

CRITERIA FOR PRIOR AUTHORIZATION

Xeljanz® (tofacitinib)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Tofacitinib (Xeljanz®, Xeljanz XR®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA): Must meet all of the following

- Patient must have a diagnosis of moderate to severe, active rheumatoid arthritis
- Patient must have had an inadequate response or intolerance to methotrexate
- Must be prescribed by or in consultation with a rheumatologist
- Patient must have an evaluation for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken a biologic agent (see attached table) in the past 30 days
- Patient must have had the following labs checked prior to initial prior authorization
 - lymphocyte count
 - absolute neutrophil count (ANC)
 - hemoglobin
- The medication is limited to the following quantity limits:
 - Xeljanz 5 mg tablets 2 per day
 - Xeljanz XR 11 mg 1 per day

RENEWAL CRITERIA FOR RHEUMATOID ARTHRITIS (RA): Must meet all of the following:

- Patient must have the following labs checked every 3 months
 - lymphocyte count
 - ANC
 - hemoglobin
- The medication is limited to the following quantity limits:
 - Xeljanz 5 mg tablets 2 per day
 - Xeljanz XR 11 mg 1 per day

LENGTH OF INITIAL AND RENEWAL APPROVAL 12 months

PA Criteria

Biologic Agents	
Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®