

Janus Kinase Inhibitors

Adjudication Guideline

Rule Category: Medical

Approved by: Daman

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Responsible: Medical Standards & Research

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1. Abstract

1.1 For Members

Janus Kinase inhibitors are drugs used to treat moderate to severe chronic inflammatory autoimmune disease like Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Crohn's disease, Ulcerative Colitis, Alopecia Areata and Atopic Dermatitis, Janus Kinase drugs may not be used as a first line treatment.

1.2 For Medical Professionals

JAK inhibitors (JAKi) are a type of immune modulating medication, which inhibits the activity of one or more of the Janus kinase family of enzymes (JAK1, JAK2, JAK3, TYK2), thereby interfering with the JAK-STAT signalling pathway in lymphocytes.

JAKi offer an alternative treatment option for moderate to severe autoimmune diseases, particularly for patients who have failed to respond to or are intolerant of conventional therapies.

2. Scope

Scope of this adjudication rule is to highlight the medical indications, and coverage details of JAKi drugs (Abrocitinib, Baricitinib, Filgotinib, Tofacitinib and Upadacitinib) as per policy terms and conditions of each health insurance plan administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Janus Kinase inhibitors are drugs used to treat moderate to severe chronic inflammatory autoimmune disease. like Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Crohn's disease, Ulcerative Colitis, Alopecia Areata and Atopic Dermatitis, Janus Kinase drugs may not be used as a first line treatment.

Treatment evaluation:

- Patients who have failed first lines of treatment may consider treatment with JAK inhibitors.
- Ensure disease activity score index marks a moderate to severe disease activity.
- Related lab test should be documented in the medical report for evaluation along with the disease activity score index.
- History of medication must be documented in the medical report.

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ACCEPTABLE DISEASE ACTIVITY INDEX SCORING

| Medical condition | Accepted Disease Score Activity index |
|-------------------------------|---|
| Rheumatoid Arthritis | DAS >3.2 moderate to severe |
| Ankylosing Spondylitis | CDAI >10, ASDAS >2.1 moderate to severe |
| Juvenile Idiopathic Arthritis | VAS <6 |
| Psoriatic Arthritis | PsARC number of swollen and tender joints over 68, DAS28 >3.2 DAPSA >15, SDAI >11 moderate to severe. |
| Ulcerative Colitis | UCDAI >11 Moderate to severe |
| Crohn's disease | CDAI >220 |
| Atopic Dermatitis | ADSI/SCORAD >2 and EASI >25 moderate to severe |
| Alopecia Areata | AASI, SALT >50% |

Dosage and Administration: The recommended dose of JAKi drugs as per labelled indications and dose:

| Medical condition | JAKi option | Dose at initiation | Maintenance dose | Dose Optimizing | Line of Treatment | |
|-------------------------------------|--------------|------------------------------|------------------------------|----------------------|----------------------|--|
| | Baricitinib | 2 mg once daily | 2 mg once daily | 4 mg once daily | 3rd | |
| Rheumatoid Arthritis | Filgotinib | 200 mg once daily | 200 mg Once daily | NA | | |
| Arthritis | Tofacitinib | 5 mg twice daily | 5 mg twice daily | 11 mg Once daily | | |
| | Upadacitinib | 15 mg Once daily | 15 mg Once daily | NA | | |
| Ankylosing | Tofacitinib | 5 mg twice daily | 5 mg twice daily | NA | 3rd | |
| Spondylitis | Upadacitinib | 15 mg Once daily | 15 mg Once daily | NA | 310 | |
| Psoriatic Arthritis | Tofacitinib | 5 mg twice daily | 5 mg twice daily | 11 mg Once daily | 3rd | |
| Arthritis | Upadacitinib | 15 mg Once daily | 15 mg Once daily | NA | | |
| Juvenile Idiopathic Arthritis | Tofacitinib | 5 mg twice daily | 5 mg twice daily | NA | 3rd | |
| | Filgotinib | 200 mg once daily | 200 mg Once daily | NA | 2nd | |
| Ulcerative Colitis | Tofacitinib | 10 mg twice daily | 5 mg twice daily | 10 mg twice daily | | |
| | Upadacitinib | 45 mg once daily | 15 mg or 30 mg Once daily | NA | | |
| Crohn's Disease | Upadacitinib | 45 mg once daily | 15 mg or 30 mg Once daily | NA | 3rd | |
| Atopic Dermatitis | Abrocitinib | 100 mg once daily | 100 mg once daily | 200 mg once daily | 21 | |
| (moderate to severe) | Upadacitinib | 15 mg or 30 mg Once daily | 15 mg or 30 mg Once daily | NA | 3rd | |
| Alopecia Areata (severe) | Baricitinib | 2 mg once daily | 2 mg once daily | 4 mg once daily | 4th | |

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3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Kindly code the ICD-10 and the CPT codes to the highest level of specificity
- Eligible Clinician Specialties.

