Mass General Brigham
Health Plan

Rinvoq (upadacitinib)
Rinvoq LQ (updacitinib)
Effective 07/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Rinvoq (upadactinib) is a Janus kinase (JAK) inhibitor available as an extended-release tablet and an oral solution (Rinvoq LQ).

FDA indicated for treatment of:

1. Adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers **(Rinvoq only)**
2. Adults and pediatric patients 2 years of age and older with active psoriatic arthritis who have had an inadequate response or intolerance to one or more TNF blockers **(Rinvoq/Rinvoq LQ)**
3. Adults and pediatric patients 12 years of age and older with refractory, moderate to severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies are inadvisable **(Rinvoq only)**
4. Adult patients with moderately to severely active ulcerative colitis who have had an inadequate response or intolerance to one or more TNF blockers **(Rinvoq only)**
5. Adults with active ankylosing spondylitis who have had an inadequate response or intolerance to one or more TNF blockers **(Rinvoq only)**
6. Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation who have had an inadequate response or intolerance to TNF blocker therapy **(Rinvoq only)**
7. Adults with moderately to severely Crohn's disease who have had an inadequate response or intolerance to one or more TNF blockers **(Rinvoq only)**
8. Patients 2 years of age and older with active polyarticular idiopathic arthritis (pJIA) who have had an inadequate response or intolerance to one or more TNF blockers **(Rinvoq/Rinvoq LQ)**

Rinvoq and Rinvoq LQ are not recommended for use in combination with other JAK inhibitors, biologic DMARDs, or with potent immunosuppressants such as azathioprine and cyclosporine.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members who meet all of the following diagnosis-specific criteria:

Rheumatoid arthritis (RA)
1. Member has a diagnosis of moderately to severely active rheumatoid arthritis
2. Member has a minimum duration of 3-month trial and failure, contraindication, or intolerance to ONE of the following conventional therapies at maximally tolerated doses:
    a. Methotrexate
    b. Leflunomide
    c. Sulfasalazine
3. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Psoriatic arthritis (PsA)
1. Member has been diagnosed with active psoriatic arthritis
2. Member meets ONE of the following:
    a. Actively inflamed joints
    b. Dactylitis
    c. Enthesitis
    d. Axial disease
    e. Active skin and/or nail involvement
3. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Atopic dermatitis (AD)
1. Member has a diagnosis of refractory, moderate to severe atopic dermatitis
2. Member is 12 years of age or older
3. Affected body surface is greater than or equal to 10% body surface area OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected
4. Member has had trial and failure of a minimum 30-day supply (14-day supply for topical steroids), intolerance, or contraindication to at least ONE of the following:
    a. Medium or higher potency topical corticosteroid (see Appendix)
    b. Pimecrolimus cream
    c. Tacrolimus ointment
    d. Eucrisa (crisaborole) ointment
5. Member has had trial and failure, intolerance, or contraindication with at least one of the following:
    a. Adbry
    b. Dupixent
    c. Ebglyss

Crohn's Disease

1. Member has been diagnosed with moderately to severely active Crohn's disease
2. ONE of the following:
    a. Member has had trial and failure, intolerance, or contraindication to ONE of the following conventional therapies:
        i. 6-mercaptopurine
        ii. Azathioprine
        iii. Corticosteroids (e.g., prednisone)
        iv. Methotrexate
    b. Disease severity warrants systemic biologic as first-line therapy
3. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol)

Ulcerative Colitis (UC)

1. Member has been diagnosed with moderately to severely active ulcerative colitis
2. ONE of the following:
    a. Member has had trial and failure, intolerance, or contraindication to ONE of the following conventional therapies:
        i. 6-mercaptopurine
        ii. Aminosalicylate (e.g., mesalamine, olsalazine, sulfasalazine)
        iii. Azathioprine
        iv. Corticosteroids (e.g., prednisone)
    b. Disease severity warrants systemic biologic as first-line therapy
3. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, golimumab)

Ankylosing Spondylitis (AS)

1. Member has been diagnosed with active ankylosing spondylitis
2. Member has minimal duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.
3. The member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Non-Radiographic Axial Spondyloarthritis (nr-axSpA)

1. Member has a diagnosis of active non-radiographic axial spondyloarthritis
2. Member has objective signs of inflammation (e.g., C-reactive protein [CRP] levels above the upper limit of normal and/or sacroiliitis on magnetic resonance imaging [MRI], indicative of inflammatory disease, but without definitive radiographic evidence of structural damage on sacroiliac joint)
3. Member has minimal duration of 1-month trial and failure, contraindication, or intolerance to TWO different non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., ibuprofen, naproxen) at maximally tolerated doses.
4. The member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., certolizumab pegol)

Active polyarticular juvenile idiopathic arthritis (pJIA)

1. Member has been diagnosed with active polyarticular juvenile idiopathic arthritis (pJIA)
2. Member has a minimum duration of 6-week trial and failure, contraindication, or intolerance to ONE of the following conventional therapies at maximally tolerated doses:
    a. Leflunomide
    b. Methotrexate
3. Member has had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept)

Continuation of Therapy

Atopic dermatitis:

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted supporting clinical improvement in member's condition as evidenced by low disease activity (e.g., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).

