Janus Kinase Inhibitors

Adjudication Guideline

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Approved by: Daman	**Responsible:** Pharmacy Standards & Governance	**Related Adjudication Guidelines:** N/A		

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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 signaling 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,Ruxolitinib and Delgocitinib) 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: Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Crohn's disease, Ulcerative Colitis, Alopecia Areata and Atopic Dermatitis.

3.1.1 Treatment evaluation for initiation:

A. Prior therapy lines per condition , *check below table 1 and 2*
B. Ensure disease activity score index, *check table 3*
C. Related lab test should be documented in the medical report for evaluation along with the disease activity score index.
D. History of medication must be documented in the medical report.

Prior therapy lines per condition

(Table 1)

Condition	Treatment Options before initiating JAKi
Autoimmune disease	DMARDs OR Biological medications
Alopecia Areata	Topical Corticosteroids, Topical Minoxidil
Ulcerative colitis and Crohn's disease	AntiTNF OR Anti-interleukin (IL) antibody
Atopic dermatitis	*Check table 2**

* Atopic Dermatitis therapy line: Topical and Systemic Therapy by Age, below :

(Table:2)

Medical condition	Topical therapy			Systemic therapy	
	1st	2nd	3rd	1st	
6 months to < 2 years	Emollients	Topical corticosteroids	NA	Biologics	
2 to < 12 years	Emollients	Topical corticosteroids	Topical Calcineurin or /and Topical JAK (e.g., Ruxolitinib)	Biologics	
12 to < 18 years	Emollients	Topical corticosteroids	Topical Calcineurin or /and Topical JAK	Biologics **OR** JAK inhibitors	
18 years and older	Emollients	Topical corticosteroids	Topical Calcineurin or /and Topical JAK	Biologics **OR** JAK inhibitors	

Disease activity score index

(Table 3)

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	Moderate to severe, assessed by measuring any of the following assessment scores: DLQI ≥10 PGA-[3]Moderate ,[4]Severe ADSI SCORAD ≥ 25 EASI >7 moderate to severe, IGA >3 BSA >10%
Alopecia Areata	AASI, SALT >50%

3.1.2 Treatment evaluation for refill:

A. Treatment Response: Evidence of clinical response or stability.
B. No Adverse Effects: No significant side effects or contraindications

3.2 Dosage and Administration:

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

A. Oral JAK inhibitors:

(Table 4)

Medical condition	JAKi option	Dose at initiation	Maintenance dose	Dose Optimizing
Rheumatoid Arthritis *(Moderate to severe)*	Baricitinib	2 mg once daily	2 mg once daily	4 mg once daily
	Filgotinib	200 mg once daily	200 mg Once daily	NA
	Tofacitinib	5 mg twice daily	5 mg twice daily	NA
		OR	**OR**	
		11 mg Once daily	11 mg Once daily	
	Upadacitinib	15 mg Once daily	15 mg Once daily	NA
Ankylosing Spondylitis	Tofacitinib	5 mg twice daily	5 mg twice daily	NA
		OR	**OR**	
		11 mg Once daily	11 mg Once daily	
	Upadacitinib	15 mg Once daily	15 mg Once daily	NA
Psoriatic Arthritis	Tofacitinib	5 mg twice daily	5 mg twice daily	NA
		OR	**OR**	
		11 mg Once daily	11 mg Once daily	
	Upadacitinib	15 mg Once daily	15 mg Once daily	NA
Non-radiographic Axial Spondyloarthritis	Upadacitinib	15 mg Once daily	15 mg Once daily	NA
	Tofacitinib	5 mg twice daily	5 mg twice daily	Weight-based equivalent twice daily

Juvenile Idiopathic Arthritis	**Upadacitinib**	Children ≥2 years and Adolescents: 10 to <20 kg: Oral solution: 3 mg twice daily. 20 to <30 kg: Oral solution: 4 mg twice daily. ≥30 kg: Oral solution: 6 mg twice daily. Extended-release tablet: Oral: 15 mg once daily.	Same as initiation dose	NA
Ulcerative Colitis *(Moderate to Severe)*	Filgotinib	200 mg once daily	200 mg Once daily	NA
	Tofacitinib	10 mg twice daily	5 mg twice daily	10 mg twice daily
		OR	**OR**	**OR**
		22 mg Once daily	11 mg Once daily	22 mg Once daily *(limited to the shortest duration)*
	Upadacitinib	45 mg once daily	15 mg Once daily	30 mg Once daily
Crohn's Disease *(Moderate to Severe)*	Upadacitinib	45 mg once daily	15 mg Once daily	30 mg Once daily
Atopic Dermatitis *(Moderate to Severe)*	Abrocitinib	100 mg once daily	100 mg once daily	200 mg once daily
	Upadacitinib	15 mg Once daily	15 mg Once daily	30 mg Once daily
	Baricitinib	2 mg once daily	2 mg once daily	4 mg once daily

