

5.70.024

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| <b>Section:</b>    | Prescription Drugs         | <b>Effective Date:</b>       | July 1, 2026     |
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**Last Review Date:** March 6, 2026

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## Xeljanz

### Description

Xeljanz (**tofacitinib** tablets; oral solution)

Xeljanz XR (**tofacitinib** extended-release tablets)

Bolded medications are the preferred products.

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### Background

Xeljanz/Xeljanz XR (tofacitinib) is a Janus kinase (JAK) inhibitor. JAKs are intracellular enzymes which transmit signals arising from cytokine or growth factor-receptor interactions on the cellular membrane to influence cellular processes of hematopoiesis and immune cell function. Janus kinase inhibitors inhibit one or more Janus family of enzymes (JAK1, JAK2, JAK3, TYK2), interfering with the JAK-STAT signaling pathway. Within the signaling pathway, JAKs phosphorylate and activate Signal Transducers and Activators of Transcription (STATs) which modulate intracellular activity including gene expression (1).

### Regulatory Status

FDA-approved indications: Xeljanz/Xeljanz XR is a Janus kinase (JAK) inhibitor indicated for the treatment of: (1)

1. Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
2. Adult and pediatric patients 2 years of age and older with active psoriatic arthritis (PsA) who have had an inadequate response or intolerance to one or more TNF blockers

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3. Adult patients with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more TNF blockers.
4. Adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response or intolerance to one or more TNF blockers.
5. Patients 2 years of age and older with active polyarticular course juvenile idiopathic arthritis (pcJIA) who have had an inadequate response to one or more TNF blockers.

Limitations of Use:

Xeljanz/Xeljanz XR should not be used in combination with biological DMARDs or potent immunosuppressants such as azathioprine and cyclosporine (1).

Xeljanz/Xeljanz XR carries several boxed warnings: (1)

1. Serious infections
  - a. There is an increased risk of serious infections including tuberculosis and bacterial, invasive fungi, viral and other opportunistic infections that may lead to hospitalization or death. If a serious infection develops, interrupt Xeljanz/Xeljanz XR until the infection is controlled. Prior to the initiation of Xeljanz/Xeljanz XR, a test for latent tuberculosis must be conducted. If the test is positive, start treatment for tuberculosis prior to starting Xeljanz/Xeljanz XR. Monitor all patients for active tuberculosis during treatment, even if the initial latent tuberculosis test is negative.
2. Mortality
  - a. Rheumatoid arthritis patients with at least one cardiovascular (CV) risk factor had a higher rate of all-cause mortality and thrombosis with Xeljanz 10 mg twice daily vs. 5 mg twice daily or TNF blockers.
3. Malignancies
  - a. Lymphoma and other malignancies have been observed in patients treated with Xeljanz/Xeljanz XR. Epstein Barr Virus- associated post-transplant lymphoproliferative disorder has been observed at an increased rate in renal transplant patients treated with Xeljanz/Xeljanz XR and concomitant immunosuppressive medications.
4. Major adverse cardiovascular events (MACE)
  - a. RA patients 50 years of age and older with at least one CV risk factor, treated with Xeljanz, had a higher rate of MACE (defined as CV death, myocardial infarction, and stroke), compared to those treated with TNF blockers. Patients who are current or past smokers are at additional increased risk. Discontinue Xeljanz/Xeljanz XR use in patients that have experienced a myocardial infarction or stroke.

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#### 5. Thrombosis

- a. Thrombosis, including pulmonary embolism, deep venous thrombosis, and arterial thrombosis have occurred in patients treated with Xeljanz and other JAK inhibitors used to treat inflammatory conditions.

Pfizer shared results from a post-marketing required safety study of Xeljanz. These results showed a higher occurrence of malignancies and major adverse cardiovascular events (MACE) in those subjects with a higher prevalence of known risk factors (e.g., older age, smoking) (2).

The FDA has alerted the public that a safety clinical trial found an increased risk of blood clots in the lungs and death when a 10 mg twice daily dose of tofacitinib was used in patients with rheumatoid arthritis. FDA has not approved this 10 mg twice daily dose for RA; this dose is only approved in the dosing regimen for patients with ulcerative colitis (3).

The safety and effectiveness of Xeljanz XR have not been established in pediatric patients. The safety and effectiveness of Xeljanz/Xeljanz oral solution in pediatric patients for indications other than pcJIA and PsA have not been established (1).

