Drug Coverage Policy

Effective Date……08/20/2026
Coverage Policy Number……PSM041
Policy Title……Tofacitinib Products Preferred Specialty Management Policy for Legacy Prescription Drug List Plans

Inflammatory Conditions – Tofacitinib Products Preferred Specialty Management Policy for Legacy Prescription Drug List Plans

- Xeljanz®/Xeljanz XR (tofacitinib tablets, oral solution/extended-release tablets – Pfizer, generic)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy

will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Tofacitinib/XR tablets are indicated for the following uses:1

- **Ankylosing spondylitis**, in adults with active disease who have had an inadequate response or intolerance to one or more tumor necrosis factor inhibitors (TNFis).
- **Polyarticular juvenile idiopathic arthritis (JIA)**, in patients ≥ 2 years of age with active disease who have had an inadequate response or intolerance to one or more TNFis. Note: This indication is for tofacitinib tablets or oral solution only (not the XR formulation).
- **Psoriatic arthritis**, in patients ≥ 2 years of age with active disease who have had an inadequate response or intolerance to one or more TNFis. Note: Use of tofacitinib XR is limited to adults; the safety and efficacy in pediatric patients has not been established.
- **Rheumatoid arthritis**, in adults with moderately to severely active disease who have had an inadequate response or intolerance to one or more TNFis.
- **Ulcerative colitis**, in adults with moderately to severely active disease who have had an inadequate response or who are intolerant to one or more TNFis.

Tofacitinib oral solution is indicated for polyarticular JIA and psoriatic arthritis.1 This policy involves the use of the tofacitinib products listed above. For non-tofacitinib products, refer to the respective Inflammatory Conditions PSM Policy.

Coverage Policy

POLICY STATEMENT

For all medications, this program requires the patient to meet the respective standard *Prior Authorization Policy* criteria. Additionally, this program requires trial(s) of the Preferred Product(s) according to the table below when clinically appropriate, prior to the approval of the Non-Preferred Products. There are also situations when trials of Non-Preferred Products will be considered; see criteria below. Other details of the program are as follows:

- **Continuation of Therapy:** Approval for a patient continuing therapy with a **Non-Preferred** subcutaneous or oral Product must be supported with verification, noted in the criteria as either **[verification in prescription claims history required]** or, if not available, as **[verification by prescriber required]**.
  - If the patient has at least 130 days of prescription claims history on file, claims history must support that the patient has received the Non-Preferred Product for the specified period of time (90 or 120 days) within a 130-day look-back period; OR
  - When 130 days of the patient's prescription claim history file is unavailable for verification, the prescriber must verify that the patient has been receiving the Non-Preferred Product for a specified period of time (90 or 120 days), AND that the patient has been receiving the Non-Preferred Product via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to the Non-Preferred Product).
  - For a patient continuing therapy, other conditions may also apply. Refer to criteria below.
- **Approval Duration:** All approvals for continuation of therapy for Preferred and Non-Preferred Products are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

<u>Documentation</u>: When documentation is required, the prescriber must provide written documentation supporting the trials of these other Products, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts. All documentation must include patient-specific identifying information.

Preferred and Non-Preferred Products.[¥]

	RA	JIA	AS
<u>Step 1</u> **Preferred**	• **Enbrel** • **Adalimumab Products[^]** – Humira (NDCs starting with 00074), adalimumab-aaty, Cyltezo/adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009)	• **Enbrel** • **Adalimumab Products[^]** – Humira (NDCs starting with 00074) adalimumab-aaty, Cyltezo/adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009)	• **Enbrel** • **Adalimumab Products[^]** – Humira (NDCs starting with 00074), adalimumab-aaty, Cyltezo/adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Cosentyx SC** • **Taltz**
<u>Step 2a</u> **Non-Preferred** (directed to **<u>ONE</u>** Step 1 Product)	• **Tocilizumab SC Products[a]** – Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq** • **Tofacitinib tablets/Tofacitinib XR tablets**	• **Tocilizumab SC Products[a]** – Actemra SC, Avtozma SC, Tyenne SC *Directed to adalimumab specifically.* • **Rinvoq/ Rinvoq LQ** • **Tofacitinib tablets/Tofacitinib oral solution**	• **Rinvoq** *Directed specifically to Enbrel or adalimumab.* • **Tofacitinib tablets/ Tofacitinib XR tablets** *Directed specifically to Enbrel or adalimumab.*
<u>Step 2b</u> **Non-Preferred** (directed to **<u>ONE</u>** Step 1 Product)	--	--	• **Bimzelx**
<u>Step 3a</u> **Non-Preferred** (directed to **<u>TWO</u>** Step 1 or 2a Products) **[documentation required][*]**	• **Cimzia** • **Kevzara** • **Kineret** • **Olumiant** • **Orencia SC** • **Simponi SC**	• **Cimzia** • **Kevzara** • **Orencia SC**	• **Cimzia** • **Simponi SC**
<u>Step 3c</u> **Non-Preferred** (directed to ONE Step 1 Product AND generic tofacitanib) **[documentation required][*]**	• **Xeljanz tablets** • **Xeljanz XR tablets**	• **Xeljanz tablets** • **Xeljanz oral solution**	• **Xeljanz tablets** • **Xeljanz XR tablets**

