Effective Date: 01/26/2022
Last P&T Approval/Version: 01/26/2022
Next Review Due By: 01/01/2023
Policy Number: C22209-A

Xeljanz/Xeljanz XR (tofacitinib) IL Medicaid Only

PRODUCTS AFFECTED

XELJANZ (tofacitinib) tablets, XELJANZ XR (tofacitinib) extended-release tablets, XELJANZ (tofacitinib) Oral Solution

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive

DIAGNOSIS:
Rheumatoid arthritis, Psoriatic arthritis, Ankylosing Spondylitis, Ulcerative colitis, Juvenile idiopathic arthritis

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

FOR ALL INDICATIONS:

1. (a) Prescriber attests member has had a negative TB screening or TB test result within the last 12 months for initial and continuation of therapy requests
   OR
   (b) For members who have a positive test for latent TB, provider documents member has completed a treatment course (a negative chest x-ray is also required every 12 months) OR that member has been cleared by an infectious disease specialist to begin treatment

AND

2. Prescriber attests member has been evaluated and screened for the presence of hepatitis B virus (HBV) prior to initiating treatment
   AND
3. Member is not on concurrent treatment or will not be using requested agent in combination with other TNF-inhibitors, biologic response modifiers or other biologic DMARDs, Janus kinase Inhibitors, or Phosphodiesterase 4 inhibitors (i.e., apremilast, baricitinib) as verified by prescriber attestation, member medication fill history, or submitted documentation
   AND
4. Prescriber attests member does not have an active infection, including clinically important localized infections
   AND
5. Documentation member does NOT have any of the following: absolute lymphocyte countless than 500 cells/mm^3, an absolute neutrophil count (ANC) less than 1000 cells/mm^3 or hemoglobin levels less than 9 g/dL.
   AND
6. If the request is for Xeljanz Oral Solution: Documentation that this member has a diagnosis of juvenile idiopathic arthritis (see section D for diagnosis specific criteria)

A. MODERATE TO SEVERE RHEUMATOID ARTHRITIS- XELJANZ/XELJANZ XR ONLY
   1. Documentation of moderate to severe rheumatoid arthritis diagnosis
      AND
   2. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal
      AND
   3. (a) Member is concurrently receiving methotrexate
      OR
      (b) Member tried, failed, or has an FDA labeled contraindication or intolerance to methotrexate, as determined by the prescribing physician AND Member has tried one additional disease-modifying antirheumatic drug (DMARD) (brand or generic; oral or injectable) for at least 3 months
      (NOTE: An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the Member has already had a 3-month trial at least one biologic. These patients who have already tried a biologic for RA are not required to "step back" and try a conventional synthetic DMARD)
      OR
      (c) Member has early RA (defined as disease duration of < 6 months) with at least one of the following features of poor prognosis: functional limitation (e.g., based on Health Assessment Questionnaire Disability Index [HAQ-DI] score); extra articular disease such as rheumatoid nodules, RA vasculitis, or Felty's syndrome; positive rheumatoid factor or anti-cyclic citrullinated protein (anti-CCP) antibodies; or bony erosions by radiograph

B. PSORIATIC ARTHRITIS (PsA)- XELJANZ/XELJANZ XR ONLY
   1. Documentation of active psoriatic arthritis
      AND
   2. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal
      AND
   3. (a) Documented treatment failure with or FDA labeled contraindication to a minimum 3-month trial of ONE of the following: Leflunomide, Methotrexate, Sulfasalazine, Cyclosporine
      OR
      (b)Documentation member has severe psoriatic arthritis [erosive disease, elevated markers of inflammation, long term damage that interferes with function, highly active

disease that causes a major impairment in quality of life, active PsA at many sites including dactylitis, enthesitis, function- limiting PsA at a few sites or rapidly progressive disease]
OR
(c) Documentation member has severe psoriasis [PASI >12, BSA of >5-10%, significant involvement in specific areas (e.g., face, hands or feet, nails, intertriginous areas, scalp), impairment of physical or mental functioning with lower amount of surface area of skin involved]

C. ANKYLOSING SPONDYLITIS- XELJANZ/XELJANZ XR ONLY
   1. Documentation of active ankylosing spondylitis diagnosis
      AND
   2. Documentation of a trial and failure to conventional therapy and at least ONE TNF blocker
      Note: Conventional treatment includes non-steroidal anti-inflammatory agents and, for prominent peripheral arthritis, methotrexate or sulfasalazine.
      AND
   3. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal

