BlueCross BlueShield of North Carolina

Biologic Immunomodulators – Xeljanz

Prior Authorization Criteria - Medicare Part D

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Initial Evaluation
Xeljanz will be approved when ALL of the following are met:

1. The patient has an FDA labeled indication for the requested agent
   AND
2. ONE of the following:
   A. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 90 days
      OR
   B. The prescriber states the patient is currently being treated with the requested agent AND is at risk if therapy is changed
      OR
   C. ONE of the following:
      i. The patient's diagnosis is indicated for preferred biologic immunomodulator agent(s)* AND ONE of the following:
         a. The patient's medication history indicates use of preferred biologic immunomodulator agent(s)*
            OR
         b. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to preferred biologic immunomodulator agent(s)*
      OR
      ii. The request is for an FDA labeled indication that is not covered by preferred biologic immunomodulator agent(s)*
   AND
3. The patient does NOT have any FDA labeled contraindication(s) to the requested agent
   AND
4. ONE of the following:
   A. The patient is NOT currently being treated with another biologic immunomodulator
      OR
   B. The patient is currently being treated with another biologic immunomodulator AND will discontinue the other biologic immunomodulator prior to starting the requested agent

*NOTE:

- Use of TWO preferred biologics (Enbrel and Humira) is required for diagnosis of rheumatoid arthritis
- Use of TWO preferred biologics (Cosentyx, Enbrel, Humira, or Stelara) is required for diagnosis of psoriatic arthritis
- Only the preferred biologic Humira is required for diagnosis of ulcerative colitis

Length of approval: 12 months

Renewal Evaluation

Xeljanz will be approved for renewal when ALL of the following are met:

1. The patient has been previously approved for the requested agent through the plan's Prior Authorization criteria
   AND
2. The patient has an FDA labeled indication for the requested agent
   AND
3. The patient has shown clinical improvement (slowing of disease progression or decrease in symptom severity and/or frequency)
   AND
4. The patient does NOT have any FDA labeled contraindication(s) to the requested agent
   AND
5. ONE of the following:
   A. The patient is NOT currently being treated with another biologic immunomodulator
      OR
   B. The patient is currently being treated with another biologic immunomodulator AND will discontinue the other biologic immunomodulator prior to starting the requested agent

Length of approval: 12 months