Preferred and Non-Preferred Products.[¥]

	PsA	UC
Step 1 **Preferred**	• **Enbrel** • **Adalimumab Products[^] –** Humira (NDCs starting with 00074), adalimumab-aaty, Cyltezo/adalimumab-adbm, Simlandi/ adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Cosentyx SC** • **Otezla/Otezla XR** • **Skyrizi SC[#]** • **Sotyktu** • **Taltz** • **Tremfya SC** • **Ustekinumab SC Products[ᴷ] –** Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC	• **Adalimumab Products[^]** – Humira (NDCs starting with 00074) adalimumab-aaty, Cyltezo/adalimumab-adbm, Simlandi/adalimumab-ryvk (-ryvk NDCs starting with 82009) • **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Tremfya SC** • **Ustekinumab SC Products[ᴷ]** – Stelara SC, Imuldosa SC (NDCs starting with 69448), Selarsdi SC, ustekinumab-ttwe SC, Yesintek SC • **Velsipity** • **Zymfentra**
Step 2a **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Rinvoq/ Rinvoq LQ** *Directed specifically to Enbrel or adalimumab.* • **Tofacitinib (tablets or oral solution)/ Tofacitinib XR tablets** *Directed specifically to Enbrel or adalimumab.*	• **Rinvoq** *Directed to adalimumab specifically.* • **Simponi SC** • **Tofacitinib tablets/Tofacitinib XR tablets** *Directed to adalimumab specifically.*
Step 2b **Non-Preferred** (directed to **ONE** Step 1 Product)	• **Bimzelx**	**--**
Step 3a **Non-Preferred** (directed to **TWO** Step 1 or 2a Products) **[documentation required][*]**	• **Cimzia** • **Orencia SC** • **Simponi SC**	• **Entyvio SC**
Step 3b **Non-Preferred** (directed to TWO Step 1 Products **[documentation required][*]**	**--**	• **Zeposia** *Refer to Multiple Sclerosis and Ulcerative Colitis – Zeposia PSM Policy*
Step 3c **Non-Preferred** (directed to ONE Step 1 Product AND generic tofacitanib) **[documentation required][*]**	• **Xeljanz (tablets or oral solution)** • **Xeljanz XR tablets**	• **Xeljanz tablets** • **Xeljanz XR tablets**

[¥] For Non-Tofacitinib Products, refer to the respective *Inflammatory Conditions PSM Policy*; RA – Rheumatoid arthritis; JIA – Juvenile idiopathic arthritis; AS – Ankylosing spondylitis; PsA – Psoriatic arthritis; UC – Ulcerative colitis; [^] For Non-Preferred Products, refer to the respective *Inflammatory Conditions – Adalimumab Products PSM Policy.* A trial of more than one adalimumab product counts as ONE Preferred Product; SC – Subcutaneous; [#] Pen and syringe; [ᴷ] For Non-Preferred Products, refer to the respective *Inflammatory Conditions – Ustekinumab Subcutaneous Products PSM Policy*. A trial of more than one ustekinumab product counts as ONE Preferred Product; [a] Refer to the respective *Inflammatory Conditions – Tocilizumab Subcutaneous Products PSM Policy.* JIA step is for polyarticular JIA only; [*] The prescriber must provide written documentation

supporting the trial of Preferred Products, noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and/or prescription receipts. All documentation must include patient-specific identifying information. PSM – Preferred Specialty Management; TNF – Tumor necrosis factor inhibitor.