D. POLYARTICULAR COURSE JUVENILE IDIOPATHIC ARTHRITIS- XELJANZ/XELJANZ Oral Solution ONLY
   1. Member must have a diagnosis of active polyarticular course juvenile idiopathic arthritis (pcJIA) in children 2 years of age or older
      AND
   2. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal
      AND
   3. Documentation of a trial and failure to conventional therapy (e.g. NSAIDs, methotrexate) and at least ONE TNF blocker

E. ULCERATIVE COLITIS- XELJANZ/XELJANZ XR ONLY
   1. Member must have a diagnosis of moderate to severely active ulcerative colitis (UC)
      AND
   2. Documentation of a trial and failure to at least ONE TNF blocker
      AND
   3. Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:
   1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation (documentation required)
      AND
   2. Documentation of no intolerable adverse effects or drug toxicity
      AND
   3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms

DURATION OF APPROVAL:
12 months

PRESCRIBER REQUIREMENTS:
ULCERATIVE COLITIS (UC) Prescribed by or in consultation with a board-certified gastroenterologist.
ALL OTHER INDICATIONS: Prescribed by or in consultation with a board-certified rheumatologist or dermatologist
If prescribed in consultation, consultation notes are required initially and at least once annually.

AGE RESTRICTIONS:
Xeljanz/Xeljanz Oral Solution FDA approved for ages 2 and older only for pcJIA
Xeljanz/Xeljanz XR FDA approved for ages 18 and older for RA, PsA, AS, and UC

QUANTITY:
See Illinois Medicaid Drug Formulary or use maximum quantity per FDA label

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Antirheumatic - Janus Kinase (JAK) Inhibitor

FDA-APPROVED USES:
XELJANZ/XELJANZ XR indicated for the treatment of adult patients:
with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more TNF blockers; with active psoriatic arthritis (PsA) who have had an inadequate response or intolerance to one or more TNF blockers; with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more TNF blockers; with moderately to severely active ulcerative colitis (UC), who have an inadequate response or intolerance to one or more TNF blockers

XELJANZ/XELJANZ Oral Solution: indicated for the treatment of active polyarticular course juvenile idiopathic arthritis (pcJIA) in patients 2 years of age and older who have had an inadequate response or intolerance to one or more TNF blockers

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
(Xeljanz/ Xeljanz XR (tofacitinib) is an inhibitor of Janus kinases (JAKs) indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis and psoriatic arthritis who

have had an inadequate response or intolerance to methotrexate. Xeljanz immediate release is also indicated for ulcerative colitis. It is a targeted synthetic disease-modifying antirheumatic drug (DMARD) that may be used either as monotherapy or in combination with MTX or other conventional synthetic DMARDs for RA. Xeljanz/Xeljanz XR should not be used in combination with other potent immunosuppressants (e.g., azathioprine and cyclosporine) or biologic DMARDs (e.g., Actemra® [tocilizumab intravenous {IV} infusion, tocilizumab for subcutaneous {SC} injection], Kineret® [anakinra for SC injection], Orencia® [abatacept forSC injection, abatacept for IV infusion] Rituxan® [rituximab for IV infusion], or a tumor necrosis factor [TNF] inhibitor [such as Cimzia® {certolizumab pegol for SC injection}, Enbrel® {etanercept for SC injection}, Humira® {adalimumab for SC injection}, Remicade® {infliximab for IV infusion}, Simponi™ {golimumab for SC injection}, Simponi® Aria™ {golimumab for IV infusion}]). Xeljanz/Xeljanz XR inhibits JAK, an intracellular enzyme that transmits signals on the cellular membrane to influence cellular processes of hematopoiesis and immune cell function. JAKs phosphorylate and activate Signal Transducers and Activators of Transcription (STAT) which then modulate intracellular activity such as gene expression. The efficacy of Xeljanz over placebo was established in seven pivotal studies that included a variety of clinical scenarios, including Xeljanz as monotherapy or in combination with MTX or other DMARDs and in patients who had failed a TNF inhibitor. Efficacy studies were not required for approval of Xeljanz XR because it was determined that Xeljanz XR (11 mg once daily) is pharmacokinetically equivalent to Xeljanz 5 mg administered twice daily.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Xeljanz/Xeljanz XR (tofacitinib) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. The following are following contraindications or exclusions to Xeljanz therapy: Hypersensitivity to Xeljanz or any ingredient in the formulation, Severe hepatic impairment (Child- Pugh Class C), Active infection, including localized infections from bacterial, viral, invasive fungal, or other opportunistic pathogen, Hepatitis B positive, Hepatitis C positive, Herpes zoster immunization status or reactivation risk not assessed prior to Xeljanz use, Immunizations with live vaccines updated prior to initiation of Xeljanz, Lymphocytes count less than 500 cells/cubic mm, Absolute neutrophil count less than 1,000cells/cubic mm3, Hemoglobin level less than 9 g/dL.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Xeljanz tablets 5MG
Xeljanz tablets 10MG
Xeljanz XR tablet 11MG
Xeljanz Oral Solution 1 mg/mL tofacitinib oral solution (240ml)

