Washington State Health Care Authority

Cytokine and CAM Antagonists: Janus Associated Kinase (JAK) Inhibitors

Medical policy no. 66.27.00.AH-7 Effective Date: 4/1/2026

Related medical policies:

Policy Number	Policy Name
66.27.00.AA	Cytokine and CAM Antagonists: Tumor Necrosis Factor (TNF) Inhibitors
66.27.00.AB	Cytokine and CAM Antagonists: IL-4/IL-13 Inhibitors
66.27.00.AC	Cytokine and CAM Antagonists: IL-6 Inhibitors
66.27.00.AD	Cytokine and CAM Antagonists: IL-12/IL-23 Inhibitors
66.27.00.AE	Cytokine and CAM Antagonists: IL-17 Inhibitors
66.27.00.AF	Cytokine and CAM Antagonists: Oral PDE-4 Inhibitors
66.27.00.AG	Cytokine and CAM Antagonists: T-Lymphocyte Inhibitors
66.27.00.AI	Cytokine and CAM Antagonists: IL-1 Inhibitors
66.27.00.AJ	Cytokine and CAM Antagonists: Integrin Receptor Antagonists
66.27.00.AK	Cytokine and CAM Antagonists: S1-P Receptor Modulator

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Medical necessity:

Drug	Medical Necessity
abrocitinib (Cibinqo) baricitinib (Olumiant) delgocitinib (Anzupgo) deucravacitinib (Sotyktu) deuruxolitinib (Leqselvi) ritlecitinib (Litfulo) ruxolitinib (Opzelura) tofacitinib citrate (Xeljanz/XR) upadacitinib (Rinvoq, Rinvoq LQ)	**Janus Associated Kinase (JAK) Inhibitors – abrocitinib, baricitinib, deucravacitinib, deuruxolitinib, tofacitinib, upadacitinib** may be considered medically necessary in patients who meet the criteria described in the clinical policy below. If all criteria are not met, the clinical reviewer may determine there is a medically necessary need and approve on a case-by-case basis. The clinical reviewer may choose to use the reauthorization criteria when a patient has been previously established on therapy and is new to Apple Health.

Clinical policy:

<table>
<tr><th colspan="2">Clinical Criteria</th></tr>
<tr><td>Alopecia areata
baricitinib (Olumiant)
deuruxolitinib (Leqselvi)
ritlecitinib (Litfulo)</td><td>Baricitinib (Olumiant), deuruxolitinib (Leqselvi), or ritlecitinib (Litfulo) may be approved when all the following documented criteria are met:
1. The patient meets the age-appropriate limit for the requested product:
a. For baricitinib: 18 years of age or older; OR
b. For ritlecitinib: 12 years of age or older; AND
2. Prescribed by, or in consultation with, a dermatologist; AND
3. Not used in combination with another Cytokine and CAM medication; AND
4. Diagnosis of severe alopecia areata; AND
5. Current episode of alopecia areata lasting more than 6 months; AND
6. Patient has ≥50% of the scalp hair loss (Severity of Alopecia Tool [SALT] score >50%); AND
7. History of failure to one of the following unless all are contraindicated or not tolerated:
a. High-potency topical corticosteroids [minimum trial of 6 weeks]; OR
b. Intralesional corticosteroids [minimum trial of 6 weeks]; OR
c. Systemic therapy (i.e., oral corticosteroids, methotrexate, cyclosporine) [minimum trial of 6 weeks].

If ALL criteria are met, the request will be authorized for 6 months.

Criteria (Reauthorization)
Baricitinib (Olumiant), deuruxolitinib (Leqselvi), or ritlecitinib (Litfulo) may be approved when all the following documented criteria are met:

1. Not used in combination with another Cytokine and CAM medication; AND
2. Documentation is submitted demonstrating a positive clinical response.

If ALL criteria are met, the request will be authorized for 12 months.</td></tr>
<tr><td>Ankylosing Spondylitis
tofacitinib (Xeljanz, Xeljanz XR)
upadacitinib (Rinvoq)

Non-Radiographic Axial Spondyloarthritis
Upadacitinib (Rinvoq)</td><td>Tofacitinib (Xeljanz) may be approved when all the following documented criteria are met:
1. Patient is 18 years of age or older, AND
2. Prescribed by, or in consultation with a rheumatologist; AND
3. Not used in combination with another Cytokine and CAM medication; AND
4. Diagnosis of Ankylosing Spondylitis (AS); AND
5. High disease activity as indicated by a Bath Ankylosing Disease Activity Index (BASDAI) score of at least 4 or an Ankylosing Spondylitis Disease Activity Score (ASDAS) score of at least 2.1; AND
6. Treatment with at least two different NSAIDs (e.g., indomethacin, meloxicam, celecoxib, naproxen, nabumetone, etc.) have been</td></tr>
</table>

