MEDICAL MUTUAL®

Drug Policy

Policy:	**Xeljanz/Xeljanz XR (tofacitinib tablets/tofacitinib extended-release tablets)** **Xeljanz Oral Solution (tofacitinib solution)**	**Annual Review Date:** **01/16/2025** **Last Revised Date:** **01/16/2025**

OVERVIEW

Xeljanz/ Xeljanz XR (tofacitinib) is an inhibitor of Janus kinases (JAKs) indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis and psoriatic arthritis who have had an inadequate response or intolerance to methotrexate. Xeljanz/Xeljanz XR is also indicated for the treatment of moderate to severely active ulcerative colitis in patients who have had inadequate response or intolerance to TNF blockers. It is a targeted synthetic disease-modifying antirheumatic drug (DMARD) that may be used either as monotherapy or in combination with MTX or other conventional synthetic DMARDs for RA. Xeljanz/Xeljanz XR should not be used in combination with other potent immunosuppressants (e.g., azathioprine and cyclosporine) or biologic DMARDs (e.g., Actemra infusion, tocilizumab for subcutaneous injection], Kineret, Orencia, Rituxan, or a tumor necrosis factor [TNF] inhibitor [such as Cimzia, Enbrel, Humira, Remicade, Simponi, Simponi Aria). Xeljanz/Xeljanz XR inhibits JAK, an intracellular enzyme that transmits signals on the cellular membrane to influence cellular processes of hematopoiesis and immune cell function. JAKs phosphorylate and activate Signal Transducers and Activators of Transcription (STAT) which then modulate intracellular activity such as gene expression. The efficacy of Xeljanz over placebo was established in seven pivotal studies that included a variety of clinical scenarios, including Xeljanz as monotherapy or in combination with MTX or other DMARDs and in patients who had failed a TNF inhibitor. Efficacy studies were not required for approval of Xeljanz XR because it was determined that Xeljanz XR (11 mg once daily) is pharmacokinetically equivalent to Xeljanz 5 mg administered twice daily.

Xeljanz/Xeljanz XR has Boxed Warnings regarding increased risk of developing serious infections which may lead to hospitalization or death. Patients who develop a serious infection should interrupt treatment with Xeljanz/XR until infection is controlled. Patients should be tested for tuberculosis (TB) prior to starting therapy and monitored during treatment with Xeljanz/XR. Lymphoma and other malignancies have been observed in patients taking Xeljanz/XR. Epstein Barr virus-associated post-transplant lymphoproliferative disorder has been observed at a higher rate in patients with a renal transplant who were treated with Xeljanz and concomitant immunosuppressant medications. There is also a Boxed Warning regarding a higher rate of all-cause mortality and thrombosis in patients with RA and at least one cardiovascular risk factor who were taking Xeljanz 10 mg twice daily vs. those taking Xeljanz 5 mg twice daily or TNFis

POLICY STATEMENT

This policy involves the use of Xeljanz/Xeljanz XR. Prior authorization is recommended for pharmacy benefit coverage of Xeljanz/ Xeljanz XR. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Xeljanz/ Xeljanz XR as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Xeljanz/ Xeljanz XR be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below. **Xeljanz and Xeljanz XR are subject to the Inflammatory Conditions Care Value Program under pharmacy benefits**

All reviews for use of Xeljanz/XR for COVID-19 and/or cytokine release syndrome associated with COVID-19 will be forwarded to the Medical Director.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Xeljanz/Xeljanz XR is recommended in those who meet the following criteria:

Food and Drug Administration (FDA)-Approved Indications

1. **Ankylosing Spondylitis.** Approve Xeljanz/XR tablets (not oral solution) if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL the following (i, ii, and iii):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR
       - **b)** Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
         Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for rheumatoid arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
     - **iii.** The medication is prescribed by or in consultation with a rheumatologist.
   - **B)** Patient is Currently Receiving Xeljanz/XR. Approve if the patient meets BOTH of the following (i and ii):
     - **i.** Patient has been established on therapy for at least 6 months; AND
       Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
     - **ii.** Patient meets at least one of the following (a or b):
       - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz/XR); OR
         Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional

Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

b) Compared with baseline (prior to initiating Xeljanz/XR), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

