Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

XELJANZ (tofacitinib)

GPI CODING:

6660306510****

DESCRIPTION:

Xeljanz (tofacitinib) is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate. It may be used as monotherapy or in combination with methotrexate or other non-biologic disease-modifying anti-rheumatic drugs (DMARDs).

APPROVAL DURATION:

Approval duration: 3 years

CRITERIA FOR XELJANZ

I. Patient has a diagnosis of moderately to severely active rheumatoid arthritis **AND**
II. 18 years of age or older **AND**
III. Patient has had inadequate response to, intolerance to, or contraindication to methotrexate or other non-biologic disease modifying anti-rheumatic drugs (DMARDs) for at least 3 consecutive months **AND**
IV. Xeljanz (tofacitinib) will not be used in combination with a biologic DMARD or potent immunosuppressant (e.g., azathioprine or cyclosporine) **AND**
    a. For patients new to biologics: Patient has a documented inadequate response to, intolerance to, or contraindication to Enbrel (etanercept) and Humira (adalimumab)
    b. For patients not new to biologics: Patient has a documented inadequate response to, intolerance to, contraindication to 2 TNFs
V. Patient does not have an active serious infection (including tuberculosis [TB]) **AND**
VI. Patient has been tested for TB infection (latent TB infection has been ruled out or is being treated as per guidelines)