	ineffective unless all are contraindicated or not tolerated [minimum trial of four weeks] 7. Disease manifested as either of the following: a. Axial disease; **OR** b. Peripheral arthritis; **AND** i. Treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate, sulfasalazine, leflunomide) has been ineffective unless all are contraindicated or not tolerated [minimum trial of 3 months]; **AND** 8. Treatment with one preferred TNF inhibitor has been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks]. *Non-Preferred tofacitnib (Xeljanz XR) may be approved when all the following criteria are met: 9. Criteria 1-8 above are met 10. Patient has tried all the preferred tofacitinib products unless all are contraindicated or not tolerated Upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Diagnosis of ankylosing spondylitis (AS) or non-radiographic axial spondyloarthritis; **AND** 2. Criteria 1-3 and 5-7 above are met; **AND** 3. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks]. If ALL criteria are met, the request will be authorized for **6 months.** **Criteria (Reauthorization)** Tofacitinib (Xeljanz, Xeljanz XR) or upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., decrease in BASDAI or ASDAS score). If ALL criteria are met, the request will be authorized for **12 months.**
Atopic Dermatitis abrocitinib (Cibinqo) ruxolitinib (Opzelura) upadacitinib (Rinvoq)	Abrocitinib (Cibinqo), ruxolitinib (Opzelura), or upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. The patient meets the appropriate age limit for the requested product: a. ruxolitinib ≥ 2 years old; b. Upadacitinib and abrocitinib ≥12 years old; **AND** 2. Prescribed by, or in consultation with an allergist, dermatologist, or an immunologist; **AND**

	3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of one of the following: a. For abrocitinib and upadacitinib, moderate to severe atopic dermatitis; **OR** b. For ruxolitinib, mild to moderate atopic dermatitis; **AND** 5. For upadacitinib, the patient weighs 40 kg or more; **AND** 6. Documentation is provided demonstrating: a. For abrocitinib and upadacitinib, one of the following: i. Affected body surface area (BSA) of at least 10% unless there is involvement of sensitive skin areas such as hands, feet, face, neck, genitalia, or intertriginous areas; **OR** ii. Baseline disease severity scale scoring supporting diagnosis of moderate to severe atopic dermatitis (e.g., Investigator's Global Assessment (IGA) score of 3 or greater; Eczema Area and Severity Index (EASI) of greater than 7, Patient Oriented Eczema Measure (POEM) of 8 or greater, etc.); **OR** b. For ruxolitinib: i. Affected BSA does not exceed 20%; **AND** 7. Patient is experiencing functional impairment due to atopic dermatitis, which may include, but is not limited to: a. Activities of daily living (ADLs); **OR** b. Skin infections; **OR** c. Sleep disturbances; **AND** 8. History of failure, defined as the inability to achieve or maintain remission to at **LEAST TWO** of the following groups unless all are contraindicated or not tolerated [minimum trial of 28-days each]: a. Group 1: Topical corticosteroids of at least medium/moderate potency (e.g. betamethasone, clobetasol, halobetasol, hydrocortisone, mometasone) b. Group 2: Topical calcineurin inhibitors (e.g. pimecrolimus cream, tacrolimus ointment) c. Group 3: Topical PDE-4 inhibitors (e.g. crisaborole); **AND** 4. For abrocitinib and upacitinib, treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 16 weeks]. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization) Abrocitinib (Cibinqo), ruxolitinib (Opzelura), or upadacitinib (Rinvoq)may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND**

	Documentation is submitted demonstrating disease stability, or a positive clinical response (e.g., reduction in affected body surface area, achieved or maintained clear or minimal disease [equivalent to IGA score of 0 or 1], experienced or maintained a decrease in EASI score). If ALL criteria are met, the request will be authorized for **12 months.**
Chronic Hand Eczema delgocitinib (Anzupgo)	Delgocitinib (Anzupgo) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. Prescribed by, or in consultation with an allergist, dermatologist, or an immunologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of chronic hand eczema; **AND** 5. Documentation is provided demonstrating BSA involvement does not exceed 20%; **AND** 6. Patient is experiencing functional impairment due to chronic hand eczema, which may include, but is not limited to: a. Activities of daily living (ADLs); **OR** b. Skin infections; **OR** c. Sleep disturbances; **AND** 7. History of failure, defined as the inability to achieve or maintain remission to at **LEAST TWO** of the following groups unless all are contraindicated or not tolerated [minimum trial of 28-days each]: a. Group 1: Topical corticosteroids of at least medium/moderate potency (e.g. betamethasone, clobetasol, halobetasol, hydrocortisone, mometasone) b. Group 2: Topical calcineurin inhibitors (e.g. pimecrolimus cream, tacrolimus ointment) c. Group 3: Topical PDE-4 inhibitors (e.g. crisaborole); **AND** 8. Treatment with dupilumab (Dupixent) has been ineffective, contraindicated, or not tolerated [minimum trial of 16 weeks]. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization)
	Delgocitinib (Anzupgo) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability, or a positive clinical response defined by both (a and b) of the following: a. At least ONE of the following: i. Reduction in body surface area involvement of at least 20% from baseline; **OR** ii. Achieved or maintained clear or minimal disease from baseline (equivalent to IGA score of 0 or 1); **OR**