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#### **Related policies**

Olumiant, Rinvoq

#### **Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Xeljanz/Xeljanz XR may be considered **medically necessary** if the conditions indicated below are met.

Xeljanz/Xeljanz XR may be considered **investigational** for all other indications.

### **Prior-Approval Requirements**

#### **Preferred medications only**

#### **Diagnoses**

Patient must have **ONE** of the following:

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1. Moderately to severely active rheumatoid arthritis (RA)
  - a. 18 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drug (DMARD) (see Appendix 1)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
2. Active psoriatic arthritis (PsA)
  - a. 2 years of age or older
  - b. Used in combination with a nonbiologic disease-modifying antirheumatic drug (DMARD) such as methotrexate, leflunomide, sulfasalazine, etc.
  - c. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drug (DMARD) (see Appendix 1)
  - d. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
3. Active ankylosing spondylitis (AS)
  - a. 18 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
4. Moderate to severely active Ulcerative Colitis (UC)
  - a. 18 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to at least **ONE** conventional therapy option (see Appendix 2)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Humira, Remicade, Simponi)
5. Active Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA)
  - a. 2 years of age or older

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- b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
- c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Enbrel, Humira, Remicade, Simponi Aria)

**AND ALL** of the following for **ALL** indications:

- a. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Xeljanz therapy is appropriate
- b. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
- c. **NO** active bacterial, invasive fungal, viral, and other opportunistic infections
- d. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- e. **NOT** used in combination with potent immunosuppressants azathioprine or cyclosporine
- f. **NOT** given concurrently with live vaccines

**AND NONE** of the following for **ALL** indications:

- a. Severe hepatic impairment
- b. A lymphocyte count less than 500 cells/mm<sup>3</sup>
- c. An absolute neutrophil count less than 1000 cells/mm<sup>3</sup>
- d. A hemoglobin less than 9 g/dL

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### **Non-preferred medications only**

#### **Diagnoses**

Patient must have **ONE** of the following with provided documentation (e.g., medical records, laboratory reports):

1. Moderately to severely active rheumatoid arthritis (RA)
  - a. 18 years of age or older

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- b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drug (DMARD) (see Appendix 1)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
- 2. Active psoriatic arthritis (PsA)
  - a. 2 years of age or older
  - b. Used in combination with a nonbiologic disease-modifying antirheumatic drug (DMARD) such as methotrexate, leflunomide, sulfasalazine, etc.
  - c. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drug (DMARD) (see Appendix 1)
  - d. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
- 3. Active ankylosing spondylitis (AS)
  - a. 18 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
- 4. Moderate to severely active Ulcerative Colitis (UC)
  - a. 18 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to at least **ONE** conventional therapy option (see Appendix 2)
  - c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Humira, Remicade, Simponi)
- 5. Active Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA)
  - a. 2 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)

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- c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Enbrel, Humira, Remicade, Simponi Aria)

**AND ALL** of the following for **ALL** indications:

- Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Xeljanz therapy is appropriate
- Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
- NO** active bacterial, invasive fungal, viral, and other opportunistic infections
- NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- NOT** used in combination with potent immunosuppressants azathioprine or cyclosporine
- NOT** given concurrently with live vaccines
- Patient **MUST** have tried the preferred product(s) (see Appendix 3) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

**AND NONE** of the following for **ALL** indications:

- Severe hepatic impairment
- A lymphocyte count less than 500 cells/mm<sup>3</sup>
- An absolute neutrophil count less than 1000 cells/mm<sup>3</sup>
- A hemoglobin less than 9 g/dL

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

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## Prior – Approval *Renewal* Requirements

### Preferred medications only

#### Diagnoses

Patient must have **ONE** of the following:

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1. Rheumatoid arthritis (RA)
  - a. 18 years of age or older
2. Psoriatic arthritis (PsA)
  - a. 2 years of age or older
  - b. Used in combination with a nonbiologic disease-modifying antirheumatic drug (DMARD) such as methotrexate, leflunomide, sulfasalazine, etc.
3. Ankylosing spondylitis (AS)
  - a. 18 years of age or older
4. Ulcerative Colitis (UC)
  - a. 18 years of age or older
5. Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA)
  - a. 2 years of age or older

**AND ALL** of the following for **ALL** indications:

- a. Condition has improved or stabilized
- b. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Xeljanz therapy is appropriate
- c. Absence of active bacterial, invasive fungal, viral, and other opportunistic infections
- d. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- e. **NOT** used in combination with potent immunosuppressants azathioprine or cyclosporine
- f. **NOT** given concurrently with live vaccines

