



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 1 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### Intent:

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

### Description:

#### FDA-approved Indications<sup>1</sup>

- 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<sup>15,16</sup>
- Oligoarticular juvenile idiopathic arthritis<sup>11</sup>
- Immune checkpoint inhibitor-related toxicity<sup>14</sup>

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

### Applicable Drug List:

#### Non-Preferred:

Xeljanz  
Xeljanz XR  
Xeljanz Oral Solution



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 2 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### 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).



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 3 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### 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)<sup>1-3,12,13</sup>

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)<sup>1,7,16,19</sup>

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)<sup>1,15,17</sup>

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



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 4 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

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

#### Ulcerative Colitis (UC)<sup>1,6,8,10</sup>

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)<sup>1,11,18</sup>

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<sup>14</sup>

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)<sup>1-3,12</sup>

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)<sup>1,7,19</sup>

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



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 5 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

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

#### Ankylosing Spondylitis (AS) and Non-Radiographic Axial Spondyloarthritis (nr-axSpA)<sup>1,15</sup>

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)<sup>1,6,8,10</sup>

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)



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 6 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### Articular Juvenile Idiopathic Arthritis (JIA)<sup>1,11</sup>

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<sup>1,9</sup>**

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



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 7 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

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

### Quantity Level Limit:

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

### References:

1. Xeljanz/Xeljanz XR [package insert]. New York, NY: Pfizer Labs.; October 2025.
2. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol.* 2016;68(1):1-26.
3. Smolen JS, Landewé RBM, Bergstra SA, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2022 update. *Ann Rheum Dis.* 2023;82:3-18.
4. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol.* 2011;65(1):137-174.
5. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. *Ann Rheum Dis.* 2016;75(3):499-510.
6. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol.* 2011;106(Suppl 1):S2-S25.
7. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. *Arthritis Rheum.* 2018;71:5-32.
8. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. *Am J Gastroenterol.* 2025;120(6):1187-1224.
9. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on June 17, 2025 from: <https://www.cdc.gov/tb/testing/>.
10. Singh S, Loftus EV Jr, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. *Gastroenterology.* 2024;167(7):1307-1343.
11. Ringold S, Angeles-Han S, 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 Care Res (Hoboken).* 2019; 71(6):717-734.
12. Aletaha D, Neogi T, Silman, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum.* 2010;62(9):2569-81.



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeljanz-Xeljanz XR Page: 8 of 8

Effective Date: 2/25/2026 Last Review Date: 12/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

13. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthrit Care Res.* 2021.
14. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed June 18, 2025.
15. 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. doi:10.1002/art.41042.
16. Gossec L, Kerschbaumer A, Ferreira RJO, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2023 update. *Ann Rheum Dis.* 2024;83(6):706-719. Published 2024 May 15. doi:10.1136/ard-2024-225531.
17. van der Heijde D, Ramiro S, Landewe R, et al. 2016 Update of the international ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis.* 2017;0:1-14.
18. Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis. *Arthritis Rheumatol.* 2022;74(4):553-569.
19. Coates LC, Soriano ER, Corp N, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021. *Nat Rev Rheumatol.* 2022;18(8):465-479.