Louisiana Medicaid
Upadacitinib (Rinvoq®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for upadacitinib (Rinvoq®).

Approval Criteria

- Recipient is 18 years of age or older on the date of the request; **AND**
- Recipient has a diagnosis of moderate-to-severe rheumatoid arthritis; **AND**
- The following is true and is **stated on the request**:
    - The prescriber is (or has consulted with) a rheumatologist; **AND**
    - The recipient has a contraindication to, documented intolerance or treatment failure with an adequate trial (6-12 weeks) of methotrexate; **AND**
    - The dose does not exceed 15mg per day**; AND**
- The agent is not being given in combination with biologic DMARDs or potent immunosuppressants such as azathioprine and cyclosporine; **AND**
- The recipient has an ALC $\geq$ 500 cells/mm^3, an ANC $\geq$ 1,000 cells/mm^3, and hemoglobin level $\geq$ 8 g/dL; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The recipient will not receive the requested medication in combination with any other cytokine or CAM antagonist; **AND**
    - The recipient has no evidence of an active infection (including Hepatitis B virus and/or tuberculosis) within the last 180 days; **AND**
    - The recipient was tested for latent tuberculosis in the past 30 days, and test results are documented in the medical record. If the recipient tested positive for latent TB, treatment for TB will begin prior to starting the requested medication; **AND**
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling**.**

Reauthorization Criteria

- Recipient continues to meet initial approval criteria; **AND**

- The prescriber **states on the request** that there is evidence of a positive response to treatment as indicated by improvement in signs and symptoms compared to baseline, or by halting of disease progression (no progression of disease signs and symptoms as compared to baseline).

Initial Approval: 6 months
Reauthorization Approval: 12 months

Additional edits may apply at Point-of-Sale (POS). Override options may be available. For more information, refer to the Louisiana Department of Health Pharmacy Benefits Management Services Manual at www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf

References

Rinvoq® (upadacitinib) [package insert]. North Chicago, IL: AbbVie Inc; August 2019. https://www.rxabbvie.com/pdf/rinvoq_pi.pdf

Revision	Date
New Criteria Document	November 2019