All Other Indications:

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted supporting clinical improvement in member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. **Atopic Dermatitis:**
    a. Initial approvals will be granted for 6 months
    b. Reauthorizations will be granted for 12 months
2. **All Other Diagnoses:**
    a. Initial and reauthorization approvals will be granted for 24 months
3. Rinvoq LQ will only be approved for the treatment of psoriatic arthritis and pJIA.
4. The following quantity limits apply:

Drug Name	Quantity Limit
Rinvoq 15mg, 30mg, and 45mg tablet	1 tablet per day
Rinvoq LQ oral solution	12 mL per day

Appendix: Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
Super-high potency	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%
	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
	Fluocinonide	Cream	0.1%
	Flurandrenolide	Tape	4 mcg/cm^2
	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%

Potency	Drug	Dosage form	Strength
High potency	Amcinonide	Ointment	0.1%
	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Clobetasol propionate	Cream	0.025%
	Desoximetasone	Cream, Ointment, Spray	0.25%
		Gel	0.05%
	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
	Halcinonide	Cream, Ointment	0.1%
	Halobetasol propionate	Lotion	0.01%
High potency	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
	Betamethasone valerate	Ointment	0.1%
		Foam	0.12%
	Desoximetasone	Cream, Ointment	0.05%
	Diflorasone diacetate	Cream	0.05%
	Fluocinonide	Cream, aqueous emollient	0.05%
	Fluticasone propionate	Ointment	0.005%
	Mometasone furoate	Ointment	0.1%
	Triamcinolone acetonide	Cream, Ointment	0.5%
Medium potency	Betamethasone dipropionate	Spray	0.05%
	Clocortolone pivalate	Cream	0.1%
	Fluocinolone acetonide	Ointment	0.025%
	Flurandrenolide	Ointment	0.05%
	Hydrocortisone valerate	Ointment	0.2%
	Mometasone furoate	Cream, Lotion, Solution	0.1%
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
		Aerosol Spray	0.2 mg per 2-second spray

References

1. Bonilla-Hernán MG, Miranda-Carús ME, Martin-Mola E. New drugs beyond biologics in rheumatoid arthritis: the kinase inhibitors. Rheumatology (Oxford) 2011; 50:1542

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. Rinvoq/Rinvoq LQ (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; April 2025.

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
03/16/2022 Reviewed and Updated for March P&T; added new indication of atopic dermatitis to criteria as preferred agent; references updated
06/22/2022 – Reviewed and Updated for June P&T; added new indication of ulcerative colitis. Effective 9/01/2022
09/21/2022 – Reviewed and Updated for Sept P&T; added new indication of ankylosing spondylitis. Effective 11/1/22
01/11/2023 – Reviewed and Updated for Jan P&T; added new indication of non-radiographic axial spondyloarthritis and 45mg strength. Effective 03/01/2023
03/15/2023 – Reviewed and Updated for March P&T; Removed requirement of Dupixent for atopic dermatitis. Added "Member has had inadequate response to treatment with other systemic drug products, including biologics, or use of these therapies is not advisable". Effective 6/1/23
7/12/2023 – Reviewed and Updated for July P&T; Added new indication of Crohn's disease. Effective 8/12/23.
11/15/2023 – Reviewed and Updated for Nov P&T; removed TB requirement. Added additional treatment options for conventional therapies for Rheumatoid arthritis. Psoriatic arthritis – removed conventional therapies and added member meets one of the following: actively inflamed joints, dactylitis, enthesitis, axial disease, or active skin and/or nail involvement. Plaque psoriasis – changed from 5% BSA to 3% BSA. Removed appendix with contraindications to methotrexate. Consolidated conventional therapies for plaque psoriasis. Separated out criteria for Crohn's disease vs. Ulcerative Colitis. Removed Appendix. Effective 1/1/24
09/11/2024 – Reviewed and updated for September P&T. Added Rinvoq LQ to the policy. Added criteria for pJIA. Updated criteria for nr-axSpa to no longer specify age requirement. Effective 11/01/2024.
10/09/2024 – Reviewed and updated for October P&T. Effective 11/1/2024: Updated limitations section to indicate that Rinvoq LQ will only be approved for psoriatic arthritis and pJIA. Effective 1/1/2025: Updated nr-axSpA criteria to require trial and failure with minimal duration of 1 month trial and failure with two NSAIDs.
11/13/2024 – Reviewed and updated for November P&T. Updated diagnosis verbiage for pJIA. Updated reauthorization criteria. Effective 1/1/2025.
01/08/2025 – Reviewed and updated for January P&T. Updated criteria for atopic dermatitis to require previous trial with either Adbry or Dupixent. Effective 04/01/2025.
03/12/2025 – Reviewed and updated for March P&T. Added Appendix with corticosteroids. Updated approval lengths for atopic dermatitis. Effective 04/01/2025.
04/09/2025 – Reviewed and updated for April P&T. Updated criteria for atopic dermatitis to include Ebglyss as a systemic single step option. Effective 07/01/2025.

05/14/2025 – Reviewed and updated for May P&T. Updated criteria for Crohn's disease and ulcerative colitis to remove disease characteristic requirement and allow for approval if disease severity warrants systemic biologic as first-line therapy. Effective 07/01/2025.