Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 31, 2024 November 13, 2024

RINVOQ/RINVOQ LQ® (upadacitinib)

LENGTH OF AUTHORIZATION: SIX MONTHS

REVIEW CRITERIA:

- Patient must be ≥ 12 years of age; **AND**
- Patient has documented diagnosis of refactory, moderate to severe atopic dermatitis; **AND**
- Patient has had a trial of at least one preferred medium to very-high potency topical steroid and experienced inadequate response or intolerance; **AND**
- Patient has had a trial of at least one preferred topical calcineurin inhibitor and experienced inadequate response or intolerance; **AND**
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of at least 1 systemic agent (e.g. immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
- Rinvoq will not be used in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants; **AND**
- Patient individual risks and benefits have been considered prior to initiating or continuing therapy in those at higher risk for malignancy and/or major adverse cardiovascular events (MACE); **AND**
- Patient is free of any localized, active, or serious infections.

CONTINUATION OF THERAPY:

- Patient met initial review requirements; **AND**
- Clinical response to therapy submitted (supporting documentation required); **AND**
- Dosage and administration do not exceed FDA approved maximum for the patient's indication; **AND**
- Supporting documentation required if dose requested exceeds FDA approved maximum.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 15mg, 30mg, and 45mg extended release tablets and 1mg/mL oral solution