REFERENCES

1. Illinois HFS Drugs with Stipulated PA Language per Contract for MCOs effective 1/1/2022
2. Illinois Medicaid Preferred Drug List, Effective January 1, 2022
3. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer Inc; December 2021
4. Fleischmann R, Kremer J, Cush J, et al. Placebo-controlled trial of tofacitinib monotherapy in rheumatoid arthritis. N Engl J Med. 2012;367(6):495-507.
5. Kremer J, Li ZG, Hall S, et al. Tofacitinib in combination with nonbiologic disease-modifying antirheumatic drugs in patients with active rheumatoid arthritis: a randomized trial. Ann Intern Med. 2013;159(4):253-261.
6. van Vollenhoven RF, Fleischmann R, Cohen S, et al. Tofacitinib or adalimumab versus placeboin rheumatoid arthritis. N Engl J Med. 2012;367(6):508-519.
7. van der Heijde D, Tanaka Y, Fleischmann R, et al. Tofacitinib (CP-690,550) in patients with rheumatoid arthritis receiving methotrexate: twelvemonth data from a twenty-four-month phaseIII randomized radiographic study. Arthritis Rheum. 2013;65(3):559-570.
8. Burmester GR, Blanco R, Charles-Schoeman C, et al. Tofacitinib (CP-690,550) in combinationwith methotrexate in patients with active rheumatoid arthritis with an inadequate response to tumour necrosis factor inhibitors: a randomised phase 3 trial. Lancet. 2013;381(9865):451-460.
9. Cohen S, Radominsik SC, Asavatanabodee P, et al. Tofacitinib (CP-690,550), an oral Janus kinase inhibitor: analysis of infections and all-cause mortality across Phase 3 and long-term extension studies in patients with rheumatoid arthritis [abstract 409]. Presented at: the ACR/ARHP Annual Scientific Meeting Annual; Chicago, IL; November 5-9, 2011.

   Division of Pulmonary, Allergy and Rheumatology Products, Center for Drug Evaluation & Research, FDA. FDA briefing information for the Arthritis Advisory Committee. NDA 203214: tofacitinib for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had inadequate response to one or more disease modifying anti-rheumaticdrugs. Silver Springs, MD; May 9, 2012. Accessed December 3,2014.
10. Smolen JS1, Landewé R, Breedveld FC, et al. EULAR recommendations for the managementof rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2013update. Ann Rheum Dis. 2014;73(3):492-509.
11. Singh JA, Furst DE, Bharat A, et al. 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. Arthritis Care Res (Hoboken). 2012;64(5):625-639.
12. Papp KA, Menter A, Strober B, et al. Efficacy and safety of tofacitinib, an oral Janus kinase inhibitor, in the treatment of psoriasis: a Phase 2b randomized placebo-controlled dose-ranging study. Br J Dermatol. 2012;167(3):668-677.
13. Vincenti F, Tedesco Silva H, Busque S, et al. Randomized phase 2b trial of tofacitinib (CP-690,550) in de novo kidney transplant patients: efficacy, renal function and safety at 1 year. AmJ Transplant. 2012;12(9):2446-2456.
14. Sandborn WJ, Ghosh S, Panes J, et al. Tofacitinib, an oral Janus kinase inhibitor, in active ulcerative colitis. N Engl J Med. 2012;367(7):616-624.

15. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline forthe Treatment of Rheumatoid Arthritis. Arthritis Rheumatol. 2015 Nov 6. [Epub ahead of print].
16. Bachelez H, van de Kerkhof PC, Strohal R, et al. Tofacitinib versus etanercept or placebo in moderate-to-severe chronic plaque psoriasis: a phase 3 randomised non-inferiority trial. Lancet. 2015;386(9993):552-561.
17. Panés J, Su C, Bushmakin AG, et al. Randomized trial of tofacitinib in active ulcerative colitis: analysis of efficacy based on patient-reported outcomes. BMC Gastroenterol.2015;15:14
18. Kornbluth, A. Sachar, DB. .ACG Clinical Guideline: Ulcerative Colitis in Adults Am J Gastroenterol 2010; 105:501–523; doi: 10.1038/ajg.2009.727; published online 12January2010