2. **Juvenile Idiopathic Arthritis (JIA).** Approve Xeljanz tablets (not the Xeljanz XR formulation) or oral solution if the patient meets ONE of the following (A or B):
   Note: This includes JIA regardless of type of onset and a patient with juvenile spondyloarthropathy/active sacroiliac arthritis. JIA is also referred to as Juvenile Rheumatoid Arthritis.
   A) Initial Therapy. Approve if the patient meets the following criteria (i, ii, and iii):
      i. Patient is ≥ 2 years of age; AND
      ii. Patient meets ONE of the following (a or b):
         a) Patient has had a 3-month trial of at least one tumor necrosis factor inhibitor; OR
         b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
         Note: Refer to Appendix for examples of tumor necrosis factor inhibitors. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
      iii. The medication is prescribed by or in consultation with a rheumatologist.
   B) Patient is Currently Receiving Xeljanz. Approve if the patient meets BOTH of the following (i and ii):
      i. Patient has been established on therapy for at least 6 months; AND
      Note: A patient who has received < 6 months of therapy or who is restarting therapy with Xeljanz is reviewed under criterion A (Initial Therapy).
      ii. Patient meets at least one of the following (a or b):
         a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz); OR
         Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
         b) Compared with baseline (prior to initiating Xeljanz), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.

A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

3. **Psoriatic Arthritis.** Approve Xeljanz/XR tablets (not oral solution) if the patient meets ONE of the following criteria (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor ; OR
       - **b)** Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND
         Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for psoriatic arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
     - **iii.** The medication will be used in combination with methotrexate or another conventional synthetic disease-modifying antirheumatic drug (DMARD), unless contraindicated; AND
       Note: Examples of other conventional synthetic DMARDs include leflunomide and sulfasalazine.
     - **iv.** The medication is prescribed by or in consultation with a rheumatologist or a dermatologist.
   - **B)** Patient is Currently Receiving Xeljanz/Xeljanz XR. Approve if the patient meets ALL the following (i, ii, and iii):
     - **i.** Patient has been established on therapy for at least 6 months; AND
       Note: A patient who has received < 6 months of therapy or who is restarting therapy with Xeljanz/XR is reviewed under criterion A (Initial Therapy).
     - **ii.** The medication will be used in combination with methotrexate or another conventional synthetic disease-modifying antirheumatic drug (DMARD), unless contraindicated; AND
       Note: Examples of other conventional synthetic DMARDs include leflunomide and sulfasalazine.
     - **iii.** Patient meets at least one of the following (a or b):
       - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz/XR); OR
         Note: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortuium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
       - **b)** Compared with baseline (prior to initiating Xeljanz/XR), patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

4. **Rheumatoid Arthritis.** Approve Xeljanz/XR tablets (not oral solution) if the patient meets ONE of the following criteria (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR

b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND

Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for rheumatoid arthritis. Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.

iii. The medication is prescribed by or in consultation with a rheumatologist.

B) Patient is Currently Receiving Xeljanz/Xeljanz XR. Approve if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Xeljanz/XR is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least one of the following (a or b):

a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

5. Ulcerative Colitis. Approve Xeljanz/XR tablets (not oral solution) if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) Patient has had a 3-month trial of at least ONE tumor necrosis factor inhibitor; OR

b) Patient has tried at least one tumor necrosis factor inhibitor but was unable to tolerate a 3-month trial; AND

Note: Refer to Appendix for examples of tumor necrosis factor inhibitors used for ulcerative colitis.

iii. The medication is prescribed by or in consultation with a gastroenterologist.

B) Patient is Currently Receiving Xeljanz/Xeljanz XR. Approve if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with Xeljanz/XR is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least one of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz/XR); OR
Note: Examples of assessment for inflammatory response include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.

b) Compared with baseline (prior to initiating Xeljanz/XR), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Xeljanz/Xeljanz XR has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see Appendix for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.

2. **Concurrent use with Other Potent Immunosuppressants** (e.g., azathioprine, tacrolimus, cyclosporine, mycophenolate mofetil).[1] Co-administration with other potent immunosuppressive drugs has the risk of added immunosuppression and has not been evaluated in rheumatoid arthritis. In ulcerative colitis, Xeljanz is not recommended for use in combination with potent immunosuppressants such as azathioprine and cyclosporine.

   Note: This does NOT exclude use of Xeljanz/Xeljanz XR with methotrexate for rheumatoid arthritis; Xeljanz/Xeljanz XR has been evaluated in patients with rheumatoid arthritis taking background methotrexate, leflunomide, or combinations of disease-modifying antirheumatic drugs (DMARDs) containing methotrexate and/or leflunomide.

3. **Treatment of Alopecia.** Xejanz for alopecia is an off-label use and would be considered cosmetic. Cosmetic uses are excluded from coverage in a typical medical or pharmacy plan benefit.

