Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tofacitinib 10 mg Immediate Release (Xeljanz)

Initiation (new start) criteria: Formulary tofacitinib 10 mg immediate release (Xeljanz) 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 at least 1 of the following:
     - Methotrexate
     - Hydroxychloroquine
     - Sulfasalazine
     - Leflunomide

2. Prescriber is a 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])

3. Prescriber is a gastroenterologist and patient has a diagnosis of ulcerative colitis
   - Patient has tried and failed/intolerant to at least one of the following
     - Infliximab product
     - Adalimumab product

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

- Prescriber is a rheumatologist or gastroenterologist