

# PHARMACY POLICY STATEMENT

## Georgia Medicaid

<b>DRUG NAME</b>	<b>Rinvoq, Rinvoq LQ (upadacitinib)</b>
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Rinvoq was initially approved by the FDA in 2019 for rheumatoid arthritis. Since then, it has obtained approval for the treatment of moderate to severe atopic dermatitis, psoriatic arthritis, ulcerative colitis, Crohn’s disease, ankylosing spondylitis, non-radiographic axial spondyloarthritis, and polyarticular juvenile idiopathic arthritis, and giant cell arteritis. Rinvoq is a Janus kinase (JAK) inhibitor. It works by inhibiting the activity of one or more of the Janus kinase family of enzymes, thereby interfering with the JAK-STAT signaling pathway.

Rinvoq (upadacitinib) will be considered for coverage when the following criteria are met:

### Rheumatoid Arthritis (RA)

For **initial** authorization:

1. Member is at least at least 18 years of age; AND
2. Rinvoq must be prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of moderately to severely active RA; AND
4. Member must have a trial and failure of, or intolerance to methotrexate for at least 3 months;  
*Note: If methotrexate is contraindicated, one of the following conventional DMARDs must be trialed instead: leflunomide, sulfasalazine, or hydroxychloroquine; AND*
5. Member has documentation of an inadequate response or intolerance to **ONE** tumor necrosis factor (TNF) inhibitor; AND
6. Member does **NOT** have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (hemoglobin < 8 g/dL); AND
7. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
8. **Dosage allowed/Quantity limit:** 15 mg orally once daily. Quantity limit: 30 tablets per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes demonstrate improvement of RA signs and symptoms such as fewer number of painful and swollen joints, achievement of remission, slowed progression of joint damage, etc.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

### Psoriatic Arthritis (PsA)

For **initial** authorization:

1. Member must be 2 years of age or older and weigh at least 10 kg; AND
2. Medication must be prescribed by or in consultation with a rheumatologist or a dermatologist; AND
3. Member has a documented diagnosis of active psoriatic arthritis (PsA); AND

4. Member has met a 4-week trial of an NSAID taken at maximally tolerated dose **AND** a 3-month trial of a non-conventional DMARD agent (e.g., methotrexate, sulfasalazine, cyclosporine, etc.) unless one of the following situations is met:
  - a) Non-conventional DMARD is **NOT** required for:
    - i) Concomitant axial disease (i.e., involving sacroiliac joint and spine) or enthesitis; OR
  - b) NSAID and non-conventional DMARD are **NOT** required for:
    - i) Severe PsA (defined as having at least one of the following: erosive disease, active PsA at many sites including dactylitis or enthesitis, elevated levels of ESR or CRP, joint deformities, or major impairment in quality of life); AND
5. Member has tried and failed **TWO** preferred biologic DMARDs for at least 3 months each, one of which must be a TNF inhibitor; AND
6. Member does not have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (hemoglobin < 8 g/dL); AND
7. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
8. **Dosage allowed/Quantity limit:**
  - a) Adults: 15 mg orally once daily. Quantity limit: 30 tablets per 30 days.
  - b) Pediatrics: see table below.

Patient Weight	RINVOQ LQ	RINVOQ
10 kg to less than 20 kg	3 mg (3 mL oral solution) twice daily	Not recommended
20 kg to less than 30 kg	4 mg (4 mL oral solution) twice daily	Not recommended
30 kg and greater	6 mg (6 mL oral solution) twice daily	15 mg (one 15 mg tablet) once daily

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes have been provided showing improvement of signs and symptoms of disease such as decreased joint swelling and pain, improved skin appearance and improved quality of life.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Atopic Dermatitis (AD)

For **initial** authorization:

1. Member must be 12 years of age or older and weigh at least 40 kg; AND
2. Medication must be prescribed by a dermatologist, allergist, or immunologist; AND
3. Member has a documented diagnosis of moderate-to-severe atopic dermatitis; AND
4. Member's atopic dermatitis involves 10% or more of the body surface area (BSA) OR involves highly visible or functional areas (e.g., neck, face, genitals, palms) and is significantly impairing quality of life; AND
5. Member has a documented trial and failure to **ONE** of the following:
  - a) **TWO** trials of medium to very high potency topical corticosteroids for 2 weeks;
 

