BlueCross BlueShield
Federal Employee Program

RINVOQ/ RINVOQ LQ
(upadacitinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Moderately to severely active rheumatoid arthritis (RA)
    a. 18 years of age or older
    b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying anti-rheumatic drug (DMARD) (see Appendix 1)
    c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
    d. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
2. Active psoriatic arthritis (PsA)
    a. 2 years of age or older
    b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying anti-rheumatic drug (DMARD) (see Appendix 1)
    c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
    d. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
3. Moderately to severely active ulcerative colitis (UC)
    a. 18 years of age or older
    b. Inadequate treatment response, intolerance, or contraindication to at least **ONE** conventional therapy option (see Appendix 2)
    c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Humira, Remicade, Simponi)

RINVOQ/ RINVOQ LQ
(upadacitinib)

   d. Blue Focus **only:** Patient **MUST** have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

4. Moderately to severely active Crohn's disease (CD)
   a. 18 years of age or older
   b. Inadequate treatment response, intolerance, or contraindication to at least **ONE** conventional therapy option (see Appendix 2)
   c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Humira, Remicade)
   d. Blue Focus **only:** Patient **MUST** have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
5. Active ankylosing spondylitis (AS)
   a. 18 years of age or older
   b. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
   c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
   d. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
6. Active non-radiographic axial spondyloarthritis (nr-axSpA)
   a. 18 years of age or older
   b. Patient has objective signs of inflammation
   c. Inadequate treatment response, intolerance, or contraindication to at least **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
   d. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia)
7. Active Polyarticular Juvenile Idiopathic Arthritis (pJIA)
   a. 2 years of age or older
   b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying anti-rheumatic drug (DMARD) (see Appendix 1)
   c. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Enbrel, Humira, Remicade, Simponi Aria)
   d. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical

RINVOQ/ RINVOQ LQ
(upadacitinib)

exception (e.g., inadequate treatment response, intolerance, contraindication)

8. Giant cell arteritis
    a. 18 years of age or older
    b. Inadequate treatment response to at least a 3 month trial of corticosteroids
    c. Used in combination with a tapering course of corticosteroids or as monotherapy following discontinuation of corticosteroids

AND ALL of the following:

1. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Rinvoq therapy is appropriate
2. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Severe hepatic impairment (Child Pugh C)
3. A lymphocyte count less than 500 cells/mm3
4. An absolute neutrophil count less than 1000 cells/mm3
5. A hemoglobin less than 8 g/dL
6. History of thrombotic events including deep vein thrombosis (DVT) or pulmonary embolism (PE)
7. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
8. Used in combination with potent immunosuppressants azathioprine or cyclosporine
9. Given concurrently with live vaccines

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Moderate to severe atopic dermatitis (eczema)

AND ALL of the following:

RINVOQ/ RINVOQ LQ
(upadacitinib)

1. Inadequate treatment response, intolerance, or contraindication to at least **TWO** systemic atopic dermatitis medications, including biologics (e.g., oral corticosteroids, hydroxyzine, Adbry, Cibinqo, Dupixent, etc.)
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Rinvoq therapy is appropriate
3. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Severe hepatic impairment (Child Pugh C)
3. A lymphocyte count less than 500 cells/mm3
4. An absolute neutrophil count less than 1000 cells/mm3
5. A hemoglobin less than 8 g/dL
6. History of thrombotic events including deep vein thrombosis (DVT) or pulmonary embolism (PE)
7. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
8. Used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 3)
9. Used in combination with potent immunosuppressants azathioprine or cyclosporine
10. Given concurrently with live vaccines

Prior - Approval Limits

Quantity

Indication	Strength/Dosage Form	Quantity
Ankylosing spondylitis (AS)	15 mg tablet	90 tablets per 90 days **OR**
Atopic dermatitis	15 mg tablet 30 mg tablet	90 tablets per 90 days **OR**
Crohn's Disease (CD)	15 mg tablet 30 mg tablet 45 mg tablet	90 tablets per 90 days **OR**
Giant cell arteritis	15 mg tablet	90 tablets per 90 days **OR**

RINVOQ/ RINVOQ LQ
(upadacitinib)

Non-radiographic axial spondyloarthritis (nr-axSpA)	15 mg tablet	90 tablets per 90 days **OR**
Polyarticular juvenile idiopathic arthritis (pJIA)	15 mg tablet	90 tablets per 90 days **OR**
	1 mg/mL oral solution	6 bottles per 90 days **OR**
Psoriatic arthritis (PsA)	15 mg tablet	90 tablets per 90 days **OR**
	1 mg/mL oral solution	6 bottles per 90 days **OR**
Rheumatoid arthritis (RA)	15 mg tablet	90 tablets per 90 days **OR**
Ulcerative colitis (UC)	15 mg tablet 30 mg tablet 45 mg tablet	90 tablets per 90 days

Duration 4 months for atopic dermatitis
12 months for all other indications

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Rheumatoid arthritis (RA)
    a. 18 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
2. Psoriatic arthritis (PsA)
    a. 2 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
3. Ulcerative colitis (UC)
    a. 18 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

