## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

#### Tofacitinib 10 mg immediate release (Xeljanz 10 mg IR)

#### Notes:

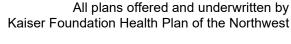
- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria:</u> Formulary tofacitinib 10 mg immediate release (Xeljanz 10 mg IR) will be covered on the prescription drug benefit when the following criteria are met<sup>-</sup>

- 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
    - o 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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### Tofacitinib 10 mg immediate release (Xeljanz 10 mg IR)

- 3. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthropathy
  - 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
    - o Sulfasalazine
    - o Mycophenolate

#### <u>Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:</u>

- 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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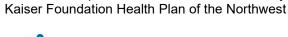
# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

#### Tofacitinib 10 mg immediate release (Xeljanz 10 mg IR)

- 3. Prescriber is a rheumatologist and patient has a diagnosis of spondylitis/spondyloarthropathy
- 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
    - o Cyclosporine
    - Sulfasalazine
    - Mycophenolate

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