



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

DRUG POLICY

Rinvoq (upadacitinib)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Rinvoq (upadacitinib) is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Rinvoq

1. Treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
2. Treatment of patients 2 years of age and older with active psoriatic arthritis who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
3. Treatment of 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
4. Treatment of adult patients with moderately to severely active ulcerative colitis (UC) 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.
5. Treatment of adult patients with active ankylosing spondylitis who have had an inadequate response or intolerance to one or more TNF blockers.
6. Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation who have had an inadequate response or intolerance to TNF blocker therapy

7. Treatment of adults with moderately to severely active 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.
8. Treatment of patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis (pJIA) who have had an inadequate response or intolerance to one or more TNF blockers.
9. Treatment of adults with giant cell arteritis.

Rinvoq LQ

1. Treatment of adult patients with active psoriatic arthritis who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
2. Treatment of patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis (pJIA) who have had an inadequate response or intolerance to one or more TNF blockers.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondylitis (AS), non-radiographic axial spondyloarthritis (nr-axSpA), polyarticular juvenile idiopathic arthritis (pJIA)

1. For initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy.
2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response

Atopic dermatitis

1. For initial requests:
 - A. Chart notes or medical records showing affected area(s) and affected body surface area (where applicable)
 - B. Chart notes, medical record documentation, or claims history of prerequisite therapies, including response to therapy. If prerequisite therapies are not advisable, documentation of why therapies are not advisable for the member.
2. For continuation requests: Documentation (e.g., chart notes) that the member has experienced a positive clinical response to therapy as evidenced by low disease activity or improvement in signs or symptoms of atopic dermatitis.

Ulcerative colitis (UC) and Crohn's disease (CD)

1. For initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy.
2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

Giant cell arteritis (GCA):

1. For continuation requests: Chart notes or medical record documentation supporting positive clinical response

Prescriber Specialties (initial approvals only)

This medication must be prescribed by or in consultation with one of the following:

1. Rheumatoid arthritis, ankylosing spondylitis, giant cell arteritis, non-radiographic axial spondyloarthritis, and polyarticular juvenile idiopathic arthritis: rheumatologist
2. Psoriatic arthritis: rheumatologist or dermatologist
3. Atopic dermatitis: dermatologist or allergist/immunologist.

4. Ulcerative colitis and Crohn's disease: gastroenterologist

Criteria for Initial Approval

Moderately to severely active rheumatoid arthritis (RA) (Rinvoq only)

1. Authorization of 12 months may be granted for adult members for the treatment of moderately to severely active RA when member has experienced an inadequate response or intolerance to at least one tumor necrosis factor (TNF) inhibitor.
2. Authorization of 12 months may be granted for adult members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug (e.g., Xeljanz, Olumiant) indicated for moderately to severely active rheumatoid arthritis.

Active psoriatic arthritis (PsA) (Rinvoq or Rinvoq LQ)

1. Authorization of 12 months may be granted for members 2 years of age or older for the treatment of active psoriatic arthritis (PsA) when the member has experienced an inadequate response or intolerance to at least one TNF inhibitor.
2. Authorization of 12 months may be granted for adult members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug (e.g., Xeljanz, Otezla) indicated for active psoriatic arthritis.

Moderate-to-severe atopic dermatitis (Rinvoq only)

1. Authorization of 4 months may be granted for treatment of moderate-to-severe atopic dermatitis in members 12 years of age or older when all of the following criteria are met:
 - A. 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.
 - B. Member meets one of the following:
 - 1) Member has had an inadequate treatment response with one of the following in the past 180 days:
 - a. A medium potency to super-high potency topical corticosteroid (see Appendix A)
 - b. A topical calcineurin inhibitor
 - 2) The use of medium potency to super-high potency topical corticosteroid and topical calcineurin inhibitor are not advisable for the member (e.g., due to contraindications, prior intolerances).
 - C. Member has had an inadequate response to treatment with a systemic drug product (e.g., oral cyclosporine, azathioprine, methotrexate, mycophenolate mofetil) or a biologic (e.g., Dupixent, Adbry) indicated for the treatment of atopic dermatitis, or use of these therapies are not advisable for the member.

Ulcerative colitis (UC) (Rinvoq only)

1. Authorization of 12 months may be granted for the treatment of moderately to severely active ulcerative colitis when the member has had an inadequate response or intolerance to at least one tumor necrosis factor (TNF) inhibitor.
2. Authorization of 12 months may be granted who have previously received a systemic therapy indicated for moderately to severely active ulcerative colitis.

