Rinvoq (upadacitinib)
Effective 01/01/21

<table>
<thead>
<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ MassHealth (PUF)</th>
<th>☐ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
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Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<td>Non-Specialty Medications</td>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td></td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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Medical Specialty Medications (NLX)
All Plans | Phone: 844-345-2803 | Fax: 844-851-0882

Exceptions
N/A

Overview
Rinvoq is a Janus kinase (JAK) inhibitor FDA indicated for moderately to severely active rheumatoid arthritis. Janus kinase (JAK) enzymes, are intracellular enzymes involved in stimulating hematopoiesis and immune cell function through a signaling pathway. JAKs activate signal transducers and activators of transcription (STATs) which regulate gene expression and intracellular activity. The inhibition of JAKs prevents the activation of STATs.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with Rinvoq excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Moderate to Severe Rheumatoid Arthritis (RA)
Prescriber provides documentation of ALL the following:
1. Appropriate diagnosis
2. Paid claims or physician documented inadequate response or adverse reaction to ONE traditional DMARD or contraindication to traditional DMARDs
3. ONE of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for RA
   b. Contraindication to ALL biologic DMARDs FDA-approved for RA
4. Paid claims or physician documented inadequate response, adverse reaction or contraindication to Xeljanz® (tofacitinib) or Xeljanz XR® (tofacitinib extended-release)
5. Quantity requested is ≤1 tablet/day

**Continuation of Therapy**
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

**Limitations**
1. Initial authorizations will be approved for 6 months
2. Reauthorizations will be approved for 12 months
3. The following quantity limits apply:
   - Rinvoq 15mg: 30 tablets per 30 days

**References**
1. Rinvoq (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; August 2019
3. Food and Drug Administration Center for Drug Evaluation and Research. Summary Minutes of the Arthritis Advisory Committee Meeting. August 2, 2017

**Review History**
11/20/2019 –Reviewed at P&T
03/18/2020 –Reviewed and Updated Mtg; added MH LOB; checked off QL (effective 6/1/20)

**Disclaimer**
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.