	iii. Experienced or maintained a decrease in EASI score of at least 50% from baseline; **AND** b. An improvement in functional impairment (e.g., improvement in ADLs, skin infections, or sleep disturbance). If ALL criteria are met, the request will be authorized for **12 months.**
Crohn's Disease upadacitinib (Rinvoq)	Upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older, **AND** 2. Prescribed by, or in consultation with a gastroenterologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of moderate to severe Crohn's disease (CD); **AND** a. Treatment with conventional therapy has been ineffective unless all are contraindicated or not tolerated. Conventional therapy is defined as: i. Oral corticosteroids (e.g., prednisone, methylprednisolone) used short-term to induce remission or alleviate signs/symptoms of disease flare; **AND** ii. At least one immunomodulatory agent (e.g., methotrexate, azathioprine, 6-mercaptopurine) [minimum trial of 12 weeks]; **OR** b. Documentation of high-risk disease (e.g., symptoms despite conventional therapy, obstruction, abscess, stricture, phlegmon, fistulas, resection, extensive bowel involvement, early age of onset, growth retardation, Crohn's Disease Activity Index (CDAI) > 450, Harvey-Bradshaw index > 7); **AND** 5. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks]. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization)
	Upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., improvement in endoscopic activity, taper or discontinuation of corticosteroids, reduction in number of liquid stools, decrease in presence and severity of abdominal pain, decrease in CDAI, decrease in Harvey-Bradshaw index).

	If ALL criteria are met, the request will be authorized for **12 months.**
Plaque Psoriasis deucravacitinib (Sotyktu)	Deucravacitinib (Sotyktu) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older, **AND** 2. Prescribed by, or in consultation with a dermatologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of moderate to severe plaque psoriasis; **AND** 5. Presence of ongoing disease for greater than 6 months; **AND** 6. The patient meets one of the following: a. Disease affects at least 10% body surface area; **OR** b. Disease affects the face, ears, hands, feet, or genitalia; **AND** 7. Baseline assessments are included (e.g., body surface area (BSA), Psoriasis Area and Severity Index (PASI), Psoriasis Physician's Global Assessment (PGA), itch numeric rating scale, etc.); **AND** 8. History of failure to one of the following unless all are contraindicated or not tolerated: a. Phototherapy (UVB or PUVA) [minimum trial of 12 weeks]; **OR** b. Treatment with at least one non-Cytokine and CAM DMARD (e.g., methotrexate, cyclosporine, acitretin, azathioprine, etc.) [minimum trial of 12 weeks]; **AND** 9. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks]. If ALL criteria are met, the request will be authorized for **6 months.** **Criteria (Reauthorization)** Deucravacitinib (Sotyktu) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., improvement in BSA, PASI, Psoriasis PGA, itch numeric rating scale). If ALL criteria are met, the request will be authorized for **12 months.**
Polyarticular Juvenile Idiopathic Arthritis tofacitinib (Xeljanz, Xeljanz XR) Upadacitinib (Rinvoq, Rinvoq LQ)	Tofacitinib (Xeljanz) may be approved when all the following documented criteria are met: 1. Patient is 2 years of age or older, **AND** 2. Prescribed by, or in consultation with a rheumatologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of Polyarticular Juvenile Idiopathic Arthritis (PJIA); **AND** 5. Documentation of current weight is provided; **AND**

	6. Treatment with at least one non-Cytokine and CAM DMARD (e.g., methotrexate, sulfasalazine, leflunomide, hydroxychloroquine, azathioprine, cyclosporine) has been ineffective unless all are contraindicated or not tolerated [minimum trial of 3 months]; **AND** 7. Treatment with one preferred TNF inhibitor has been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks] *Non-Preferred tofacitnib (Xeljanz XR) may be approved when all the following criteria are met: 8. Criteria 1-7 above are met 9. Patient has tried all the preferred tofacitinib products unless all are contraindicated or not tolerated [minimum trial of 12 weeks] Upadacitinib (Rinvoq, Rinvoq LQ) may be approved when all the following documented criteria are met: 10. Criteria 1-6 above is met; **AND** 11. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks]. If ALL criteria are met, the request will be authorized for **6 months.** **Criteria (Reauthorization)** Tofacitinib (Xeljanz, Xeljanz XR) or upadacitinib (Rinvoq, Rinvoq LQ) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., improvement in joint pain, swelling, activities of daily living, reduction in disease flares, etc.). If ALL criteria are met, the request will be authorized for **12 months.**
Psoriatic Arthritis tofacitinib (Xeljanz, Xeljanz XR) upadacitinib (Rinvoq, Rinvoq LQ)	Tofacitinib (Xeljanz) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. Prescribed by, or in consultation with a rheumatologist or dermatologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of Psoriatic Arthritis (PsA); **AND** 5. Patient meets one of the following: a. Treatment with at least one non-Cytokine and CAM DMARD (e.g., methotrexate, sulfasalazine, leflunomide, cyclosporine) has been ineffective unless all are

contraindicated or not tolerated [minimum trial of 3 months]; **OR**

b. Presence of active, severe disease as indicated by provider assessment and the presence of at least ONE of the following:
   i. Erosive disease; **OR**
   ii. Elevated C-reactive protein (CRP) or erythrocyte sedimentation rate (ESR); **OR**
   iii. Long-term damage interfering with function (e.g., joint deformities, vision loss); **OR**
   iv. Major impairment of quality of life due to high disease activity at many sites (including dactylitis, enthesitis) or functionally limiting arthritis at a few sites; **AND**