Active ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (Rinvoq only)

1. Authorization of 12 months may be granted for adult members for treatment of active ankylosing spondylitis or active axial spondyloarthritis when the member has experienced an inadequate response or intolerance to one or more TNF inhibitors.
2. Authorization of 12 months may be granted for adult members who have previously received a biologic (other than a TNF inhibitor) or targeted synthetic drug (e.g., Xeljanz) indicated for treatment of active ankylosing spondylitis or active axial spondyloarthritis.

Crohn's disease (Rinvoq only)

1. Authorization of 12 months may be granted for the treatment of moderately to severely active Crohn's disease when the member has had an inadequate response or intolerance to at least one tumor necrosis factor (TNF) inhibitor.
2. Authorization of 12 months may be granted who have previously received a systemic therapy indicated for moderately to severely active Crohn's disease.

Polyarticular juvenile idiopathic arthritis (pJIA) (Rinvoq or Rinvoq LQ)

1. Authorization of 12 months may be granted for members 2 years of age or older for the treatment of active articular juvenile idiopathic arthritis when the member has experienced an inadequate response or intolerance to one or more TNF inhibitors.
2. Authorization of 12 months may be granted for members 2 years of age or older members who have previously received a biologic (other than a TNF inhibitor), or targeted synthetic drug indicated for active articular juvenile idiopathic arthritis.

Giant Cell Arteritis (Rinvoq only)

1. Authorization of 12 months may be granted for adult members for the treatment of giant cell arteritis (GCA) when ALL of the following criteria are met:
 - A. Diagnosis of GCA is confirmed by one of the following:
 - 1) Temporal artery biopsy consistent with GCA
 - 2) Cross-sectional vascular imaging (ultrasonography, positron emission tomography, computed tomography, magnetic resonance imaging, or angiography)
 - B. A member must meet one of the following criteria:
 - 1) Inadequate response to glucocorticoids, such as relapse during taper or persistent symptoms despite treatment
 - 2) Glucocorticoid-related adverse effects or presence of significant comorbidities requiring a steroid-sparing agent

Continuation of Therapy**Rheumatoid arthritis (RA) (Rinvoq only)**

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active rheumatoid arthritis and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

Psoriatic arthritis (PsA) (Rinvoq or Rinvoq LQ)

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active psoriatic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
 - A. Number of swollen joints
 - B. Number of tender joints
 - C. Dactylitis
 - D. Enthesitis
 - E. Axial disease
 - F. Skin and/or nail involvement
 - G. Functional status
 - H. C-reactive protein (CRP)

Moderate-to-severe atopic dermatitis (Rinvoq only)

1. Authorization of 12 months may be granted for members 12 years of age or older (including new members) who are using the requested medication for moderate-to-severe atopic dermatitis when the member has achieved or maintained a positive clinical response as evidenced by low disease activity (i.e., clear or almost clear skin), or improvement in signs and symptoms of atopic dermatitis (e.g., redness, itching, oozing/crusting).

Ulcerative colitis (UC) (Rinvoq only)

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.
2. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
 - A. Stool frequency
 - B. Rectal bleeding
 - C. Urgency of defecation
 - D. C-reactive protein (CRP)
 - E. Fecal calprotectin (FC)
 - F. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
 - G. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (axSpA) (Rinvoq only)

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active ankylosing spondylitis or active axial spondyloarthritis and who achieve or maintain a positive clinical response with the requested medication as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
 - A. Functional status
 - B. Total spinal pain
 - C. Inflammation (e.g., morning stiffness)
 - D. Swollen joints
 - E. Tender joints
 - F. C-reactive protein (CRP)

Crohn's Disease (CD) (Rinvoq only)

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain remission.
2. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
 - A. Abdominal pain or tenderness
 - B. Diarrhea
 - C. Body weight
 - D. Abdominal mass
 - E. Hematocrit

- F. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- G. Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score)

Polyarticular juvenile idiopathic arthritis (pJIA) (Rinvoq or Rinvoq LQ)

- 1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active articular juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
 - A. Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
 - B. Number of joints with limitation of movement
 - C. Functional ability

Giant Cell Arteritis (Rinvoq only)

- 1. Authorization of 12 months may be granted for adult members who are using Rinvoq for the treatment of giant-cell arteritis and who have demonstrated a positive clinical response, as evidenced by:
 - A. Improvement in any of the following symptoms compared to baseline:
 - 1) New or worsening headache
 - 2) Scalp tenderness
 - 3) Jaw or tongue claudication
 - 4) Acute visual symptoms (blurred vision, vision loss)
 - 5) Limb claudication
 - 6) Constitutional symptoms (fatigue, fever, weight loss)
 - 7) Polymyalgia rheumatica symptoms
 - B. Reduction in glucocorticoid use

Other

For all indications: Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST] or an interferon-release assay [IGRA])* within 12 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.

