Mass General Brigham
Health Plan

Rinvoq (upadacitinib)
Rinvoq LQ (updacitinib)
Effective 01/01/2027

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 Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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. If TNF blockers are clinically inadvisable, patients should have received at least one approved systemic therapy prior to use of Rinvoq **(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. If TNF blockers are clinically inadvisable, patients should have received at least one approved systemic therapy prior to use of Rinvoq **(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)**
9. Adults with giant cell arteritis **(Rinvoq only)**

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

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, 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. Diagnosis of moderately to severely active rheumatoid arthritis
2. 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. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Psoriatic arthritis (PsA)

1. Diagnosis of active psoriatic arthritis
2. ONE of the following:
    a. Actively inflamed joints
    b. Dactylitis
    c. Enthesitis
    d. Axial disease
    e. Active skin and/or nail involvement
3. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)

Atopic dermatitis (AD)

1. 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. 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. Trial and failure, intolerance, or contraindication with one of the following:
    a. Adbry
    b. Dupixent
    c. Ebglyss
    d. Nemluvio

Crohn's Disease

1. Diagnosis of moderately to severely active Crohn's disease
2. ONE of the following:
    a. Trial and failure, contraindication, or intolerance 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 or targeted synthetic therapy as first-line therapy
3. ONE of the following:
    a. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol)
    b. If treatment with a TNF blocker is inadvisable (i.e., contraindication), member has had a trial of a systemic therapy approved for Crohn's disease (e.g., guselkumab, mirikuzumab-mrkz, risankizumab-rzaa, ustekinumab)

Ulcerative Colitis (UC)

1. Diagnosis of moderately to severely active ulcerative colitis
2. ONE of the following:
    a. Trial and failure, contraindication, or intolerance 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 or targeted synthetic therapy as first-line therapy
3. ONE of the following:
    a. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, golimumab)
    b. If treatment with a TNF blocker is inadvisable (i.e., contraindication), member has had a trial of a systemic therapy approved for ulcerative colitis (e.g., etrasimod, guselkumab, mirikizumab-mkrz, risankizumab-rzaa, ustekinumab)

Ankylosing Spondylitis (AS)

1. Diagnosis of active ankylosing spondylitis
2. Minimum 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. 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. 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 joints)



3. Minimum 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. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., certolizumab pegol)

Active polyarticular juvenile idiopathic arthritis (pJIA)

1. Diagnosis of active polyarticular juvenile idiopathic arthritis (pJIA)
2. 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. Inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers (e.g., adalimumab, certolizumab pegol, etanercept)

Giant Cell Arteritis

1. Diagnosis of giant cell arteritis
2. Trial and failure, contraindication, or intolerance to a glucocorticoid (e.g., prednisone)

Continuation of Therapy

Atopic dermatitis:

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

1. Submission of medical records (e.g., chart notes) demonstrating 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 all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting an improvement in the 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 approvals and reauthorizations 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%
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%



Potency	Drug	Dosage form	Strength
		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; October 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. 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.
09/10/2025 – Reviewed and updated for September P&T. Added criteria for giant cell arteritis. Minor verbiage updates to trial language for ankylosing spondylitis and nr-axSpA; intent remains the same. Effective 12/1/2025.
01/14/2026 – Reviewed and updated for January P&T. Updated criteria for ulcerative colitis and Crohn’s disease to allow for member to have trial and failure with systemic therapy if TNF inhibitor if inadvisable for the member. Effective 03/01/2026.
03/11/2026 – Reviewed and updated for March P&T. Administrative update - changing verbiage in reauthorization criteria from “documentation is submitted” to “submission of medical records (e.g., chart notes…” and updating language for members who are new to the Plan. Effective 05/01/2026.
04/15/2026 – Reviewed and updated at April P&T. Updated previous trial language for ulcerative colitis and Crohn’s disease, allowing for bypassing conventional therapy if member has severe disease that warrants a systemic biologic or targeted synthetic therapy as first-line therapy. Updated atopic dermatitis criteria to remove "at least" from the trial requirements of Dupixent, Adbry or Ebglyss. Effective 08/16/2026.
09/09/2026 – Reviewed and updated at September P&T. Added Nemluvio as a previous trial biologic option. Effective 01/01/2027.