Initial & continued use approval criteria: Formulary tofacitinib immediate release (Xeljanz) will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a Rheumatologist
  - AND –
- Patient has a diagnosis of rheumatoid arthritis
  - AND –
- Inadequate response or intolerance to one nonbiologic DMARD: methotrexate, sulfasalazine, hydroxychloroquine, leflunomide
  - OR –
- Prescriber is a Rheumatologist
  - AND –
- Patient has a diagnosis of psoriatic arthritis
  - AND –
- For biologic naïve patients: Inadequate response or intolerance to one nonbiologic DMARD: methotrexate, sulfasalazine, hydroxychloroquine, leflunomide -OR- Patient has had a previous trial of a biologic medication (e.g., adalimumab, certolizumab, etanercept, golimumab, infliximab product, secukinumab, ustekinumab), or apremilast
  - OR-
- Prescriber is a Gastroenterologist
  - AND –
- Patient has a diagnosis of ulcerative colitis
  - AND –
- Inadequate response or intolerance to at least one anti-TNF agent (infliximab product or adalimumab)