Tofacitinib non-preferred products are considered medically necessary when the following non-preferred product exception criteria are met. Any other exception is considered not medically necessary.

NON-PREFERRED PRODUCT EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Xeljanz tablets, Xeljanz XR tablets	**1. <u>Ankylosing Spondylitis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets ALL of the following (a, b, <u>and</u> c): **a)** Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND **b)** Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **c)** Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, or Taltz; OR <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (<u>generic tofacitinib/XR tablets, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, or Taltz</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. <u>Rheumatoid Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets ALL of the following (a, b, <u>and</u> c):

a) Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND

b) Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

c) Patient has tried ONE of Enbrel or an adalimumab product; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (generic tofacitinib/XR tablets, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis – Initial Therapy.

A) Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ALL of the following (a, b, and c):

a) Patient has tried generic tofacitinib tablets **[documentation required]**; AND

b) Patient cannot continue to use generic tofacitinib due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

c) Patient has tried ONE of Enbrel or an adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.

B) If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Tofacitinib Products Policy* criteria), but criterion 3Aii is not met: a request for a Preferred Product (generic tofacitinib tablets, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the

respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria.

4. <u>Psoriatic Arthritis – Initial Therapy</u>.

A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ALL of the following (a, b, <u>and</u> c):

a) Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND

b) Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

c) Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous.
<u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts.

B) If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Preferred Product (<u>generic tofacitinib/XR tablets, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous</u>) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

5. <u>Ulcerative Colitis – Initial Therapy</u>.

A) Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ALL of the following (a, b, <u>and</u> c):

a) Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND

b) Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

c) Patient has tried ONE adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Velsipity, or Zymfentra..

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars;) Omvoh intravenous, Skyrizi intravenous, Tremfya intravenous, an ustekinumab intravenous product, or Simponi subcutaneous also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 5Aii is not met: a request for a Preferred Product (generic tofacitinib/XR tablets, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Tofacitinib/XR.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d or e):

a) Patient has Rheumatoid Arthritis and meets ALL of the following (1, 2, and 3):

(1) Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND

(2) Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

	(3) Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **b)** Patient has Ankylosing Spondylitis and meets ALL of the following (1, 2, and 3): **(1)** Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND **(2)** Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **(3)** Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, or Taltz; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts. **c)** Patient has Juvenile Idiopathic Arthritis and meets ALL of the following (1, 2, and 3): **(1)** Patient has tried generic tofacitinib tablets **[documentation required]**; AND **(2)** Patient cannot continue to use generic tofacitinib due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **(3)** Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

	d) Patient has Psoriatic Arthritis and meets ALL of the following (1, 2, and 3): **(1)** Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND **(2)** Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **(3)** Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts. **e)** Patient has Ulcerative Colitis and meets ALL of the following (1, 2, and 3): **(1)** Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND **(2)** Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **(3)** Patient has tried ONE adalimumab product, Omvoh subcutaneous, Skyrizi subcutaneous, Tremfya subcutaneous, an ustekinumab subcutaneous product, Velsipity, or Zymfentra; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of an infliximab intravenous product (e.g., Remicade, biosimilars), Omvoh intravenous, Skyrizi intravenous,

	Tremfya intravenous, an ustekinumab intravenous product, or Simponi subcutaneous also counts. **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria but criterion 6Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** generic tofacitinib tablets, generic tofacitinib XR tablets, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, or Taltz. **ii. Rheumatoid Arthritis:** generic tofacitinib tablets, generic tofacitinib XR tablets, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **iii. Juvenile Idiopathic Arthritis:** generic tofacitinib tablets, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **iv. Psoriatic Arthritis:** generic tofacitinib tablets, generic tofacitinib XR tablets, Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **v. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **7. Other Conditions.** **A)** Approve initial therapy for a duration as directed or 1 year for a patient continuing therapy if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets BOTH of the following (a and b): **a)** Patient has tried generic tofacitinib tablets or tofacitinib XR tablets **[documentation required]**; AND **b)** Patient cannot continue to use generic tofacitinib/XR tablets due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**.