| Eligible Ordering Clinicians per Generics | | | | |
|---|---------------------------|------------------------|---------------------------|--------------------------|
| Abrocitinib | Baricitinib | Filgotinib | Tofacitinib | Upadacitinib |
| Dermatology | Internal Medicine | Internal Medicine | Internal Medicine | Dermatology |
| Pediatric Dermatology | Allergy | Gastroenterology | Rheumatology | Pediatric Dermatology |
| Immunology | Dermatology | Rheumatology | Immunology | Immunology |
| Pediatrics | Rheumatology | immunology and allergy | Immunology and Allergy | Allergy |
| Adolescent Medicine | Immunology | | Adolescent Medicine | Gastroenterology |
| immunology and allergy | Immunology and Allergy | Immunology | Pediatrics | Immunology and Allergy |
| Internal Medicine | | | Pediatric Rheumatology | Immunology |
| | | | Allergy | Rheumatology |
| Allergy | | | Immunology and Allergy | Internal Medicine |
| - 51 | | | Gastroenterology | Pediatric |
| | | | Pediatrics/ Allergy | Pediatrics/ Allergy |

3.3 Non-Coverage

- Visitor Plan
- Basic Plan

3.4 Payment and Coding Rules

Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

| Code | Code Description |
|----------|--|
| MNEC-003 | Service is not clinically indicated based on good clinical practice~MNEC-003 |
| MNEC-004 | Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities~MNEC-004 |
| MNEC-005 | Service/supply may be appropriate, but too frequent~MNEC-005 |

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| MNEC-006 | Alternative service should have been utilized~MNEC-006 |
|----------|---|
| | Activity/diagnosis inconsistent with clinician specialty~CODE-010 |

5. Appendices

5.1 References

Janus kinase inhibitors (JAKi) - referral | European Medicines Agency (europa.eu)

JAK Inhibitors for Rheumatoid Arthritis (webmd.com)

JAK Inhibitors in Rheumatoid Arthritis: An Evidence-Based Review on the Emerging Clinical Data - PMC (nih.gov)

label (fda.gov)

label (fda.gov)

DAS28-ESR for Rheumatoid Arthritis (medscape.com)

Janus kinase inhibitors (JAKi) - referral | European Medicines Agency (europa.eu)

JAK inhibitors art 20 public health communication post EC decision (europa.eu)

Jyseleca, INN-filgotinib (europa.eu)

label (fda.gov)

Crohn's Disease Activity Index (CDAI) (medscape.com)

Scoring systems in dermatology - Indian Journal of Dermatology, Venereology and Leprology (ijdvl.com)

ASDAS-CRP (Ankylosing Spondylitis Disease Activity Score) (medscape.com)

Psoriasis Area and Severity Index (PASI) Objectivisation by Flow Cytometry Analysis of Major Lymphocytes Subsets - PMC (nih.gov)

Outcome Measures of Disease Severity in Atopic Eczema | Allergy and Clinical Immunology | JAMA Dermatology | JAMA

Network

Rheumatoid arthritis - Treatment algorithm | BMJ Best Practice

Juvenile idiopathic arthritis - Treatment algorithm | BMJ Best Practice

Crohn's disease - Treatment algorithm | BMJ Best Practice

Ulcerative colitis - Treatment algorithm | BMJ Best Practice

Janus Kinase inhibitors - DHPC and Communication plan (europa.eu)

label (fda.gov)

label (fda.gov)

Jyseleca 100 mg film-coated tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

LABEL (fda.gov)

ORENCIA U.S. Prescribing Information (bms.com)

Olumiant 2 mg Film-Coated Tablets - Summary of Product Characteristics (SmPC) (emc) (medicines.org.uk)

XELJANZ 5 mg film-coated tablets - Summary of Product Characteristics (SmPC) (emc) (medicines.org.uk)

labeling.pfizer.com/ShowLabeling.aspx?id=16652

Cibingo 100 mg film-coated tablets - Summary of Product Characteristics (SmPC) (emc) (medicines.org.uk)

Jyseleca, INN-filgotinib (europa.eu)

Alopecia areata - Treatment algorithm | BMJ Best Practice

Alopecia areata - Emerging treatments | BMJ Best Practice

Contact dermatitis - Treatment algorithm | BMJ Best Practice
VALIDITY OF OUTCOME MEASURES - Budesonide (Cortiment MMX) - NCBI Bookshelf (nih.gov)

Treating Psoriatic Arthritis to Target: Defining Psoriatic Arthritis Disease Activity Score (PASDAS) That Reflects State Of

Minimal Disease Activity (MDA) | The Journal of Rheumatology (jrheum.org)

Clinical outcome measures in juvenile idiopathic arthritis | Pediatric Rheumatology | Full Text (biomedcentral.com)

https://www.ema.europa.eu/en/medicines/human/referrals/janus-kinase-inhibitors-jaki#overview

https://www.gov.uk/drug-safety-update/janus-kinase-jak-inhibitors-new-measures-to-reduce-risks-of-major-cardiovascular-

events-malignancy-venous-thromboembolism-serious-infections-and-increased-mortality

https://www.aad.org/public/diseases/a-z/jak-inhibitors

6. Revision History



| Date | Change(s) |
|------------|---|
| 11.06.2024 | Creation of Adjudication Guideline-External Instruction Template. |
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