

## Janus Kinase (JAK) inhibitor (Tofacitinib) Xeljanz Patient Startup sheet

<p><b>Assistance with Coverage</b></p> <p>1. Unfortunately Xeljanz is currently only covered under certain group insurance plans and not yet covered under the Alberta Health Non-Group Coverage program</p> <p><b>IBD nurses will:</b></p> <ol style="list-style-type: none"> <li>1. Enroll you in a free program through Exel Program</li> <li>2. Provided you with the requisitions for a Chest X-ray, TB skin test, blood work, Shingrix vaccine and any additional testing required</li> </ol> <p><b>Exel Program Coordinator will:</b></p> <ol style="list-style-type: none"> <li>3. Arrange for a TB skin test or bloodwork required to assess exposure to TB</li> <li>4. For those patients 50 years of age or older- will arrange for non live Shingles vaccine (Shingrix)</li> <li>5. Complete insurance forms required for special authorization for coverage of medication</li> <li>6. Send the prescriptions ordered by your physician to the pharmacy of your choice</li> <li>7. Complete renewals of prescriptions and Special Authorizations as needed. You must contact coordinator if there is a problem with your prescription or if there is a problem or change in insurance. If you have symptoms, call the IBD nurse.</li> </ol>	<p><b>Private Coverage</b></p> <p><b>Find out if you have private benefits that will cover the medication</b>  <b>Call your individual</b> Benefit provider and give them this information.  Drug Identification #'s (DIN): 02480786 10mg tabs  (DIN): _____ 5 mg tabs  <b>**BE SURE TO ASK IF THERE IS A CAP ON THE AMOUNT OF COVERAGE YOU CAN GET/YEAR**</b></p> <p>Exel is a free program that works Independent of the University of Alberta and Alberta Health Services  The program assists in the coordination of medication insurance and prescriptions for (Tofacitinib) Xeljanz  The Coordinator will help you ensure that you have adequate insurance to cover the costs or help facilitate coverage.</p> <p>You will need to complete a sign an enrolment form so the patient support program can contact you  <b>CONTACT INFORMATION:</b>  You can call Exel coordinator at  Toll Free Tel: 1-855-935-3935</p> <p>You can reach the IBD nurse by calling your physician's office and selecting the option for the IBD Nurse</p>
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Your IBD physician/nurse will give you requisitions to complete the following if not done in the past 6 months

1. Chest X-ray
2. Blood work (fasting) - for lipids and cholesterol
3. TB skin test or QuantiFeron
4. Fecal Calprotectin Stool tests
5. ECG if required

It is very important for you to have a TB skin test, chest x-ray and blood work done prior to starting medication. We would also like a list of vaccinations that you have received, including childhood immunizations which can be obtained either through your Family Physician or Public Health Centres.  
**DO NOT TAKE ANY LIVE VACCINES BEFORE SPEAKING WITH THE IBD NURSE OR YOUR GASTROENTEROLOGIST**

**Ready to Start**

1. Your prescription will be sent to the pharmacy of your choice and by the Exel coordinator once she is notified pre testing is completed.
  - a. Prescription for Tofacitinb (Xeljanz) is at the discretion of your physician, currently the standard prescription is:  
Loading doses: 10 mg tablet orally twice daily for 8 weeks  
Then Maintenance Tofacitinb (Xeljanz) 5mg tablet orally twice daily ongoing (do not stop medication before consulting your physician)
2. After starting medication routine bloodwork is required.
3. Fasting blood work to assess lipids is done prior to starting therapy, then monthly for 3 months then every 3 months
4. You need to book an appointment after starting therapy for reassessment in three months after start date
5. Yearly follow-up required for prescription and insurance coverage; please book appointment well in advance by 3-4 months of when required
6. If you have questions or are experiencing a flare of disease contact the IBD nurse at 780-492-8691 option # 9.

Patient to completed once ordered by IBD Health Practitioner Checklist	Family Physician Checklist
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Routine breast exam
<input type="checkbox"/> TB Skin Test or Quantiferon blood test	<input type="checkbox"/> Pap smear for HPV & HPV vaccine
<input type="checkbox"/> Hepatitis A,B,C & HIV Serology, Fasting Lipids, CBC, LFTs, Bili, CK, Creatinine	<input type="checkbox"/> Skin exam for atypical moles (dermatologist consult if relevant)
<input type="checkbox"/> Fecal Calprotectin prior to day one and 3 months later	<input type="checkbox"/> Vaccinations to be up-to-date
<input type="checkbox"/> Monthly fasting blood work	<input type="checkbox"/> Annual dental exam
<input type="checkbox"/> Non live Shingles vaccine (Shingrix)	