	B) If the patient has met criterion 7Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Products Prior Authorization Policy* criteria), but criterion 7Aii is not met: a request for <u>generic tofacitinib/XR tablets</u> may be reviewed.
Xeljanz oral solution	**1. <u>Juvenile Idiopathic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets ALL of the following (a, b, <u>and</u> c): **a)** Patient has tried generic tofacitinib oral solution **[documentation required]**; AND **b)** Patient cannot continue to use generic tofacitinib oral solution due to formulation differences in the inactive ingredient(s) [e.g differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **c)** Patient has tried ONE of Enbrel or an adalimumab product. <u>Note</u>: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (<u>generic tofacitinib oral solution, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi</u>) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. <u>Psoriatic Arthritis – Initial Therapy</u>.** **A)** Approve for 6 months if the patient meets BOTH of the following (i <u>and</u> ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets ALL of the following (a, b, <u>and</u> c): **a)** Patient has tried generic tofacitinib oral solution **[documentation required]**; AND **b)** Patient cannot continue to use generic tofacitinib oral solution due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **c)** Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi

	subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, Yesintek. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (generic tofacitinib oral solution, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Tofacitinib.** **A)** Approve for 1 year if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient meets ONE of the following (a or b): **a)** Patient has Juvenile Idiopathic Arthritis and meets ALL of the following (1, 2, and 3): **(1)** Patient has tried generic tofacitinib oral solution **[documentation required]**; AND **(2)** Patient cannot continue to use generic tofacitinib oral solution due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND **(3)** Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade,

biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has Psoriatic Arthritis and meets ALL of the following (1, 2, and 3):

(1) Patient has tried generic tofacitinib oral solution **[documentation required]**; AND

(2) Patient cannot continue to use generic tofacitinib oral solution due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**; AND

(3) Patient has tried ONE of Enbrel, an adalimumab product, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous, Sotyktu, an ustekinumab subcutaneous product, Taltz, or Tremfya subcutaneous; OR

Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. Examples of ustekinumab products include Stelara/ustekinumab, Imuldosa, Otulfi, Pyzchiva, ustekinumab-ttwe, Selarsdi, ustekinumab-aekn, Starjemza, Steqeyma, Wezlana, and Yesintek. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), Simponi (Aria or subcutaneous), Bimzelx, or Cosentyx intravenous also counts.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria) but criterion 2Aii is not met, a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria:

i. Juvenile Idiopathic Arthritis: generic tofacitinib oral solution, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi.

ii. Psoriatic Arthritis: generic tofacitinib oral solution, Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous.

4. Other Conditions.

A) Approve initial therapy for a duration as directed or 1 year for a patient continuing therapy if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

	ii. Patient meets BOTH of the following (a and b): **a)** Patient has tried generic tofacitinib oral solution **[documentation required]**; AND **b)** Patient cannot continue to use generic tofacitinib oral solution due to formulation differences in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the brand and bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Tocilizumab Subcutaneous Products Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for generic tofacitinib oral solution may be reviewed.
Generic Tofacitinib tablets, Generic Tofacitinib XR tablets	**1. Ankylosing Spondylitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, or Taltz) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **2. Rheumatoid Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-

	aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **3. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 3Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 3Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **4. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **B)** If the patient has met criterion 4Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 4Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria. **5. Ulcerative Colitis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient has tried ONE adalimumab product.
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts.

B) If the patient has met criterion 5Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 5Aii is not met: a request for a Preferred Product (Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

6. Ankylosing Spondylitis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Ulcerative Colitis – Patient is Currently Receiving Tofacitinib/XR.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, c, d, e, or f):

a) Patient has Ankylosing Spondylitis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

b) Patient has Rheumatoid Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

c) Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty,

	adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars) or Simponi Aria also counts. **d)** Patient has Psoriatic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts. **e)** Patient has Ulcerative Colitis and has tried ONE adalimumab product; OR Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of an infliximab product (e.g., Remicade, biosimilars; Zymfentra) or Simponi subcutaneous also counts. **f)** Patient has been established on tofacitinib/XR for at least 90 days and prescription claims history indicates at least a 90-day supply of tofacitinib/XR was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**. Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving tofacitinib/XR for at least 90 days AND the patient has been receiving tofacitinib/XR via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to tofacitinib/XR). **B)** If the patient has met criterion 6Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria but criterion 6Aii is not met: a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria: **i. Ankylosing Spondylitis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, or Taltz. **ii. Rheumatoid Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **iii. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi.

