

POLICY NAME	Rinvoq (upadacitinib)	POLICY #	3376P
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Criteria

Coverage Criteria for Giant Cell Arteritis

- ☐ Diagnosis of Giant Cell Arteritis with active disease
- ☐ Ordered by or in consultation with a rheumatologist (musculoskeletal doctor), ophthalmologist (eye doctor), or neuro-ophthalmologist
- ☐ Documented failure to respond to a minimum 3-month trial of glucocorticoids