6. Treatment with one preferred TNF inhibitor has been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks].

*Non-Preferred tofacitnib (Xeljanz XR) may be approved when all the following criteria are met:

7. Criteria 1-6 above are met; **AND**
8. Patient has tried all the preferred tofacitinib products unless all are contraindicated or not tolerated

Upadacitinib (Rinvoq, Rinvoq LQ) may be approved when all the following documented criteria are met:

9. Patient is 2 years of age or older; **AND**
10. For pediatric requests, documentation of current weight is provided; **AND**
11. Criteria 2-5 above are met; **AND**
12. For pediatric requests, treatment with preferred etanercept products has been ineffective unless all are contraindicated or not tolerated [minimum trial of 12 weeks]**; OR**
13. For adult requests, treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks].

If ALL criteria are met, the request will be authorized for **6 months.**

Criteria (Reauthorization)

Tofacitinib (Xeljanz, Xeljanz XR) or upadacitinib (Rinvoq, Rinvoq LQ) may be approved when all the following documented criteria are met:

1. Not used in combination with another Cytokine and CAM medication; **AND**

	2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., improvement in joint pain, swelling, activities of daily living, reduction in disease flares, etc.). If ALL criteria are met, the request will be authorized for **12 months.**
Rheumatoid Arthritis baricitinib (Olumiant) tofacitinib (Xeljanz) upadacitinib (Rinvoq)	Tofacitinib (Xeljanz) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older, **AND** 2. Prescribed by, or in consultation with a rheumatologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of Rheumatoid Arthritis (RA); **AND** 5. Baseline assessments are included (e.g., Disease Activity Score for 28 joints (DAS28) with the CRP, DAS28 with ESR, Simplified Disease Activity Index (SDAI), Clinical Disease Activity Index (CDAI), Routine Assessment of Patient Index Data 3 (RAPID3), Patient Activity Scale (PAS) II; **AND** 6. Treatment with at least one non-Cytokine and CAM DMARD (e.g., methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, cyclosporine, azathioprine) has been ineffective unless all are contraindicated or not tolerated [minimum trial of 3 months]; **AND** 7. Treatment with one preferred TNF inhibitor has been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks]. *Non-Preferred tofacitnib (Xeljanz XR) may be approved when all the following criteria are met: 8. Criteria 1-7 above are met; **AND** 9. Patient has tried all the preferred tofacitinib products unless all are contraindicated or not tolerated Baricitinib (Olumiant) or upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 10. Criteria 1-7 above are met; **AND** 11. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks] If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization)
	Baricitinib (Olumiant), tofacitinib (Xeljanz, Xeljanz XR), or upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND**

	2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g. improvement in DAS28 with CRP/ESR, SDAI, CDAI, RAPID3, PAS II scores). If ALL criteria are met, the request will be authorized for **12 months.**
Ulcerative Colitis tofacitinib (Xeljanz, Xeljanz XR) upadacitinib (Rinvoq)	Tofacitinib (Xeljanz) may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older, **AND** 2. Prescribed by, or in consultation with a gastroenterologist; **AND** 3. Not used in combination with another Cytokine and CAM medication; **AND** 4. Diagnosis of moderate-to-severe Ulcerative Colitis (UC); **AND** 5. Baseline assessments are included (e.g., stool frequency, endoscopy results, presence of rectal bleeding, disease activity scoring tool); **AND** 6. Treatment with conventional therapy (e.g., systemic corticosteroids, azathioprine, mesalamine, sulfasalazine) has been ineffective unless all are contraindicated or not tolerated [minimum trial of 12 weeks]; **AND** 7. Treatment with one preferred TNF inhibitor has been ineffective, unless all are contraindicated or not tolerated [minimum trial of 12 weeks]. *Non-Preferred tofacitnib (Xeljanz XR) may be approved when all the following criteria are met: 1. Criteria 1-7 above are met 2. Patient has tried all the preferred tofacitinib products unless all are contraindicated or not tolerated [minimum trial of 12 weeks] Upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 8. Criteria 1-6 above are met; **AND** 9. Treatment with two preferred Cytokine and CAM Apple Health Preferred Drug List (PDL) medications has each been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks]. If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization) Tofacitinib (Xeljanz, Xeljanz XR) or upadacitinib (Rinvoq) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication; **AND** 2. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., decreased stool frequency, decreased rectal bleeding, improvement in endoscopic activity,

