Rinvoq (upadacitinib)
Effective January 1, 2020

Plan
☐ MassHealth
☒ Commercial/Exchange

Benefit
☒ Pharmacy Benefit
☐ Medical Benefit (NLX)

Program Type
☒ Prior Authorization
☐ Quantity Limit
☐ Step Therapy

Specialty Limitations
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

Specialty Medications
<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<td>All Plans</td>
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Non-Specialty Medications
<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>MassHealth</td>
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<tr>
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Medical Specialty Medications (NLX)
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<tr>
<th>Plan</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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Contact Information

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

| Rinoq 15mg | 30 tablets per 30day |

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

Review History
11/20/19 – Reviewed at P&T

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