BOSTON MEDICAL CENTER HEALTHNet PLAN

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Pharmacy Policy

Rinvoq

Policy Number: 9.102
Version Number: 2.3
Version Effective Date: 5/1/2022

Product Applicability	☐ **All Plan[+] Products**
Well Sense Health Plan ☐ New Hampshire Medicaid	**Boston Medical Center HealthNet Plan** ☐ MassHealth - MCO ☐ MassHealth - ACO ☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Rinvoq (upadacitinib)

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	Use in combination with biologic DMARDs or potent immunosuppressants
Required Medical Information	Diagnosis of: 1. Moderate to severely active Rheumatoid Arthritis (RA); ***AND*** a. An inadequate response, adverse reaction, or contraindication to a trial of Enbrel OR Humira. 2. Psoriatic Arthritis (PsA); ***AND*** a. An inadequate response, adverse reaction, or contraindication to a trial of Enbrel OR

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	Humira. 3. Moderate to severely active Ulcerative Colitis (UC) **a.** An inadequate response, intolerance, or contraindication to Humira or a clinical rationale for use of the requested agent instead of Humira [Note: a trial of infliximab or Simponi will also be accepted] 4. Moderate to Severe Atopic Dermatitis (AD); ***AND*** a. An inadequate response, intolerance, or contraindication to a four month trial of at least one systemic therapy (ex: azathioprine, cyclosporine, mycophenolate mofetil or methotrexate); OR b. An inadequate response, intolerance, or contraindication to a trial of Dupixent or Adbry
Age Restriction	PsA, RA, UC:18 years and older AD: 12 years of age and older
Prescriber Restriction	AD: Prescribed by or in consultation with an allergist, immunologist, or dermatologist RA:Prescribed by or in consultation with a rheumatologist PsA: Prescribed by or in consultation with a dermatologist or rheumatologist UC: Prescribed by or in consultation with a gastroenterologist
Coverage Duration	12 months

Appendix

Diagnosis	Non-Biologic DMARD Treatment Options
Rheumatoid Arthritis	Methotrexate Leflunomide Sulfasalazine Azathioprine Hydroxychloroquine
Atopic Dermatitis	Methotrexate Azathioprine Cyclosporine Mycophenolate mofetil

Note: other trials may be considered on a case-by-case basis

Clinical Background Information and References

1. Mohamed MF, Trueman S, Feng T, Anderson J, Marbury TC, Othman AA. Characterization of the effect of renal impairment on upadacitinib pharmacokinetics. J Clin Pharmacol. 2019;59(6):856-862. doi: 10.1002/jcph.1375. [PubMed 30633369]
2. Rinvoq (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2022.
3. US Department of Health and Human Services; Centers for Disease Control and Prevention; National Institute for Occupational Safety and Health. NIOSH list of antineoplastic and other hazardous drugs in healthcare settings

2016. http://www.cdc.gov/niosh/topics/antineoplastic/pdf/hazardous-drugs-list_2016-161.pdf. Updated September 2016. Accessed September 17, 2019.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
12/1/2020	9.026 Rinvoq Policy retired, new policy created. Removal of T/F of Olumiant, Humira and Enbrel to align with ESI ICCV policy.	1/1/2021	P&T Committee
8/12/2021	P&T Annual Review. Added exclusion criteria; aligned trial and failure criteria with other policies; add table of non-biologic DMARDs; removed reauthorization criteria.	1/1/2022	P&T Committee
1/20/2022	Policy updated to include indication of Psoriatic Arthritis and realigned with ESI ICCV policy.	3/1/2022	P&T Committee
3/7/2022	Policy updated to include indication of Atopic Dermatitis to align with ESI ICCV.	4/1/2022	P&T Committee
4/14/2022	Policy updated to include indication of Ulcerative Colitis.	5/1/2022	P&T Committee

Next Review Date

8/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.