	tapering or discontinuation of corticosteroid therapy, or improvement on a disease activity scoring tool). If ALL criteria are met, the request will be authorized for **12 months.**
Vitiligo ruxolitinib (Opzelura)	ruxolitinib (Opzelura) may be approved when all the following documented criteria are met: 1. Patient is 12 years of age or older; **AND** 2. Prescribed by, or in consultation with, a dermatologist; **AND** 3. Not used in combination with another Cytokine and CAM medication or oral immunosuppressants (e.g. azathioprine, cyclosporine); **AND** 4. Diagnosis of nonsegmental vitiligo including: a. Patient has chronic disease (greater than 3 months); **AND** b. Provider attests vitiligo involves a total body surface area (BSA) that is 10% or less; **AND** 5. Treatment with at least one therapy from two of the following categories has been ineffective or not tolerated. If one category is contraindicated, the patient must still try one therapy from two categories [minimum trial of 2 months]: a. Phototherapy b. Topical calcineurin inhibitors (e.g. tacrolimus) c. Medium to high potency topical corticosteroids (e.g. betamethasone, mometasone, clobetasol, fluocinonide) If ALL criteria are met, the request will be authorized for **6 months.**
	Criteria (Reauthorization)
	ruxolitinib (Opzelura) may be approved when all the following documented criteria are met: 1. Not used in combination with another Cytokine and CAM medication or oral immunosuppressant; **AND** 2. Documentation is submitted demonstrating a positive clinical response (e.g. improvement in F-VASI and/or T-VASI score from baseline, or reduction in total BSA involvement) If ALL criteria are met, the request will be authorized for **12 months.**

Dosage and quantity limits:

Drug	Indication	FDA Approved Dosing	Dosage Form and Quantity Limit
Anzupgo	Chronic Hand Eczema	Apply a thin layer to affected areas on hands and wrists twice daily	• Max 30 grams per 2 weeks OR 60 grams per 30 days
Cibinqo	Atopic Dermatitis	100-200 mg once daily	• 50 mg tablet: 30 tablets per 30 days • 100 mg tablet: 30 tablets per 30 days • 200 mg tablet: 30 tablets per 30 days
Leqselvi	Alopecia Areata	8 mg twice daily	• 8 mg tablet: 60 tablets per 30 days
Litfulo	Alopecia Areata	50 mg once daily	• 50 mg capsules: 30 capsules per 30 days
Olumiant	Alopecia Areata	2-4 mg once daily	

	Rheumatoid Arthritis	2 mg once daily	• 1 mg tablet: 30 tablets per 30 days • 2 mg tablet: 30 tablets per 30 days • 4 mg tablet: 30 tablets per 30 days
Opzelura	Atopic Dermatitis	Apply a thin layer topically twice daily	• Max 60 grams per 1 week OR 100 grams per 2 weeks
	Vitiligo	Apply a thin layer topically twice daily	
Rinvoq, Rinvoq LQ	Ankylosing Spondylitis	15 mg once daily	• 1 mg/mL solution: 360 mL per 30 days* • 15 mg tablet: 30 tablets per 30 days • 30 mg tablet: 30 tablets per 30 days • 45 mg tablet: 30 tablets per 30 days
	Atopic Dermatitis	Less than 65 years of age:15-30 mg once daily 65 years of age and older: 15 mg once daily	
	Crohn's Disease	Induction: 45 mg once daily for 12 weeks Maintenance: 15-30 mg once daily	
	Polyarticular juvenile idiopathic arthritis	10-20kg: 3 mg (oral solution) twice daily 20 to less than 30 kg: 4 mg (oral solution) twice daily 30 kg or greater: 6 mg twice daily (oral solution) or 15 mg (tablet) once daily	
	Psoriatic Arthritis	15 mg once daily	
	Non-radiographic axial spondyloarthritis	15 mg once daily	
	Rheumatoid Arthritis	15 mg once daily	
	Ulcerative Colitis	Induction: 45 mg once daily for 8 weeks Maintenance: 15-30 mg once daily	
Sotyktu	Plaque psoriasis	6 mg once daily	• 6 mg tablet: 30 tablets per 30 days
Xeljanz, Xeljanz XR	Ankylosing Spondylitis	5 mg twice daily 11 mg once daily	• 1 mg/mL solution: 240 mL per 30 days* • 5 mg tablet: 60 tablets per 30 days • 10 mg tablet: 60 tablets per 30 days • 11 mg XR tablet: 30 tablets per 30 days • 22 mg XR tablet: 30 tablets per 30 days
	Polyarticular Juvenile Idiopathic Arthritis	10 to less than 20 kg: 3.2 mg twice daily 20kg to less than 40 kg: 4 mg twice daily 40kg or more: 5 mg twice daily	
	Psoriatic Arthritis	5 mg twice daily 11 mg once daily	
	Rheumatoid Arthritis	5 mg twice daily 11 mg once daily	
	Ulcerative Colitis	IR Tablet Induction: 10 mg twice daily for 8 weeks. If needed continue 10 mg twice daily for maximum of 16 weeks.	

		Maintenance: 5 mg twice daily <u>ER Tablet</u> Induction: 22 mg once daily for 8 weeks. If needed continue 22 mg once daily for a maximum of 16 weeks. Maintenance: 11 mg once daily	

**Dosing for PJIA is based on body weight. Patients on Rinvoq with body weight greater than >30 kg may be switched to Rinvoq 15 mg tablets. Patients on Xeljanz with body weight >40kg may be switched to Xeljanz 5 mg tablets.*

Coding:

HCPCS Code	Description
N/A	N/A

Background:

Alopecia Areata

There are no formal U.S. treatment guidelines addressing alopecia areata. The 2020 Alopecia Areata Consensus of Experts (ACE) study provides international expert consensus statements aiming to help medical practitioners select optimal alopecia areata management strategies. ACE consensus for topical treatments in alopecia areata state topical corticosteroids can be prescribed as first-line topical treatment (alone or in combination) to treat scalp, eyebrow, or beard alopecia areata. ACE notes that in adults, the most appropriate first-line treatment, when Severity of Alopecia Tool (SALT) score is greater than 50%, is topical or oral corticosteroids. Steroid-sparing agents are commonly used to mitigate the risk of adverse effects associated with prolonged use of high-dose systemic corticosteroids. In adults with alopecia areata, cyclosporine is an effective monotherapy agent. It was acknowledged that methotrexate is sometimes used as monotherapy in severe alopecia areata. Consensus was not achieved in any questions regarding use of azathioprine. Treatment with a JAK inhibitor is noted as a preferred second line agent.

