

Resolution	Denied
ICD Code	M06.09
Reason Code	16520
Reason Description	Non Formulary Xeljanz Policy states: The preferred products for the

2/28/2019

Prior Authorization Details

patient's health plan are Enbrel, Humira, and Kevzara for the treatment of rheumatoid arthritis. Coverage for the requested medication is provided when any of the following conditions is met: a) the patient is currently receiving the requested medication and is not receiving the product through samples or manufacturer's assistance program or b) the patient has tried all of the preferred products and they didn't work well or the patient had a bad side effect or c) the patient cannot take Humira and Enbrel because of a medical reason and has tried all of the other preferred product(s) and they didn't work well or the patient had a bad side effect. Supporting chart note(s) must be submitted. The information provided by the prescriber does not indicate any of these conditions is met. Based on the information provided by the prescriber, use of the requested medication is not covered by the plan.

Resolution	Denied
ICD Code	M06.09
Reason Code	16520
Reason Description	Your appeal for Xeljanz for rheumatoid arthritis has been determined

2/28/2019

Prior Authorization Details

	<p>as not medically necessary. Per physician review, current Non Formulary Xeljanz Policy plan criteria and current medical literature do not support the use of Xeljanz over the available formulary alternatives. The patient has tried and failed hydroxychloroquine, Humira, and methotrexate. She developed severe lymphadenopathy while taking Humira. Her unusual lymphadenopathy resolved after Humira was discontinued. Her attending physician has recommended against taking other tumor necrosis factor (TNF) inhibitors. Because of the potential concern regarding lymphoma on TNF inhibitors it is reasonable to avoid other TNF inhibitors. However, Kevzara is an interleukin (IL)-6 inhibitor and carries no such risk. This patient has no contraindications to Kevzara. Therefore, it is not medically necessary, as supported by current medical literature and any applicable diagnostic/treatment guidelines, that Xeljanz be covered instead of the available product (Kevzara) on the plan's formulary. Your request has been reviewed by an MD Board Certified in Rheumatology. 11/20/2018.</p>
Translated Reason Description	
Prescribed Drug	Xeljanz
Approved Drug	Xeljanz
GPI	6660306510****
Requested Qty.	60.000
Approved Qty.	
English Resolution Notes	Your appeal for Xeljanz for rheumatoid arthritis has been determined as not medically necessary. Per physician review, current Non