

<b>POLICY NAME</b>	Rinvoq (upadacitinib)	<b>POLICY #</b>	<b>3376P</b>
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## Criteria

### 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