

**Rinvoq (upadacitinib)  
Effective January 1, 2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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

1. Authorization may be granted for members who are currently receiving treatment with Rinvoq excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

**OR**

2. Authorization may be granted for members when all of the following criteria are met, and documentation has been provided:
  - The member is at least 18 years of age
  - The member has diagnosis of moderately to severely active rheumatoid arthritis
  - The member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20mg/week) **OR**
  - The member has an intolerance or contraindication to methotrexate (see Appendix A)

### Continuation of Therapy

Reauthorization may be granted when documentation has been submitted supporting clinical improvement in member’s condition.

### Limitations

399 Revolution Drive, Suite 810, Somerville, MA 02145 | [allwayshealthpartners.org](http://allwayshealthpartners.org)



1. Initial approvals will be granted for 24 months
2. Reauthorizations will be granted for 24 months
3. The following quantity limits apply:

Rinvoq 15mg	30 tablets per 30day
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## Appendix A:

### Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction

### References

1. Rinvoq (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; August 2019
2. O'Dell JR, Curtis JR, Mikuls TR, et al. Validation of the methotrexate-first strategy in patients with early, poor-prognosis rheumatoid arthritis: results from a two-year randomized, double-blind trial. *Arthritis Rheum* 2013; 65:1985
3. Food and Drug Administration Center for Drug Evaluation and Research. Summary Minutes of the Arthritis Advisory Committee Meeting. August 2, 2017  
<https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/ArthritisAdvisoryCommittee/UCM575678.pdf> (Accessed on October 02, 2018)
4. Bonilla-Hernán MG, Miranda-Carús ME, Martín-Mola E. New drugs beyond biologics in rheumatoid arthritis: the kinase inhibitors. *Rheumatology (Oxford)* 2011; 50:1542

### Review History

11/20/19 – Reviewed at P&T

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