

<b>Policy Name:</b>	<b>Rinvoq (upadacitinib)</b>	<b>Policy#:</b>	<b>3376P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Rinvoq (upadacitinib).

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Rinvoq (Upadacitinib) under the specialty pharmacy benefit for the indication of Giant Cell Arteritis when the following criteria have been met. Please see disease specific coverage policies for other covered indications.

## Criteria

### 1. Coverage Criteria for Giant Cell Arteritis

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

### 2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

## References

- 1. Rinvoq and Rinvoq LQ (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; April 2025.
- 2. Blockmans D, Penn SK, Setty AR, et al; SELECT-GCA Study Group. A Phase 3 Trial of Upadacitinib for Giant-Cell Arteritis. N Engl J Med. 2025 Apr 2.
- 3. Maz M, Chung SA, Abril A, et al. 2021 American College of Rheumatology/Nasculitis Foundation guideline for the management of giant cell arteritis and Takayasu arteritis. Arthritis Rheumatol. 2021;73(8):1349-1365.

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**DISCLAIMER** This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage

