UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Rinvoq

Program	Prior Authorization
Medication	Rinvoq™ (upadacitinib) extended-release tablets
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	11/2019
Pharmacy and Therapeutics Approval Date	5/2020
Effective Date	7/2020

1. Background:

Rinvoq is a Janus kinase (JAK) inhibitor indicated for the treatment of adults with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to methotrexate.

2. Coverage Criteria:

A. Rheumatoid Arthritis

1. **Initial Authorization**

One of the following:

(1) **All** of the following:

a. Diagnosis of moderately to severely active RA

-AND-

b. History of failure to a 3 month trial of one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine] at maximally indicated doses within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial)

-AND-

c. Patient is not receiving Rinvoq in combination with **any** of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]

(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

d. **Both** of the following:

(1) History of failure, contraindication, or intolerance to **three** of the following:

- Cimzia (certolizumab)
- Enbrel (etanercept)
- Humira (adalimumab)
- Kevzara (sarilumab)

-AND-

(2) History of failure, contraindication, or intolerance to Olumiant (baricitinib)

-AND-

e. Prescribed by or in consultation with a rheumatologist

-OR-

(2) **All** of the following:

a. Patient is currently on Rinvoq therapy as documented by claims history or medical records (document drug, date, and duration of trial)

-AND-

b. Diagnosis of moderately to severely active RA

-AND-

c. Patient is not receiving Rinvoq in combination with **any** of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

d. Prescribed by or in consultation with a rheumatologist

Authorization will be issued for 12 months.

2. **Reauthorization**

a. Documentation of positive clinical response to Rinvoq therapy

-AND-

b. Patient is not receiving Rinvoq in combination with **any** of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

-AND-

c. Prescribed by or in consultation with a rheumatologist

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Rinvoq [package insert]. North Chicago, IL: AbbVie Inc.; August 2019.
2. Pavy S. Constantin A, Pham T, et al. Methotrexate therapy for rheumatoid arthritis: clinical practice guidelines based on published evidence and expert opinions. Joint Bone Spine 2006;73(4):388-95.
3. Singh JA, Saag KG, Bridges SL, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care & Research. Arthritis Rheum. 2016;68(1):1-26.

Program	Prior Authorization –Rinvoq™ (upadacitinib)
Change Control	

Date	Change
11/2019	New program
12/2019	Added documentation of drug, date, and duration to non-biologic DMARD trial. Separated continuation of therapy requirements for current users.
1/2020	Revised step therapy medications due to PDL changes.
5/2020	Added prescriber requirement. Minor update to DMARD requirement. Updated references.