*Note: a topical calcineurin inhibitor (e.g., tacrolimus, pimecrolimus) for 6 weeks, Eucrisa for 4 weeks or Opzelura for 8 weeks may also be acceptable.*
  - b) At least 8 weeks of phototherapy treatment (i.e., UV-A, UV-B, a combination of both or UV-B1 (narrow-band UV-B)) AND **ONE** trial of medium to very high potency topical corticosteroids for 2 weeks;
 

*Note: a topical calcineurin inhibitor (e.g., tacrolimus, pimecrolimus) for 6 weeks, Eucrisa for 4 weeks or Opzelura for 8 weeks may also be acceptable.*

- c) **ONE** 12-week trial of an oral immunomodulatory agent (e.g., cyclosporine, methotrexate, azathioprine) AND **ONE** trial of medium to very high potency topical corticosteroids for 2 weeks.  
*Note: a topical calcineurin inhibitor (e.g., tacrolimus, pimecrolimus) for 6 weeks, Eucrisa for 4 weeks or Opzelura for 8 weeks may also be acceptable.*
6. Member has documentation of a trial and failure of, intolerance, or contraindication to Dupixent or Adbry. Treatment failure requires at least 12 weeks of therapy; AND
7. Member does **NOT** have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (hemoglobin < 8 g/dL); AND
8. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
9. **Dosage allowed/Quantity limit:** Quantity limit: 30 tablets per 30 days.
  - a) 12 years of age and older weighing at least 40 kg and adults less than 65 years of age: 15 mg orally once daily. If an adequate response is not achieved, the dosage may be increased to 30 mg orally once daily.
  - b) 65 years of age and older: 15 mg orally once daily.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization:**

1. Chart notes demonstrate improvement of signs and symptoms such as fewer flares, less itching/erythema, improved quality of life, etc.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Ulcerative Colitis (UC)

For **initial** authorization:

1. Member is 18 years of age or older with moderately to severely active UC; AND
2. Medication must be prescribed by or in consultation with a gastroenterologist; AND
3. Member must have a documented history of inadequate response or intolerance to a TNF inhibitor; AND
4. Member does **NOT** have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (Hgb < 8 g/dL); AND
5. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
6. **Dosage allowed/Quantity limit:**
  - a) Induction: 45 mg orally once daily for 8 weeks.
  - b) Maintenance: 15 mg orally once daily. A dosage of 30 mg orally once daily may be considered for patients with refractory, severe or extensive disease. Quantity limit: 30 tablets per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization:**

1. Chart notes have been provided showing improvement in signs and symptoms of UC such as clinical remission, decrease in rectal bleeding, improved endoscopic healing, etc.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Ankylosing Spondylitis (AS) or Non-radiographic Axial Spondyloarthritis (nr-AxSpA)

Note: Diagnosis of axial spondyloarthritis (axSpA) is also accepted. AxSpA consists of 2 subtypes - ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA).

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of active AS, nr-axSpA or axSpA; AND
4. Member shows **ONE** of the following signs or symptoms of inflammation:
  - a) Elevated serum C-reactive protein (CRP);
  - b) Sacroiliitis on magnetic resonance imaging (MRI); AND
5. Member has had a trial and failure of **TWO** NSAIDs for 14 days each, taken at the maximum recommended dosages; AND
6. Member has had a 3-month trial and failure of **ONE** preferred TNF inhibitor; AND
7. Member does **NOT** have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (Hg < 8 g/dL); AND
8. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
9. **Dosage allowed/Quantity limit:** 15 mg once daily. Quantity limit: 30 tablets per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes have been provided showing improvement of signs and symptoms of disease such as improvement of back pain, function, morning stiffness, etc.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Crohn's Disease (CD)

For **initial** authorization:

1. Member is 18 years of age or older with moderately to severely active CD; AND
2. Medication must be prescribed by or in consultation with a gastroenterologist; AND
3. Member must have a documented history of inadequate response or intolerance to a TNF inhibitor; AND
4. Member does not have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (Hg < 8 g/dL); AND
5. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
6. **Dosage allowed/Quantity limit:**
  - a. Induction: 45 mg orally once daily for 12 weeks.
  - b. Maintenance: 15 mg orally once daily. A dosage of 30 mg orally once daily may be considered for patients with refractory, severe or extensive disease. Quantity limit: 30 tablets per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes have been provided showing improvement in signs and symptoms of CD such as mucosal healing, fewer flare-ups of symptoms, improved quality of life, etc.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Polyarticular Juvenile Idiopathic Arthritis (pJIA)

For **initial** authorization:

1. Member is 2 years of age or older; AND
2. Member has a documented diagnosis of active pJIA; AND
3. Medication must be prescribed by or in consultation with a rheumatologist; AND
4. Member has had an 8-week trial and failure of a non-biologic DMARD (e.g., methotrexate, leflunomide, etc.); AND
5. Member must have a documented history of inadequate response or intolerance to a tumor necrosis factor (TNF) blocker; AND
6. Member does **NOT** have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (Hg < 8 g/dL); AND
7. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
8. **Dosage allowed/Quantity limit:** see table below.