Ankylosing spondylitis and non-radiographic axial spondyloarthritis

The 2019 American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (ACR/SAA/SPARTAN) guidelines on the treatment of ankylosing spondylitis strongly recommend the use of NSAIDs as first-line treatment (with 70-80% responding). Recommendations against the use of non-biologic DMARDs are made for patients with active ankylosing spondylitis despite NSAID treatment. Some benefit has been seen in patients with peripheral arthritis, thus treatment with sulfasalazine or methotrexate may be considered in patients with predominantly peripheral disease; however, evidence is based on older RCTs with very low quality of evidence. For those patients with inadequate response despite continuous NSAID treatment, the ACR strongly recommends use of TNF inhibitors over no treatment with TNF inhibitors. In patients with secondary nonresponse to TNF inhibitors, the guidelines conditionally recommend treatment with a different TNF inhibitor over treatment with a non-TNF inhibitor biologic. The 2022 Assessment of SpondyloArthritis international Society (ASAS)-EULAR guidelines for the treatment of axial spondyloarthritis (axSpA) reference the use of JAK inhibitors in the treatment algorithm. The term axial spondyloarthritis (axSpA), encompasses both active ankylosing spondylitis (or radiographic AS) and nr-axSpA as one entity part of the same chronic inflammatory musculoskeletal spectrum with similar clinical presentations, comorbidities, disease burden, and treatment response. ASAS/EULAR recommends patients try and fail at least 2 NSAIDs over 4 weeks as first line therapy and treat local musculoskeletal inflammation with glucocorticoid injection; sulfasalazine may be considered in patients with peripheral symptoms, however use of conventional non-biologic DMARDS (e.g. sulfasalazine, leflunomide, methotrexate, etc.) is not recommended in axial disease. In contrast to ACR/SAA/SPARTAN, ASAS/EULAR guidelines highly recommend treatment with a TNF inhibitor, IL-17 inhibitor, or JAK inhibitor for patients with high disease activity, defined by a BASDAI of at least 4 or an ASDAS of at least 2.1, despite conventional treatment with NSAIDS. Starting with a TNF inhibitor or IL-17 inhibitor is preferred clinically, given long term data for use of JAK inhibitors in axSpA is still missing. There is no specific treatment algorithm after primary non-response to biologic (TNF inhibitor or IL-17 inhibitor) or JAK inhibitor therapy.

Atopic dermatitis
Atopic dermatitis
Treatments for mild-to-moderate AD include topical corticosteroids (TCS), topical calcineurin inhibitors (TCI), phototherapy, and crisaborole (Eucrisa), and Opzelura (ruxolitinib) . Symptomatic treatments include oral and topical antihistamines and sleep aids for nighttime pruritus. Treatment choice between these products is dependent on severity, location, and other patient specific factors (e.g., allergies, age). According to American Academy of Dermatology (AAD) guidelines, TCIs may be preferable to TCS in patients with recalcitrance to steroids, sensitive areas involved, steroid-induced atrophy, and long-term uninterrupted topical steroid use. Treatment for moderate to severe disease not amenable to topicals includes systemic immunosuppressants (e.g., corticosteroids, cyclosporine, methotrexate, azathioprine, mycophenolate mofetil), JAK inhibitors (e.g., abrocitinib, upadacitinib), and dupilumab (Dupixent). Currently, there are no head- to-head trials evaluating safety and/or efficacy differences or superiority between biologic therapies in atopic dermatitis.

