Rinvoq (upadacitinib)
Effective 04/01/2022

Plan	☐ MassHealth ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	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 and active psoriatic arthritis in adults. 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 granted for members who are currently receiving treatment and are stable with Rinvoq excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Rheumatoid arthritis (RA)

Authorization may be granted for members when all of the following criteria are met, and documentation has been provided:

1. The member is at least 18 years of age
2. The member has diagnosis of moderately to severely active rheumatoid arthritis
3. 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**
4. The member has an intolerance or contraindication to methotrexate (see Appendix A)

Psoriatic arthritis (PsA)

1. The member is at least 18 years of age
2. The member has been diagnosed with active psoriatic arthritis
3. Member meets ONE of the following:

a. Paid claims or physician documented intolerance to or inadequate response after at least 3 months of treatment with methotrexate OR leflunomide
b. Documentation of contraindication to BOTH methotrexate and leflunomide and has experienced an inadequate response, intolerance, or contraindication to sulfasalazine

4. The member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers

Continuation of Therapy

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

Limitations

1. Initial authorizations and reauthorizations will be approved for 24 months
2. The following quantity limits apply:

Rinvoq 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; December 2021
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, Martin-Mola E. New drugs beyond biologics in rheumatoid arthritis: the kinase inhibitors. Rheumatology (Oxford) 2011; 50:1542

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)
01/01/2021 – Moved MH onto its own policy

01/19/2022 – Reviewed and Updated for Jan P&T; added new indication of psoriatic arthritis to criteria; references updated. Effective 04/01/2022.

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