

POLICY NAME	Rinvoq (upadacitinib)	POLICY #	
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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