Patient Weight	RINVOQ LQ	RINVOQ
10 kg to less than 20 kg	3 mg (3 mL oral solution) twice daily	Not recommended
20 kg to less than 30 kg	4 mg (4 mL oral solution) twice daily	Not recommended
30 kg and greater	6 mg (6 mL oral solution) twice daily	15 mg (one 15 mg tablet) once daily

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes have been provided showing improvement in signs and symptoms such as decreased joint swelling, decreased pain and improved quality of life.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Giant Cell Arteritis (GCA)

For **initial** authorization:

1. Member is at least 50 years of age; AND
2. Medication is prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of GCA confirmed by at least one of the following:
  - a) Temporal artery biopsy (TAB) revealing features of GCA
  - b) Evidence of large-vessel vasculitis by imaging (i.e., ultrasound, MRI, CT angiography, or FDG-PET); AND
4. Member demonstrates typical signs and symptoms of active GCA such as elevated erythrocyte sedimentation rate (ESR) or C - reactive protein (CRP), headache, scalp tenderness, vision loss, claudication, or polymyalgia rheumatica; AND
5. Member has been treated with a corticosteroid; AND
6. Rinvoq will be prescribed in combination with a tapering course of corticosteroids; AND
7. Member does NOT have any laboratory abnormalities indicating neutropenia (ANC <1000 cells/mm<sup>3</sup>), lymphopenia (ALC <500 cells/mm<sup>3</sup>), or anemia (Hg < 8 g/dL); AND
8. Member has had or will have completed a tuberculosis test within 12 months prior to starting therapy.
9. **Dosage allowed/Quantity limit:** 15 mg once daily. Quantity limit: 30 tablets per 30 days.

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes must demonstrate improvement such as absence of relapse, improved signs or symptoms, or reduced glucocorticoid dose.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Rinvoq (upadacitinib) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
09/26/2019	New policy for Rinvoq created.
11/19/2020	Changed the trials to require methotrexate as one of the non-biologic DMARD trials; only one trial is needed if member has poor prognostic factors. Removed repeated TB test in reauth. Replaced the list of excluded diagnoses with the generic statement. Updated references.
12/30/2021	Transferred to new template. RA: Updated references. Changed initial approval duration to 6 months (was 12 months). Edited the terminology “non-biologic” DMARD to “conventional” DMARD. Changed from requiring 2 csDMARD to just 1. Added trial and failure of TNF blocker; now 2 <sup>nd</sup> line per label change. Added criteria for new indication of PsA. Added criteria for new indication of AD.
05/24/2022	Added criteria for new indication of UC. Added criteria for new indication of AS.
02/23/2022	Updated references. Added criteria for new indication of nr-AxSpA. Added trial duration for biologics in AD. Simplified AD header to exclude moderate to severe.
06/15/2023	Added criteria for new indication of CD.
11/20/2023	Changed trials to two topicals, one topical and phototherapy or one immunomodulator and one topical; changed duration of steroid topicals to 2 weeks, added duration of 6 weeks for TCI, 4 weeks for Eucrisa; added option of Opzelura for 8 weeks duration; changed steroid requirement from high to very high; added reference
07/31/2024	Added/removed references; simplified TB test requirement to confirm member has been or will be tested in the past 12 months prior to starting therapy; added criteria for new pJIA indication. <u>PsA</u> : decreased age limit from 18 years of age to 2 years of age and added that member must be 10 kg or more; edited the terminology “non-biologic” DMARD to “conventional” DMARD; added examples of improvement in reauthorization criteria. <u>AD</u> : added tuberculosis test requirement; added dosing note about members over 65 years of older; specified members must be at least 40 kg. <u>UC</u> : clarified dosing. <u>AS</u> : Updated NSAID trial from 4 weeks to 14 days
05/01/2025	Added criteria section for new GCA indication. Removed specific examples of TNF inhibitors, biologic DMARDs to avoid confusion.

References:

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