



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

UPADACITINIB

| Generic      | Brand     | HICL  | GCN | Medi-Span              | Exception/Other |
|--------------|-----------|-------|-----|------------------------|-----------------|
| UPADACITINIB | RINVOQ ER | 45955 |     | GPI-10<br>(6660307200) |                 |

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have a diagnosis of moderate to severe rheumatoid arthritis (RA) and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - Therapy is prescribed by or given in consultation with a rheumatologist
  - The patient had a previous trial of or contraindication to at least **ONE** DMARD (disease-modifying antirheumatic drug), such as methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**

If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **UPADACITINIB (Rinvoq)** requires the following rule(s) be met for approval:

- A. You are 18 years of age or older
- B. You have moderate to severe rheumatoid arthritis (RA: inflammation and stiffness in joints)
- C. The medication is prescribed by or given in consultation with a rheumatologist (doctor who specializes in conditions that affects the muscles and skeletal system, especially the joints)
- D. You have previously tried at least ONE DMARD (disease-modifying antirheumatic drug), unless there is a medical reason why you cannot (contraindication), such as methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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UPADACITINIB

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of moderate to severe rheumatoid arthritis (RA) **AND** meet the following criterion?
  - The patient has experienced or maintained a 20% or greater improvement in tender joint count or swollen joint count while on therapy

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**  
If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **UPADACITINIB (Rinvoq)** requires the following rule(s) be met for renewal:

- You have moderate to severe rheumatoid arthritis (RA: inflammation and stiffness in joints)
- You have experienced or maintained a 20% or greater improvement in tender joint count or swollen joint count while on therapy

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rinvoq.

**REFERENCES**

- Rinvoq [Prescribing Information]. North Chicago, IL: AbbVie Inc., August 2019.

|         |            |     |
|---------|------------|-----|
| Library | Commercial | NSA |
| Yes     | Yes        | No  |

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