4. **COVID-19 (Coronavirus Disease 2019).** Forward all requests to the Medical Director. Note: This includes requests for cytokine release syndrome associated with COVID.

5. **Renal Transplantation.** More data are needed. A Phase IIb study in kidney transplant patients (n = 331) found Xeljanz was equivalent to cyclosporine in preventing acute rejection.[9] However, based on Phase IIb studies, there are concerns of Epstein Barr Virus-associated post-transplant lymphoproliferative disorder (PTLD) in certain transplant patients receiving Xeljanz.[1,6]

6. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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Appendix A

Biologic or Targeted Synthetic DMARD	Mechanism of Action	Indications
Cimzia® (certolizumab pegol for SC injection)	Inhibition of TNF	AS, ASpA ,CD, PPs, PsA, RA
Enbrel® (etanercept for SC injection)	Inhibition of TNF	AS, PPs, PsA, RA
Erelzi™ (etanercept-szzs for SC injection)	Inhibition of TNF	AS, PPs, PsA, RA
Humira® (adalimumab for SC injection)	Inhibition of TNF	AS, CD, HS, PPs, RA, UC, UV
Amjevita™ (adalimumab-atto for SC injection)	Inhibition of TNF	AS, CD, PPs, RA, UC
Cyltezo® (adalimumab-adbm for SC injection)	Inhibition of TNF	AS, CD, PPs, RA, UC
Simponi® (golimumab for SC injection)	Inhibition of TNF	AS, PsA, RA, UC
Simponi® Aria™ (golimumab for IV infusion)	Inhibition of TNF	AS, PsA, RA, UC
Remicade® (infliximab for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC
Inflectra™ (infliximab-dyyb for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC
Renflexis® (infliximab-abda for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC
Actemra® (tocilizumab for IV infusion)	Inhibition of IL-6	CRS, GCA, RA
Actemra® (tocilizumab for SC injection)	Inhibition of IL-6	CRS, GCA, RA
Kevzara® (sarilumab for SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept for IV infusion)	T-cell costimulation modulator	PsA, RA
Orencia® (abatacept for SC injection)	T-cell costimulation modulator	PsA, RA
Rituxan® (rituximab for IV infusion)	CD20-directed cytolytic antibody	Various
Kineret® (anakinra for subcutaneous SC injection)	Inhibition of IL-1	NOMID, RA
Stelara® (ustekinumab for SC injection)	Inhibition of IL-12/23	CD, PPs, PsA, UC
Stelara® (ustekinumab for IV infusion)	Inhibition of IL-12/23	CD, PPs, PsA, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PPs

Cosentyx™ (secukinumab for SC injection)	Inhibition of IL-17A	AS, PPs, PsA
Taltz® (ixekizumab for SC injection)	Inhibition of IL-17A	AS, PPs, PsA
Ilumya™ (tildrakizumab-asmn for SC injection)	Inhibition of IL-23	PPs
Tremfya® (guselkumab for SC injection)	Inhibition of IL-23	PPs
Otezla® (apremilast tablets)	Inhibition of PDE4	BD, PPs, PsA
Olumiant® (baricitinib tablets)	Inhibition of the JAK pathways	RA
Xeljanz®, Xeljanz XR (tofacitinib tablets, tofacitinib ER tabs)	Inhibition of the JAK pathways	PsA, RA, UC

Agents and associated indications are for reference only.

"The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding."

AS = Ankylosing Spondylitis, ASpA = Axial Spondyloarthritis, BD = Behcet Disease, CD = Crohn's Disease, CRS = Cytokine Release Syndrome, GCA = Giant Cell Arteritis, GVHD = Graft-Versus-Host Disease, HS = Hidradenitis Suppurativa, NOMID = Neonatal-onset Multisystem Inflammatory Disease, PPs = Plaque Psoriasis, PsA = Psoriatic Arthritis, RA = Rheumatoid Arthritis, SpA = Spondyloarthritis, UC = Ulcerative Colitis, UV = Uveitis

APPENDIX

	Mechanism of Action	Examples of Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Zymfentra® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
Simponi®, Simponi Aria® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
Tocilizumab Products (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Omvoh® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	UC
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
Siliq® (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Bimzelx® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO
Ilumya® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
Tremfya® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: PsA, PsO, UC IV formulation: UC
Entyvio® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC

APPENDIX (CONTINUED)

	Mechanism of Action	Examples of Indications*
Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
Litfulo® (ritlecitinib capsules)	Inhibition of JAK pathways	AA
Leqselvi® (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Rinvoq® LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
Sotyktu® (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
Zeposia® (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
Velsipity® (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.