COVID-19 *in hospitalized adults requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or ECMO*	Baricitinib	4 mg once daily	4 mg once daily	NA
Giant Cell Arteritis	Upadacitinib	15 mg once daily	15 mg Once daily	NA
Alopecia Areata *(Severe)*	Baricitinib	2 mg once daily	2 mg once daily	4 mg once daily
	Ritlecitinib	50 mg once daily	50 mg once daily	NA

B. Topical JAK inhibitors:

(Table 5)

Medical condition	JAKi option	Recommended Dose	Dose Optimizing
Atopic dermatitis *(Mild to moderate)*	Ruxolitinib cream	Apply a thin layer twice daily to affected areas of up to 20% body surface are	Do not use more than one 60 gram tube per week or one 100 gram tube per 2 weeks
	Delgocitinib	twice daily, to the affected areas	Do not use more than 30 grams per 2 weeks or 60 grams per month
Nonsegmental Vitiligo	Ruxolitinib cream	Apply a thin layer twice daily to affected areas of up to 10% body surface area.	Do not use more than one 60 gram tube per week or one 100 gram tube per 2 weeks

Severe chronic hand eczema (CHE) *(Moderate to severe)*	Delgocitinib cream	Apply a thin layer twice daily to skin of the affected areas only on the hands and wrists	Do not use more than 30 grams per 2 weeks or 60 grams per month

3.3 Non-Coverage

- Not justified reported diagnosis based on the medical reports
- Contraindication Serious infections, malignancy, MACE, thrombosis.
- Combination with potent immunosuppressants or other JAK inhibitors not recommended (Delgocitinib, Upadacitinib, etc.)

3.4 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.

(Table 6)

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	Immunology	Adolescent Medicine	Gastroenterology
immunology and allergy	Immunology and Allergy		Pediatrics	Immunology and Allergy
Internal Medicine			Pediatric Rheumatology	Immunology
Allergy			Allergy	Rheumatology
			Immunology and Allergy	Internal Medicine
			Gastroenterology	Pediatric
			Pediatrics/ Allergy	Pediatrics/ Allergy

3.5 Additional information

- **General Use & Prescribing Guidelines:**
  - Eligible clinicians depend on the generics of JAKi and reported condition .
  - Re-evaluate for JAKi refills every 6 months.
  - Not recommended during pregnancy; no safety data available for pregnant women.

- **Safety & Warnings:**
  - FDA black box warning: Serious infections, increased mortality, malignancy, MACE, thrombosis.
  - Combination with potent immunosuppressants or other JAK inhibitors not recommended (Delgocitinib, Upadacitinib, etc.).
  - Use lower doses in patients at increased risk for VTE, MACE, or malignancy, with dose escalation as needed.

3.6 Non-Coverage plans

- Visitor Plan
- Basic Plan

3.7 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.

(Table 7)

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

5. Appendices

5.1 References

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5.2 Revision History

(Table 8)

Date	Version No.	Change(s)
30/04/2024	V1.0	Creation of new Adjudication Guideline-Internal Instruction
07/11/2024	V2.0	Content update – treatment line tagging removed from the table and additional note treatment evaluation added.
29/04/2025	V3.0	Baricitinib diagnosis update
21/08/2025	V4.0	Content update - Adding new indications for oral JAK inhibitors and including topical JAK inhibitors in the guidelines
21/10/2025	V5.0	Janus Kinase inhibitors adjudication guidelines have been reviewed and updated as follows: • Upadacitinib indications update • Baricitinib indications update • Adding of Ritlecitinib for the indication of alopecia areata • Adding of topical JAK inhibitors (Ruxolitinib cream and Delgocitinib cream) with indications update • Update of acceptable disease activity index scoring for atopic dermatitis
22/05/2026	V6.0	Update Step therapy Management of Atopic Dermatitis: Topical and Systemic Therapy by Age
05/06/2026	V6.1	Remove systemic second line therapy from Atopic dermatitis

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