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**Non-preferred medications only**

**Diagnoses**

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Patient must have **ONE** of the following with provided documentation (e.g., medical records, laboratory reports):

1. Rheumatoid arthritis (RA)
  - a. 18 years of age or older
2. Psoriatic arthritis (PsA)
  - a. 2 years of age or older
  - b. Used in combination with a nonbiologic disease-modifying antirheumatic drug (DMARD) such as methotrexate, leflunomide, sulfasalazine, etc.
3. Ankylosing spondylitis (AS)
  - a. 18 years of age or older
4. Ulcerative Colitis (UC)
  - a. 18 years of age or older
5. Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA)
  - a. 2 years of age or older

**AND ALL** of the following for **ALL** indications:

- a. Condition has improved or stabilized
- b. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Xeljanz therapy is appropriate
- c. Absence of active bacterial, invasive fungal, viral, and other opportunistic infections
- d. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
- e. **NOT** used in combination with potent immunosuppressants azathioprine or cyclosporine
- f. **NOT** given concurrently with live vaccines
- g. Patient **MUST** have tried the preferred product(s) (see Appendix 3) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

### Policy Guidelines

#### Pre - PA Allowance

None

#### Prior - Approval Limits

##### Quantity

| Strength and dosage form | Diagnosis                      | Quantity                          |
|--------------------------|--------------------------------|-----------------------------------|
| 1mg/mL oral solution     | pcJIA<br>PsA                   | 960 mL per 90 days <b>OR</b>      |
| 5mg tablet               | AS<br>pcJIA<br>PsA<br>RA<br>UC | 180 tablets per 90 days <b>OR</b> |
| 10mg tablet              | UC                             | 180 tablets per 90 days <b>OR</b> |
| ER 11mg tablet           | AS<br>PsA<br>RA<br>UC          | 90 tablets per 90 days <b>OR</b>  |
| ER 22mg tablet           | UC                             | 90 tablets per 90 days            |

**Duration** 12 months

#### Prior – Approval *Renewal* Limits

##### Quantity

| Strength and dosage form | Diagnosis                      | Quantity                          |
|--------------------------|--------------------------------|-----------------------------------|
| 1mg/mL oral solution     | pcJIA<br>PsA                   | 960 mL per 90 days <b>OR</b>      |
| 5mg tablet               | AS<br>pcJIA<br>PsA<br>RA<br>UC | 180 tablets per 90 days <b>OR</b> |
| 10mg tablet              | UC                             | 180 tablets per 90 days <b>OR</b> |
| ER 11mg tablet           | AS<br>PsA<br>RA                | 90 tablets per 90 days <b>OR</b>  |

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|----------------|----|------------------------|
|                | UC |                        |
| ER 22mg tablet | UC | 90 tablets per 90 days |

**Duration** 18 months

## Rationale

### Summary

Xeljanz/Xeljanz XR (tofacitinib) is indicated for the treatment of adult patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), ulcerative colitis (UC), and patients 2 years of age and older with polyarticular course juvenile idiopathic arthritis (pcJIA). Xeljanz/Xeljanz XR has several boxed warnings including increased risk of serious infections, mortality, malignancies, MACE, and thrombosis. The safety and effectiveness of Xeljanz XR have not been established in pediatric patients. The safety and effectiveness of Xeljanz/Xeljanz oral solution in pediatric patients for indications other than pcJIA and PsA have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Xeljanz/Xeljanz XR while maintaining optimal therapeutic outcomes.

### References

1. Xeljanz/Xeljanz XR [package insert]. New York, NY: Pfizer Labs; October 2025.
2. Pfizer shares co-primary endpoint results from post-marketing required safety study of Xeljanz (tofacitinib) in subjects with rheumatoid arthritis. January 27, 2021. Accessed at <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-shares-co-primary-endpoint-results-post-marketing>
3. FDA Safety Announcement. Safety trial finds risk of blood clots in the lungs and death with higher dose of tofacitinib (Xeljanz, Xeljanz XR) in rheumatoid arthritis patients. February 25, 2019. Accessed at <https://www.fda.gov/Drugs/DrugSafety/ucm631871.htm>

