

**Xeljanz (tofacitinib)
 Xeljanz XR (tofacitinib extended-release)
 Effective 05/01/2026**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Xeljanz/Xeljanz XR (tofacitinib) is a Janus kinase (JAK) inhibitor indicated for:

1. Moderately to severely active rheumatoid arthritis (RA)
2. Active psoriatic arthritis (PsA)
3. Moderately to severely active ulcerative colitis (UC)
4. Active polyarticular-course juvenile idiopathic arthritis (pcJIA)
5. Active Ankylosing Spondylitis

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all the following diagnosis-specific criteria are met:

Moderately to severely active rheumatoid arthritis (RA) – Xeljanz tablet/Xeljanz XR

1. Diagnosis of moderately to severely active rheumatoid arthritis (RA)
2. Member has minimum duration of a 3-month trial and failure, intolerance, or contraindication to ONE of the following conventional therapies at maximally tolerated doses:
 - a. Methotrexate
 - b. Leflunomide
 - c. Sulfasalazine
3. Member has had an inadequate response or intolerance to ONE or more TNF inhibitors (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Active psoriatic arthritis (PsA) – Xeljanz tablet, oral solution/Xeljanz XR

1. Diagnosis of active psoriatic arthritis (PsA)
2. ONE of the following:
 - a. Actively inflamed joints

- b. Dactylitis
 - c. Enthesitis
 - d. Axial disease
 - e. Active skin and/or nail involvement
3. Member has had an inadequate response or intolerance to ONE or more TNF inhibitors (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Moderately to severely active ulcerative colitis (UC) – Xeljanz tablet/Xeljanz XR

1. Diagnosis of moderately to severely active ulcerative colitis
2. ONE of the following:
 - a. Trial and failure, intolerance, or contraindication to ONE of the following conventional therapies:
 - i. 6-mercaptopurine
 - ii. Aminosalicylate (e.g., mesalamine, olsalazine, sulfasalazine)
 - iii. Azathioprine
 - iv. Corticosteroids (e.g., prednisone)
 - b. Disease severity warrants systemic biologic as first-line therapy
3. Member has had an inadequate response or intolerance to ONE or more TNF inhibitors (e.g., adalimumab, golimumab)

Active polyarticular-course juvenile idiopathic arthritis (pcJIA) – Xeljanz tablet, oral solution

1. Diagnosis of active polyarticular-course juvenile idiopathic arthritis (pcJIA)
2. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, etanercept)
3. Minimum duration of a 6-week trial and failure, intolerance, or contraindication to ONE of the following conventional therapies at maximally tolerated doses:
 - a. Leflunomide
 - b. Methotrexate

Ankylosing spondylitis (AS) – Xeljanz tablet/Xeljanz XR

1. Diagnosis of active ankylosing spondylitis
2. Member has minimum duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) at maximally tolerated doses.
3. Member has had an inadequate response or intolerance to ONE or more TNF inhibitors (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) demonstrating an improvement in the member’s condition, as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 24 months
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limitation
Xeljanz tablet	2 tablets per day
Xeljanz XR tablet	1 tablet per day
Xeljanz oral solution	240 mL per 30 days



References

1. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterol.* 2020;158:1450-1461.
2. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. 2021;73(7):924-939.
3. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Rheumatol.* 2019;71(6):846-863.
4. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol* 2019;114:384–413.
5. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation guideline for the treatment of psoriatic arthritis. *Arthritis Rheumatol.* 2019;71(1):5-32.
6. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res.* 2015;68(1):1-25.
7. Ward MM, Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/spondyloarthritis research and treatment network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol.* 2019;71(10):1599-1613.
8. Xeljanz, Xeljanz XR (tofacitinib) [prescribing Information]. Pfizer, Inc: New York, NY; February 2025.

Review History

06/24/2013 – Reviewed

02/24/2014 – Reviewed

02/23/2015 – Reviewed

02/22/2016 – Reviewed

02/27/2017 – Adopted SGM & PDS

02/26/2018 – Updated

06/25/2018 – Updated

11/20/2019 – Added Rinvoq as a trial for RA

03/18/2020 – Reviewed; Added Xeljanz XR to criteria (effective 6/1/20)

01/19/2022 – Reviewed and Updated; added new indication of active polyarticular-course juvenile idiopathic arthritis (pJIA); references updated.

03/16/2022 – Reviewed and updated for March P&T; Added Rinvoq and Skyrizi as preferred trial for PsA. Effective 05/01/2022

09/21/2022 – Reviewed and Updated for Sept P&T; Added criteria for active ankylosing spondylitis. Effective 11/1/22.

03/15/2023 – Reviewed and Updated for March P&T; updated Ulcerative Colitis contraindication criteria to add Rinvoq and Stelara to Humira. Effective 6/1/2023.

11/15/2023 – Reviewed and Updated for Nov P&T; updated criteria to be in line with FDA approved indication. Removed TB requirement. Added examples for each indication and updated conventional therapies. Effective 1/1/2024

10/09/2024 – Reviewed and updated at October P&T. Removed age requirements for ankylosing spondylitis and pcJIA. Specified approvable formulations for each indication. Updated reauthorization criteria to require documentation of clinical response to treatment. Effective 1/1/2025.

05/14/2025 – Reviewed and updated for May P&T. Updated criteria for ulcerative colitis to remove disease characteristic requirement and allow for approval if disease severity warrants systemic biologic as first-line therapy. Updated initial approval length for ulcerative colitis to 24 months. Effective 07/01/2025.



10/08/2025 – Reviewed and updated at October P&T. Minor verbiage updates to trial language for ankylosing spondylitis; intent remains the same. Effective 01/01/2026.

11/12/2025 – Reviewed and updated at November P&T. Updated policy to clarify which formulations are approved for which indications. Effective 01/01/2026.

03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from “documentation is submitted” to “submission of medical records (e.g., chart notes...” and updating language for members who are new to the Plan. Effective 05/01/2026.

