

3. Ulcerative Colitis (Xeljanz only, not Xeljanz XR)
 - a. Patient must be 18 years of age or older
 - b. Patient has tried at least ONE systemic agent such as 6-mercaptopuine, azathioprine, cyclosporine, tacrolimus, corticosteroids, Humira, Entyvio, Simponi, or infliximab for at least 2 months

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Rheumatoid arthritis
- Psoriatic arthritis
- Ulcerative Colitis
- Other – the patient’s condition is: _____
Rationale for use: _____

B. Which of the following has the patient had a documented therapeutic trial with?

- Methotrexate Dates of therapy: _____
- Leflunomide Dates of therapy: _____
- Hydroxychloroquine Dates of therapy: _____
- Sulfasalazine Dates of therapy: _____
- Azathioprine Dates of therapy: _____
- Stelara Dates of therapy: _____
- Cosentyx Dates of therapy: _____
- Enbrel Dates of therapy: _____
- Humira Dates of therapy: _____
- Other Drug: _____ Dates of therapy: _____

C. Has the patient had a negative TB test result in the past 12 months?

- Yes Date: _____
- No, rationale for use: _____

D. Will the patient be receiving other biologic therapy in combination with Xeljanz?

- No
- Yes, rationale for use: _____

E. For *psoriatic arthritis*, will the patient also be takin methotrexate or another conventional synthetic DMARD?

- Yes
- No, rationale for use: _____