## Policy History

| Date           | Action                                                                                                                                                                                                                                                                                                            |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| December 2012  | New addition to PA                                                                                                                                                                                                                                                                                                |
| March 2013     | Annual editorial review                                                                                                                                                                                                                                                                                           |
| September 2013 | Annual editorial review and reference update<br>Addition to criteria that the patient must not have any of the following:<br>Severe hepatic impairment, lymphocyte count less than 500 cells/mm <sup>3</sup> , absolute neutrophil count less than 1000 cells/mm <sup>3</sup> and hemoglobin less than 9 grams/dL |

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| September 2014 | Annual editorial review and reference update and renewal limit to 18 months                                                                                                                                                                                                                                                                                                                                                                                                      |
| March 2016     | Annual editorial review<br>Addition of Xeljanz XR<br>Policy number changed from 5.02.24 to 5.70.24                                                                                                                                                                                                                                                                                                                                                                               |
| September 2016 | Annual editorial review and reference update<br>Addition of not given concurrently with live vaccines per SME                                                                                                                                                                                                                                                                                                                                                                    |
| December 2016  | Annual editorial review and reference update                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| March 2017     | Annual review                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| December 2017  | Annual review                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| January 2018   | Addition of new indication of active psoriatic arthritis<br>Addition of Appendix 1- List of DMARDs                                                                                                                                                                                                                                                                                                                                                                               |
| March 2018     | Annual review                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| June 2018      | Addition of the diagnosis of Ulcerative Colitis (UC) and drug strength 10mg<br>Addition of additional requirements to initiation criteria<br>- For diagnoses of RA: Inadequate response, intolerance, or contraindication to a 3-month trial of at least ONE conventional DMARD<br>- For diagnosis of PsA: inadequate response, intolerance or contraindication to a 3-month trial of at least ONE conventional DMARD<br>Addition of Appendix 2 - List of Conventional Therapies |
| September 2018 | Annual editorial review                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| March 2019     | Annual review and reference update. Addition of the FDA blood clot warning with the 10 mg twice daily dose in RA patients                                                                                                                                                                                                                                                                                                                                                        |
| December 2019  | Annual review and reference update. Addition of requirement to trial preferred product                                                                                                                                                                                                                                                                                                                                                                                           |
| January 2020   | Revised dosing for Xeljanz XR for UC and added Xeljanz XR 22mg dosing                                                                                                                                                                                                                                                                                                                                                                                                            |
| March 2020     | Annual editorial review. Removed requirement for initiation for UC that if the patient is intolerant or contraindicated to Humira then another TNF blocker needs to be tried. Added requirement for psoriatic arthritis to be used in combination with a nonbiologic DMARD                                                                                                                                                                                                       |
| October 2020   | Addition of indication: polyarticular course juvenile idiopathic arthritis (pcJIA). Addition of Xeljanz 1mg/mL oral solution to quantity limit chart                                                                                                                                                                                                                                                                                                                             |
| December 2020  | Annual review and reference update. Added requirement to t/f preferred products for Blue Focus patients. Added Appendix 3 with a list of preferred medications based on diagnosis and plan                                                                                                                                                                                                                                                                                       |
| January 2021   | Updated t/f options for UC to require trial of Humira first per FEP                                                                                                                                                                                                                                                                                                                                                                                                              |
| March 2021     | Annual review                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| June 2021      | Annual review                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| January 2022   | Added t/f requirements for all indications to t/f at least one TNF blocker per package insert update. Added indication: ankylosing spondylitis (AS). Added Xeljanz AS to Medex chart as non-preferred. Added requirement for prescriber to assess risks with malignancy and MACE, per latest PI update. Hemoglobin units updated to g/dL.                                                                                                                                        |

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| March 2022     | Annual review and reference update                                                                                               |
| April 2022     | Added Rinvoq as a preferred UC product to chart (Appendix 3)                                                                     |
| May 2022       | Added Rinvoq as a preferred AS product to chart (Appendix 3)                                                                     |
| June 2022      | Annual review                                                                                                                    |
| September 2022 | Annual review                                                                                                                    |
| December 2022  | Annual review                                                                                                                    |
| December 2023  | Annual review                                                                                                                    |
| March 2024     | Annual review                                                                                                                    |
| September 2024 | Annual review and reference update                                                                                               |
| March 2025     | Annual review and reference update                                                                                               |
| November 2025  | Per PI update, lowered age requirement for PsA to 2 and older and added oral solution for PsA to quantity chart                  |
| December 2025  | Annual review. Removed from non-preferred for AS and UC. Removed Appendix 3                                                      |
| March 2026     | Annual review                                                                                                                    |
| July 2026      | Addition of generic tofacitinib to policy as preferred. Moved brand Xeljanz to non-preferred and added documentation requirement |

