blue of california

upadacitinib (RINVOQ)

Diagnosis Considered for Coverage:

- Rheumatoid arthritis (RA)
- Psoriatic arthritis (PsA)
- Atopic dermatitis (AD)
- Moderate to severe ulcerative colitis (UC)
- Ankylosing Spondylitis (AS)
- Non-radiographic axial spondyloarthritis (nr-axSpA)
- Crohn's Disease

Coverage Criteria:

For diagnosis of Crohn's Disease:

- Patient is 18 years of age or older, **and**
- Patient has had an inadequate response, intolerable side effect, or contraindication to a TNF inhibitor (e.g. Humira, Enbrel, Cimzia, Simponi, infliximab), and
- Not being used with another targeted immunotherapy drug, **and**
- Dose does not exceed 45 mg per day for 12 weeks, then up to 30 mg once daily

Coverage Duration: one year

For diagnosis of rheumatoid arthritis:

- Prescribed or in consultation with a rheumatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to methotrexate, **and**
- Inadequate response, intolerable side effect or contraindication to a TNF inhibitor (e.g. Humira, Enbrel, Cimzia, Simponi, infliximab), **and**
- Not being used in combination with another targeted immunomodulator (i.e. anti-TNFs, IL-6 inhibitors, JAK inhibitors, Orencia), **and**
- Dose does not exceed 15 mg per day.

Coverage Duration: one year

For diagnosis of psoriatic arthritis:

- Prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response or intolerable side effect with one DMARD agent

OR patient has a medical reason why methotrexate, leflunomide, and sulfasalazine cannot be used, **and**

- Inadequate response, intolerable side effect or contraindication to a TNF inhibitor (e.g. Humira, Enbrel, Cimzia, Simponi, infliximab), **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, interleukin inhibitors, Orencia, Otezla, JAK inhibitors), **and**
- Dose does not exceed 15 mg per day.

Coverage Duration: one year

For diagnosis of moderate to severe atopic dermatitis:

INITIAL AUTHORIZATION
• Patient is at least 12 years old, **and** • Prescribed by or in consultation with a dermatologist, allergist, or immunologist, **and** • Diagnosis of moderate to severe atopic dermatitis with at least one of the following: a. Investigator's Global Assessment (IGA) score of 3-4, b. Eczema Area and Severity Index (EASI) score of at least 16, c. Body surface area (BSA) of at least 10%, d. Severity Scoring of Atopic Dermatitis Index (SCORAD) score of at least 25, **and** • Inadequate response or intolerable side effect to ONE of the following, or contraindication to ALL of the following: o Medium, high, or very high potency topical corticosteroid, or o Topical calcineurin inhibitor [e.g. tacrolimus (Protopic) or pimecrolimus (Elidel)], **and** • Inadequate response or intolerable side effect to ONE of the following, or contraindication to ALL of the following: o Phototherapy, or o Systemic immunomodulating agents (e.g. Dupixent, methotrexate, azathioprine, mycophenolate mofetil, cyclosporine) **and** • Not used in combination with other systemic JAK inhibitors, biologic immunomodulators (e.g. Dupixent, Adbry), or with other

immunosuppressants (e.g. methotrexate, azathioprine, mycophenolate mofetil, cyclosporine),
and
- Dose does not exceed 30 mg per day.

Coverage Duration: 16 weeks

REAUTHORIZATION

- Patient had a clinical response (e.g. decrease in BSA, decrease in severity), **and**
- Not used in combination with other JAK inhibitors, biologic immunomodulators (e.g. Dupixent, Adbry), or with other immunosuppressants (e.g. methotrexate, azathioprine, mycophenolate mofetil, cyclosporine), **and**
- Dose does not exceed 30 mg per day.

Coverage Duration: one year

For diagnosis of ulcerative colitis:

- Patient is at least 18 years old, **and**
- Inadequate response, intolerable side effect or contraindication to a TNF inhibitor (e.g. Humira, Simponi, infliximab), **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, Entyvio, interleukin inhibitors, JAK inhibitors, SIP inhibitors), **and**
- Dose does not exceed 45 mg once daily for 8 weeks, then up to 30 mg once daily.

Coverage Duration: one year

For diagnosis of ankylosing spondylitis (AS), and non-radiographic axial spondyloarthritis (nr-axSpA):

- Prescribed by or in consultation with a rheumatologist, **and**
- Not being used in combination with other targeted immunotherapies (i.e. anti-TNFs, interleukin inhibitors, systemic JAK inhibitors), **and**
- Inadequate response, intolerable side effect or contraindication to a TNF inhibitor, **and**
- One of the following:
    - For patient with no bleeding or ulcer risk factors: Either inadequate

response or non-GI related intolerable side effect with TWO prescription-strength oral NSAIDs, OR intolerable GI side effect with ONE prescription-strength oral NSAID monotherapy not relieved with addition of concomitant proton pump inhibitor (PPI) therapy, **or**
    - For patient with high-risk potential for development of GI bleed or ulcer: Inadequate response or intolerable side effect to ONE prescription-strength oral NSAID in combination with a proton pump inhibitor (PPI), **or**
    - Patient unable to use NSAIDs due to history of GI bleed or ulcer, **and**
- Dose does not exceed 15 mg once daily.

Coverage Duration*:* one year

Coverage Duration: See coverage criteria.

Effective Date: 0/1/03/2024