

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### tofacitinib (Xeljanz) oral solution

#### 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:** Non-formulary **tofacitinib (Xeljanz) oral solution** 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 juvenile idiopathic arthritis
  - Patient is 2 years of age or older
  - Patient has tried and failed/intolerant to or has contraindication to methotrexate
  - 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)

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

1. Prescriber is a rheumatologist