### Keywords

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**This policy was effective with interim approval on July 1, 2026 and will be reviewed by the FEP® Pharmacy and Medical Policy Committee on September 17, 2026.**

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|--------------------|----------------------------|------------------------------|------------------|
| <b>Section:</b>    | Prescription Drugs         | <b>Effective Date:</b>       | July 1, 2026     |
| <b>Subsection:</b> | Analgesics and Anesthetics | <b>Original Policy Date:</b> | January 18, 2013 |
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### Appendix 1 - List of DMARDs

#### Conventional disease-modifying antirheumatic drugs (DMARDs)

| Generic Name       | Brand Name                  |
|--------------------|-----------------------------|
| azathioprine       | Azasan, Imuran              |
| cyclophosphamide   | Cytoxan                     |
| cyclosporine       | Neoral, Gengraf, Sandimmune |
| hydroxychloroquine | Plaquenil                   |
| leflunomide        | Arava                       |
| methotrexate       | Rheumatrex, Trexall         |
| mycophenolate      | Cellcept                    |
| sulfasalazine      | Azulfidine, Sulfazine       |

#### Biological disease-modifying antirheumatic drugs (DMARDs)

| Generic Name       | Brand Name           |
|--------------------|----------------------|
| abatacept          | Orencia              |
| adalimumab         | Humira               |
| anakinra           | Kineret              |
| bimekizumab-bkzx   | Bimzelx              |
| brodalumab         | Siliq                |
| certolizumab       | Cimzia               |
| etanercept         | Enbrel               |
| golimumab          | Simponi/Simponi Aria |
| guselkumab         | Tremfya              |
| infliximab         | Remicade             |
| infliximab-dyyb    | Zymfentra            |
| ixekizumab         | Taltz                |
| risankizumab-rzaa  | Skyrizi              |
| rituximab          | Rituxan              |
| sarilumab          | Kevzara              |
| secukinumab        | Cosentyx             |
| spesolimab-sbzo    | Spevigo              |
| tildrakizumab-asmn | Ilumya               |
| tocilizumab        | Actemra              |
| ustekinumab        | Stelara              |
| vedolizumab        | Entyvio              |

#### Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|--------------|------------|
| apremilast   | Otezla     |

|                    |                            |                              |                  |
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|                 |          |
|-----------------|----------|
| baricitinib     | Olumiant |
| deucravacitinib | Sotyktu  |
| tofacitinib     | Xeljanz  |
| upadactinib     | Rinvoq   |

### Appendix 2 - List of Conventional Therapies

| Conventional Therapy Options for UC                                         |  |
|-----------------------------------------------------------------------------|--|
| 1. Mild to moderate disease - induction of remission:                       |  |
| a. Oral mesalamine (e.g., Asacol, Lialda, Pentasa), balsalazide, olsalazine |  |
| b. Rectal mesalamine (e.g., Canasa, Rowasa)                                 |  |
| c. Rectal hydrocortisone (e.g., Colocort, Cortifoam)                        |  |
| d. Alternatives: prednisone, azathioprine, mercaptopurine, sulfasalazine    |  |
| 2. Mild to moderate disease - maintenance of remission:                     |  |
| a. Oral mesalamine, balsalazide, olsalazine, rectal mesalamine              |  |
| b. Alternatives: azathioprine, mercaptopurine, sulfasalazine                |  |
| 3. Severe disease - induction of remission:                                 |  |
| a. Prednisone, hydrocortisone IV, methylprednisolone IV                     |  |
| b. Alternatives: cyclosporine IV, tacrolimus, sulfasalazine                 |  |
| 4. Severe disease - maintenance of remission:                               |  |
| a. Azathioprine, mercaptopurine                                             |  |
| b. Alternative: sulfasalazine                                               |  |
| 5. Pouchitis:                                                               |  |
| a. Metronidazole, ciprofloxacin                                             |  |
| b. Alternative: rectal mesalamine                                           |  |

### Appendix 3 - List of Preferred Products

List of preferred products:

[https://info.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-misc/FEP\\_IndicationMedChx.pdf](https://info.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-misc/FEP_IndicationMedChx.pdf)

Refer to formulary documents for confirmation of coverage:

<https://www.fepblue.org/pharmacy/prescriptions#drug-lists>