RINVOQ/ RINVOQ LQ
(upadacitinib)

4. Crohn's disease (CD)
    a. 18 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried the preferred product (Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
5. Ankylosing spondylitis (AS)
    a. 18 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
6. Non-radiographic axial spondyloarthritis (nr-axSpa)
    a. 18 years of age or older
7. Polyarticular Juvenile Idiopathic Arthritis (pJIA)
    a. 2 years of age or older
    b. Blue Focus **only:** Patient **MUST** have tried **ONE** of the preferred products (Enbrel or Humira) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
8. Giant cell arteritis
    a. 18 years of age or older

AND ALL of the following:

1. Condition has improved or stabilized
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Rinvoq therapy is appropriate

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
3. Used in combination with potent immunosuppressants azathioprine or cyclosporine
4. Development of thrombotic events (including DVTs or PEs)
5. Given concurrently with live vaccines

Age 12 years of age or older

BlueCross BlueShield
Federal Employee Program

RINVOQ/ RINVOQ LQ
(upadacitinib)

Diagnosis

Patient must have the following:

1. Atopic dermatitis (eczema)

AND ALL of the following:

1. Condition has improved or stabilized
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Rinvoq therapy is appropriate

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
3. Used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 3)
4. Used in combination with potent immunosuppressants azathioprine or cyclosporine
5. Development of thrombotic events (including DVTs or PEs)
6. Given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Quantity

Indication	Strength/Dosage Form	Quantity
Ankylosing spondylitis (AS)	15 mg tablet	90 tablets per 90 days **OR**
Atopic dermatitis	15 mg tablet 30 mg tablet	90 tablets per 90 days **OR**
Crohn's Disease (CD)	15 mg tablet 30 mg tablet	90 tablets per 90 days **OR**
Giant cell arteritis	15 mg tablet	90 tablets per 90 days **OR**
Non-radiographic axial spondyloarthritis (nr-axSpA)	15 mg tablet	90 tablets per 90 days **OR**
Polyarticular juvenile idiopathic arthritis (pJIA)	15 mg tablet	90 tablets per 90 days **OR**
	1 mg/mL oral	6 bottles per 90 days **OR**

RINVOQ/ RINVOQ LQ
(upadacitinib)

	solution	
Psoriatic arthritis (PsA)	15 mg tablet	90 tablets per 90 days **OR**
	1 mg/mL oral solution	6 bottles per 90 days **OR**
Rheumatoid arthritis (RA)	15 mg tablet	90 tablets per 90 days **OR**
Ulcerative colitis (UC)	15 mg tablet 30 mg tablet	90 tablets per 90 days

Duration 12 months for atopic dermatitis
18 months for all other indications

Appendix 1 - List of DMARDs
Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Avsola/Inflectra/Renflexis
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan/Riabni/Ruxience/Truxima
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo

RINVOQ/ RINVOQ LQ
(upadacitinib)

tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 2 - List of Conventional Therapies

Conventional Therapy Options for CD
1. Mild to moderate disease – induction of remission: a. Oral budesonide, oral mesalamine b. Alternatives: metronidazole, ciprofloxacin
2. Mild to moderate disease – maintenance of remission: a. Azathioprine, mercaptopurine b. Alternatives: oral budesonide, methotrexate intramuscularly (IM)
3. Moderate to severe disease – induction of remission: a. Prednisone, methylprednisolone intravenously (IV) b. Alternatives: methotrexate IM
4. Moderate to severe disease – maintenance of remission: a. Azathioprine, mercaptopurine b. Alternative: methotrexate IM
5. Perianal and fistulizing disease – induction of remission c. Metronidazole ± ciprofloxacin
6. Perianal and fistulizing disease – maintenance of remission d. Azathioprine, mercaptopurine e. Alternative: methotrexate IM

Conventional Therapy Options for UC
1. Mild to moderate disease – induction of remission: a. Oral mesalamine (e.g., Asacol, Lialda, Pentasa), balsalazide, olsalazine b. Rectal mesalamine (e.g., Canasa, Rowasa) c. Rectal hydrocortisone (e.g., Colocort, Cortifoam) d. Alternatives: prednisone, azathioprine, mercaptopurine, sulfasalazine
2. Mild to moderate disease – maintenance of remission:

a. Oral mesalamine, balsalazide, olsalazine, rectal mesalamine b. Alternatives: azathioprine, mercaptopurine, sulfasalazine
3. Severe disease – induction of remission: a. Prednisone, hydrocortisone IV, methylprednisolone IV b. Alternatives: cyclosporine IV, tacrolimus, sulfasalazine
4. Severe disease – maintenance of remission: a. Azathioprine, mercaptopurine b. Alternative: sulfasalazine
5. Pouchitis: a. Metronidazole, ciprofloxacin b. Alternative: rectal mesalamine

Appendix 3 - List of Non-Topical PA Medications for Atopic Dermatitis

Generic Name	Brand Name
abrocitinib	Cibinqo
dupilumab	Dupixent
tralokinumab-ldrm	Adbry
upadactinib	Rinvoq