	iv. Psoriatic Arthritis: Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **v. Ulcerative Colitis:** Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Omvoh subcutaneous, Skyrizi subcutaneous (on-body injector), Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Tremfya subcutaneous, Velsipity, or Zymfentra. **7. Other Conditions.** Approve initial therapy for a duration as directed or 1 year for a patient continuing therapy if the patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria.
Generic Tofacitinib oral solution	**1. Juvenile Idiopathic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts. **B)** If the patient has met criterion 1Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 1Aii is not met: a request for a Preferred Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], or Simlandi) may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria. **2. Psoriatic Arthritis – Initial Therapy.** **A)** Approve for 6 months if the patient meets BOTH of the following (i and ii): **i.** Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND **ii.** Patient has tried ONE of Enbrel or an adalimumab product. Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria), but criterion 2Aii is not met: a request for a Step 1 Product (Enbrel, Humira [NDCs starting with 00074], adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk [NDCs starting with 82009], Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous [pen or syringe], Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous [NDCs starting with 69448], Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous) may be reviewed using the respective standard *Inflammatory Conditions Prior Authorization Policy* criteria.

3. Juvenile Idiopathic Arthritis or Psoriatic Arthritis – Patient is Currently Receiving Tofacitinib.

A) Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria; AND

ii. Patient meets ONE of the following (a, b, or c):

a) Patient has Juvenile Idiopathic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi Aria also counts.

b) Patient has Psoriatic Arthritis and has tried ONE of Enbrel or an adalimumab product; OR
Note: Examples of adalimumab products include Humira, Abrilada, adalimumab-aacf, adalimumab-adaz, adalimumab-adbm, adalimumab-fkjp, adalimumab-aaty, adalimumab-ryvk, Simlandi, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. A trial of Cimzia, an infliximab product (e.g., Remicade, biosimilars), or Simponi (Aria or subcutaneous) also counts.

c) Patient has been established on tofacitinib for at least 90 days and prescription claims history indicates at least a 90-day supply of tofacitinib was dispensed within the past 130 days **[verification in prescription claims history required]**, or if claims history is not available, according to the prescriber **[verification by prescriber required]**.
Note: In cases when 130 days of the patient's prescription claim history file is unavailable to be verified, an exception to this requirement is allowed if the prescriber has verified that the patient has been receiving tofacitinib for at least 90 days AND the patient has been receiving tofacitinib via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to tofacitinib).

B) If the patient has met criterion 2Ai (the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria)

	but criterion 2Aii is not met, a request for one of the following Products may be reviewed using the respective standard *Inflammatory Conditions – Prior Authorization Policy* criteria: **i. Juvenile Idiopathic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), or Simlandi. **ii. Psoriatic Arthritis:** Enbrel, Humira (NDCs starting with 00074), adalimumab-aaty, adalimumab-adbm, Cyltezo, adalimumab-ryvk (NDCs starting with 82009), Simlandi, Cosentyx subcutaneous, Otezla, Otezla XR, Skyrizi subcutaneous (pen or syringe), Sotyktu, Stelara subcutaneous, Imuldosa subcutaneous (NDCs starting with 69448), Selarsdi subcutaneous, ustekinumab-ttwe subcutaneous, Yesintek subcutaneous, Taltz, or Tremfya subcutaneous. **4. Other Conditions.** Approve initial therapy for a duration as directed or 1 year for a patient continuing therapy if the patient meets the standard *Inflammatory Conditions – Tofacitinib Products Prior Authorization Policy* criteria.

References

1. Xeljanz®/Xeljanz XR tablets/extended release tablets [prescribing information]. New York, NY: Pfizer; March 2026.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	07/09/2026	08/01/2026
Cosentyx SC: **For Ankylosing Spondylitis** and **Psoriatic Arthritis** moved Cosentyx SC from Step 3a to Step 1. Xeljanz/XR and generic tofacitinib/XR criteria for these indications were updated to add Cosentyx SC amongst the preferred products. **Xeljanz/XR**: The step was modified so that a patient is directed to one Step 1 agent and generic tofacitinib. Previously, a patient was directed to one Step 1 TNF inhibitor and generic tofacitinib. The **Ankylosing Spondylitis, Psoriatic Arthritis,** and **Ulcerative Colitis** criteria were updated accordingly to revise the agents that count toward this requirement.	08/06/2026	08/20/2026

The policy effective date is in force until updated or retired.

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.