*If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray). Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

For all indications: Member cannot use the requested medication concomitantly with any other biologic drug, targeted synthetic drug, or potent immunosuppressant such as azathioprine or cyclosporine for the same indication.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Quantity Limits Apply

Rinvoq:30 tablets per 30 days

Appendix

Relative potency of select topical corticosteroid products			
Potency	Drug	Dosage form	Strength
I. Super-high potency (group 1)	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%
II. High potency (group 2)	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%	
III. High potency (group 3)	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
		Ointment	0.1%
	Betamethasone valerate	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%	
IV. Medium potency (group 4)	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	
	Betamethasone dipropionate	Lotion	0.05%
	Betamethasone valerate	Cream	0.1%

Relative potency of select topical corticosteroid products			
Potency	Drug	Dosage form	Strength
V. Lower-mid potency (group 5)	Desonide	Ointment, Gel	0.05%
	Fluocinolone acetonide	Cream	0.025%
	Flurandrenolide	Cream, Lotion	0.05%
	Fluticasone propionate	Cream, Lotion	0.05%
	Hydrocortisone butyrate	Cream, Lotion, Ointment, Solution	0.1%
	Hydrocortisone probutate	Cream	0.1%
	Hydrocortisone valerate	Cream	0.2%
	Prednicarbate	Cream (emollient), Ointment	0.1%
	Triamcinolone acetonide	Lotion	0.1%
Ointment		0.025%	
VI. Low potency (group 6)	Alclometasone dipropionate	Cream, Ointment	0.05%
	Betamethasone valerate	Lotion	0.1%
	Desonide	Cream, Lotion, Foam	0.05%
	Fluocinolone acetonide	Cream, Solution, Shampoo, Oil	0.01%
	Triamcinolone acetonide	Cream, Lotion	0.025%
VII. Least potent (group 7)	Hydrocortisone (base, greater than or equal to 2%)	Cream, Ointment, Solution	2.5%
		Lotion	2%
	Hydrocortisone (base, less than 2%)	Cream, Ointment, Gel, Lotion, Spray, Solution	1%
		Cream, Ointment	0.5%
	Hydrocortisone acetate	Cream	2.5%
		Lotion	2%
	Cream	1%	

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

- Rinvoq/Rinvoq LQ [package insert]. North Chicago, IL; AbbVie, Inc.; October 2025.
- Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1)11-26.
- Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis*. 2020;79:685-699.
- Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on November 15, 2022 from: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>.
- Aletaha D, Neogi T, Silman, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum*. 2010;62(9):2569-81.
- Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Care Res*. 2021;0:1-16.

- Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. *Arthritis Rheumatol*. 2019;71(1):5-32. doi:10.1002/art.40726.
- Eichenfield LF, Tom WL, Chamlin SL, et. al. Guidelines of care for the management of atopic dermatitis: Section 1. Diagnosis and assessment of atopic dermatitis. *J Am Acad Dermatol*. 2014;70:338-351.
- Eichenfield LF, Tom WL, Berger TG, et. al. Guidelines of care for the management of atopic dermatitis: Section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71:116-132.
- Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol*. 2011;106(Suppl 1):S2-S25.
- Rubin DT, Ananthakrishnan AN, et al. 2019 ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol*. 2019;114:384-413.
- Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. *Gastroenterology* 2020; 158:1450.
- Ward MM, Deodhar A, Gensler LS, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. *Arthritis Rheumatol*. 2019;71(10):1599-1613. doi:10.1002/art.41042.
- Gossec L, Baraliakos X, Kerschbaumer A. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheum Dis*. 2020;79(6):700-712.
- van der Heijde D, Ramiro S, Landewe R, et al. 2016 Update of the international ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis*. 2017;0:1-14.
- Coates LC, Soriano ER, Corp N, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA): updated treatment recommendations for psoriatic arthritis 2021. *Nat Rev Rheumatol*. 2022;18(8):465-479.
- Topical Corticosteroids. *Drug Facts and Comparisons*. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; December 1, 2021. Accessed November 7, 2022.
- Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. 2018;113:481-517.
- Feuerstein J, Ho E, Shmidt E, et al. AGA Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease. *Gastroenterology*. 2021; 160:2496-2508.
- Ringold S, Angeles-Han S, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Treatment of Juvenile Idiopathic Arthritis: Therapeutic Approaches for Non-Systemic Polyarthritis, Sacroiliitis, and Enthesitis. *Arthritis Care Res (Hoboken)*. 2019;71(6):717-734.

*Some content reprinted from CVSHealth

POLICY HISTORY

Policy #: 05.02.82

Original Effective Date: November 21, 2019

Reviewed: April 2026

Revised: January 2026

Current Effective Date: March 21, 2026