and failed/intolerant to squaric acid dibutyl ester
 - Patient has tried and failed/intolerant to at least 3 of the following:
 - Intralesional steroids
 - Topical steroids
 - Methotrexate
 - Azathioprine
 - Cyclosporine
 - Sulfasalazine
 - Mycophenolate

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

1. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
2. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis

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3. Prescriber is a rheumatologist and patient has a diagnosis of spondylitis/spondyloarthritis
4. Prescriber is a gastroenterologist and patient has a diagnosis of ulcerative colitis
5. Prescriber is a dermatologist and patient has a diagnosis of alopecia areata
 - Patient is at least 8 years of age
 - Patient has tried and failed/intolerant to squaric acid dibutyl ester
 - Patient has tried and failed/intolerant to at least 3 of the following:
 - Intralesional steroids
 - Topical steroids
 - Methotrexate
 - Azathioprine
 - Cyclosporine
 - Sulfasalazine
 - Mycophenolate