Crohn's Disease

Therapeutic recommendations for patients with Crohn's disease (CD) are established based upon disease location, disease severity, disease associated complications, and future disease prognosis. The goals of therapy are to induce remission, prevent relapse, and prevent occurrence of disease complications, such as stricture and fistula. According to the 2018 American College of Gastroenterology (ACG) guidelines, for patients with moderate to severe disease and those with moderate to high-risk disease treatment with oral corticosteroids used short term to induce remission is recommended (strong recommendation, moderate level of evidence). However, it is noted that one in five patients will become steroid refractory which is thought to be the result of unreliable efficacy in healing of the mucosa associated with steroids (weak recommendation, low level of evidence). Corticosteroids are also implicated in the development of perforating complications (abscess and fistula) and are relatively contraindicated in those patients. The 2021 American Gastroenterological Association (AGA) clinical guidelines make similar recommendations and suggest the use of corticosteroids in adult outpatients with moderate to severe CD over no treatment for induction of remission (conditional recommendation, moderate level of evidence). In patients with moderate to severe CD who remain symptomatic despite current or prior corticosteroid therapy, 2018 ACG guidelines recommend immunomodulators such as azathioprine, 6-mercaptopurine (strong recommendation, moderate level of evidence), and methotrexate (conditional recommendation, low level of evidence) to be effective for maintenance of remission. Due to slow time to clinical response that may not be evident for as long as 12 weeks, these agents are not recommended for short-term induction. The 2021 AGA guidelines make similar suggestions and recommend use of thiopurines over no treatment for the maintenance of remission (conditional recommendation, low level of evidence). The timing of introduction of biologic agents is a matter of debate and more studies are needed to assess stepwise approach versus earlier administration of biologic agents in patients with moderate to severe disease. The 2019 British Society of Gastroenterology guidelines suggest that systemic corticosteroids are still an effective initial therapy for uncomplicated luminal moderate to severe disease, regardless of disease location; however, every effort should be made to limit exposure (strong recommendation, high-quality evidence). In patients with an aggressive disease course, or high risk, poor prognostic factors, early introduction of biologics may be considered (weak recommendation, moderate-quality evidence). High risk features include extensive disease, complex (stricturing or penetrating disease), perianal fistulizing disease, age under 40 years at diagnosis, and the need for steroids to control index flare; however, the predictive power of these features is limited.

Plaque Psoriasis
Joint American Academy of Dermatology–National Psoriasis Foundation guidelines for the management of psoriasis with systemic nonbiologic therapies and for the management and treatment of psoriasis with biologics indicate that the majority of patients are capable of adequately controlling disease solely with topical medications or phototherapy. Phototherapy is recognized as a beneficial therapy for controlled plaque psoriasis and is a cost-effective treatment strategy. Additionally, oral immunomodulatory medications (e.g., methotrexate, cyclosporine, acitretin) are cost-effective therapies with a well-known safety profile for the treatment of plaque psoriasis. For moderate-to-severe disease, where a JAK inhibitor or biologics are warranted, deucravacitinib (Sotyktu) is one of many options. However, it would not be indicated for mild psoriasis given that patients are better managed from a safety perspective on well-established therapies (e.g., topical agents, phototherapy, conventional DMARDS, apremilast [Otezla]).

Polyarticular Juvenile Idiopathic Arthritis (PJIA)
Juvenile idiopathic arthritis (JIA) is a grouping of inflammatory disorders that affect children. Polyarticular juvenile idiopathic arthritis (PJIA) is a subset of JIA, which is defined by the presence arthritis in five or more joints during the first six months of illness. Other subsets of JIA include ERA, oligoarthritis (less than five joints affected), systemic juvenile idiopathic arthritis (SJIA; fever, rash, hepatic/splenic/lymphatic involvement) and psoriatic arthritis (psoriasis and dactylitis). While these are distinct disease states, their pathogenesis and presentation are similar so there is significant overlap in effective treatments. The 2019 American College of Rheumatology/Arthritis Foundation (ACR) guidelines for non-systemic polyarthritis (PJIA) strongly recommend initial therapy with a DMARD for all patients with JIA and active polyarthritis; methotrexate has the strongest evidence, but sulfasalazine and leflunomide can also be used. Regardless of disease activity, initial therapy with a DMARD is recommended over a biologic, though there may be certain situations where a biologic as initial therapy is preferred (i.e., high risk joints such as cervical spine, wrist, or hip involved). For patients with continued moderate to high disease activity, the guidelines recommend adding a TNF inhibitor, abatacept, or tocilizumab as second-line.

Psoriatic Arthritis
The 2018 American College of Rheumatology/National Psoriasis Foundation (ACR) guidelines for psoriatic arthritis make a conditional recommendation for starting a TNF inhibitor over an oral small molecule (OSM) as a first-line option for patients who are treatment-naïve with active psoriatic arthritis. This recommendation is based on low- to very-low quality of evidence. Many of the studies in which greater benefit was seen in terms of disease severity or radiographic progression compared methotrexate to TNF inhibitors, however, most patients included in these groups were not truly treatment naïve to OSM medications. Guidelines note that OSM can be used first-line in naïve patients who do not have severe PsA, severe PsO, prefers oral therapy, or has contraindications to TNF inhibitors. In patients who continue to have active disease despite OSM treatment, it is recommended to switch to a TNF inhibitor rather than trying a different OSM. The 2018 ACR guidelines for psoriatic arthritis also conditionally recommend for use of a TNF inhibitor biologics over IL-17 inhibitors (ixekizumab, secukinumab) or IL-12/23 inhibitors (ustekinumab).

Rheumatoid Arthritis The 2021 American College of Rheumatology (ACR) guidelines for rheumatoid arthritis strongly recommend the use of conventional synthetic disease-modifying antirheumatic drug (csDMARD) monotherapy (methotrexate preferred) in patients who are DMARD-naïve with moderate-to-severe RA. Recommended csDMARDs include methotrexate, sulfasalazine, hydroxychloroquine, and leflunomide. Despite moderate evidence in the SELECT-EARLY study noting higher efficacy of upadacitinib over methotrexate in DMARD-naïve patients with moderate-to-severe RA, there is limited long-term safety data to strongly recommend the use of tsDMARDs (e.g., JAK inhibitors) as first line therapy. Therefore, methotrexate monotherapy remains the preferred first-line therapy over tsDMARDs in DMARD-naïve patients based on established safety and efficacy. Additionally, JAK inhibitors are not FDA approved for use in csDMARD-naïve patients. The 2019 European League Against Rheumatism (EULAR) guidelines follow similar recommendations to the 2021 ACR guidelines, and state that patients with highly active RA despite treatment with csDMARDs may receive a biologic DMARD or JAK inhibitor based on high level of evidence.

