AETNA BETTER HEALTH® Coverage Policy/Guideline					
Name:	Tofacitinib Products			Page:	1 of 8
Effective Date:	7/1/2026			Last Review Date:	6/2026
Applies to:	☐Illinois ☐New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☐Virginia		☒Florida Kids ☐Michigan ☐Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Tofacitinib Products under the patient's prescription drug benefit.

Description:

FDA-approved Indications[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.
- 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.
- Adult patients with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more TNF blockers.
- Adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response or intolerance to one or more TNF blockers.
- 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 Uses

- Non-radiographic axial spondyloarthritis[15,16]
- Oligoarticular juvenile idiopathic arthritis[11]
- Immune checkpoint inhibitor-related toxicity[14]

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Non-Preferred:
Tofacitinib Tablet
Tofacitinib Extended-Release Tablet
Tofacitinib Oral Solution

Policy/Guideline:

Documentation for all indications:
The patient is unable to take THREE preferred products, where indicated, for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

THREE preferred products:

- Rinvoq
- TWO additional preferred products:
  - A preferred adalimumab product OR Enbrel
  - A preferred ustekinumab product
  - A preferred tocilizumab product
  - Cosentyx
  - Kevzara
  - Otezla

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA), Ankylosing Spondylitis (AS), Non-Radiographic Axial Spondyloarthritis (nr-axSpA), and Articular Juvenile Idiopathic Arthritis (JIA)

Initial Requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation Requests

Chart notes or medical record documentation supporting positive clinical response.

Ulcerative Colitis (UC)

Initial Requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy (where applicable).

Continuation Requests

Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

Immune Checkpoint Inhibitor-Related Toxicity

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with one of the following:

- Rheumatoid arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, and articular juvenile idiopathic arthritis: rheumatologist
- Psoriatic arthritis: rheumatologist or dermatologist
- Ulcerative colitis: gastroenterologist
- Immune checkpoint inhibitor-related toxicity: gastroenterologist, hematologist, or oncologist

Coverage Criteria

Rheumatoid Arthritis (RA)[1-3,12,13]

Authorization of 12 months may be granted for adult members for treatment of moderately to severely active rheumatoid arthritis (RA) when the member has had an inadequate response, intolerance, or has a contraindication to at least one tumor necrosis factor (TNF) inhibitor.

Psoriatic Arthritis (PsA)[1,7,16,19]

Authorization of 12 months may be granted for members 2 years of age or older for treatment of active psoriatic arthritis when both of the following criteria are met:

- The requested drug will be used in combination with a conventional synthetic drug (e.g., methotrexate, leflunomide, sulfasalazine).
- Member has had an inadequate response, intolerance, or has a contraindication to at least one TNF inhibitor.

Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)[1,15,17]

Authorization of 12 months may be granted for adult members for treatment of active ankylosing spondylitis or active non-radiographic axial spondyloarthritis when the member

has had an inadequate response, intolerance, or has a contraindication to at least one TNF inhibitor.

Ulcerative Colitis (UC)[1,6,8,10]

Authorization of 12 months may be granted for treatment of moderately to severely active UC when the member has had an inadequate response or intolerance to at least one TNF inhibitor. If TNF inhibitors are clinically inadvisable, the member should have received at least one approved systemic therapy prior to use of the requested medication.

Articular Juvenile Idiopathic Arthritis (JIA)[1,11,18]

Authorization of 12 months may be granted for members 2 years of age or older for treatment of active articular juvenile idiopathic arthritis when the member has had an inadequate response, intolerance, or has a contraindication to at least one TNF inhibitor.

Immune Checkpoint Inhibitor-Related Toxicity[14]

Authorization of 6 months may be granted for treatment of immune checkpoint inhibitor-related diarrhea or colitis when the member has had an inadequate response, intolerance, or contraindication to infliximab or vedolizumab.

Continuation of Therapy

Rheumatoid Arthritis (RA)[1-3,12]

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active RA and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

Psoriatic Arthritis (PsA)[1,7,19]

Authorization of 12 months may be granted for members 2 years of age or older (including new members) who are using the requested medication for psoriatic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Number of swollen joints
- Number of tender joints
- Dactylitis
- Enthesitis

- Axial disease
- Skin and/or nail involvement
- Functional status
- C-reactive protein (CRP)

Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)[1,15]

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for ankylosing spondylitis or non-radiographic axial spondyloarthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Functional status
- Total spinal pain
- Inflammation (e.g., morning stiffness)
- Swollen joints
- Tender joints
- C-reactive protein (CRP)

Ulcerative Colitis (UC)[1,6,8,10]

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Stool frequency
- Rectal bleeding
- Urgency of defecation
- C-reactive protein (CRP)
- Fecal calprotectin (FC)
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Articular Juvenile Idiopathic Arthritis (JIA)[1,11]

Authorization of 12 months may be granted for all members 2 years of age or older (including new members) who are using the requested medication for active articular juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
- Number of joints with limitation of movement
- Functional ability

Immune Checkpoint Inhibitor-Related Toxicity

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

Other[1,9]

For all indications: Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST] or an interferon-release assay [IGRA]) within 12 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.

If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray). Do not administer the requested drug to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested drug.

For all indications: Member cannot use the requested medication concomitantly with any other biologic drug, targeted synthetic drug, or potent immunosuppressant such as azathioprine or cyclosporine.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Approval Duration and Quantity Restrictions:

Approval:

Initial Approval: 6 months (for Immune checkpoint inhibitor-related toxicity), 12 months for all other indications

Renewal Approval: 6 months (for Immune checkpoint inhibitor-related toxicity), 12 months for all other indications

Quantity Level Limit:

- Tofacitinib 5 mg tablet: 60 tablets per 30 days
- Tofacitinib 10 mg tablet: 60 tablets per 30 days
- Tofacitinib XR 11 mg tablet: 30 tablets per 30 days
- Tofacitinib XR 22 mg tablet: 30 tablets per 30 days
- Tofacitinib oral solution 1 mg/mL: 240 mL (1 bottle) per 24 days

References:

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