Ulcerative Colitis
The 2019 American College of Gastroenterology (ACG) clinical guideline on the management of ulcerative colitis in adults recommend oral systemic corticosteroids for induction of remission in moderate to severe disease (strong recommendation, moderate quality of evidence). TNF inhibitors (adalimumab, golimumab, and infliximab), vedolizumab (Entyvio), and tofacitinib (Xeljanz) are also recommended for induction of remission (strong recommendation, moderate quality of evidence). For maintenance of remission, thiopurines are recommended if remission was achieved after corticosteroid induction (conditional recommendation, low quality of evidence). The guidelines note a systematic review of 1,632 patients with ulcerative colitis demonstrated that azathioprine and mercaptopurine had a 76% mean efficacy in maintaining remission. If remission was achieved with anti-TNF therapy, vedolizumab (Entyvio), or tofacitinib (Xeljanz), clinical guidelines support continuing with the same agent to maintain remission (strong recommendation, moderate quality of evidence). The 2020 American Gastroenterology Association (AGA) guidelines make similar recommendations. Additionally, AGA recommends early use of biologic agents, rather than gradual step up after failure of 5-ASA in moderate to severe disease at high risk for colectomy. However, overall quality of evidence supporting this recommendation was rated as very low. Guidelines also note that for patients with less severe disease, 5-ASA therapy may still be a reasonable choice of therapy to start with. For maintenance of remission, AGA makes no recommendation in favor of, or against, using biologic monotherapy, rather than thiopurine monotherapy due to absence of evidence.

Vitiligo

The 2023 Position Statement from the International Vitiligo Task Force recommend topical corticosteroids, topical calcinurin inhibitors (TCIs), phototherapy, and ruxolitinib as treatment options for stable vitiligo. TCIs used in combination with UV phototherapy appear to be more effective than treatment with a single agent. Ruxolitinib (Opzelura) is the first topical JAK inhibitor approved for the treatment of nonsegmental vitiligo. It may be used for vitiligo affecting up to 10% body surface area. In phase three clinical trials, ruxolitinib over 30% of participants achieved a 75% reduction in facial vitiligo area scoring index (F-VASI) compared to less than 10% with the placebo.

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History:

Approved Date	Effective Date	Version	Action and Summary of Changes
11.21.25	4.01.2026	66.27.00.AH-7	- Updated language for number of preferred products for abrocitinib and upacitinib in the atopic dermatitis section
11.21.25	01.01.2026	66.27.00.AH-6	-Updated re-authorization criteria in atopic dermatitis -Updated criteria for tofacitnib (Xeljanz XR) in Polyarticular Juvenile Idiopathic Arthritis and Ulcerative Colitis
4.16.2025	12.01.2025	66.27.00.AH-6	-Updated age limits in atopic dermatitis
04.16.2025	10.01.2025	66.27.00.AH-6	-Added criteria for Opzelura in atopic dermatitis and vitiligo -Added Anzupgo
08.14.2024	07.01.2025	66.27.00.AH-6	-Updated language for Xeljanz and Xeljanz XR criteria - Updated QL for Rinvoq LQ and Xeljanz - Updated preferred language for Crohn's Disease - Added Leqselvi
08.14.2024	04.01.2025	66.27.00.AH-5	- Added language for preferred adalimumab biosimilars - Formatting updates
08.14.2024	03.01.2025	66.27.00.AH-4	Approved by DUR Board - Split 66.27.00 policy into different policies -Added new drug indications when applicable -Update language in medical necessity section

Previous policy changes (relevant from Cytokine & CAM Antagonists Policy)	
Date	**Action and Summary of Changes**
10.21.2021	Removed Hyrimoz from the policy and updated the initial dosing for infliximab.
11.30.2020	Removed Preferred/Non-Preferred listing and added link to AHPDL publication
11.12.2020	Added language in clinical policy section for cases which do not meet policy criteria
09.01.2020	Updated wording in clinical criteria for products with only one preferred option.
08.19.2020	Approved by DUR Board
08.20.2020	Update to dosing and limits section for all products and indications
08.12.2020	Updated policy clinical criteria and dosing & quantity limits to include nonradiographic axial spondyloarthritis
06.01.2020	Added new agents to class; updated age limit for Uveitis indication; updated dosing and quantity limits; updated HCPCS coding
07.31.2019	Updated criteria that trial of preferred biologics only applies to non-preferred biologics
06.07.2019	Updates to TB skin test requirements for apremalist; updates to initial authorization clinical criteria
11.02.2018	Addition of Hyrimoz (adalimumab-adaz)
09.07.2018	Addition of new medication
08.16.2017	New Policy