

PRIOR AUTHORIZATION REQUEST FORM

Rinvoq, Rinvoq LQ

For authorization, please answer each question and fax this form PLUS chart notes back to RealRx Medicaid Prior Authorization Department at 385-425-4052.

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

If you have prior authorization questions, please call Pharmacy Customer Service for assistance.

- Healthy U: 855-856-5694
- Healthy U CHIP: 855-203-3633
- Health Choice Utah: 855-864-1404

Disclaimer: Prior authorization request forms are subject to change in accordance with Federal and State notice requirements.

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:

Height/Weight:

Product Requested: Rinvoq (upadacitinib), Rinvoq LQ (upadacitinib) oral solution

Directions for Use: _____

PART I: Criteria for Approval: (All of the following criteria must be met) - Then move to PART II	Yes	No
1. Does the patient have any of the following diagnoses? (check the applicable) <input type="checkbox"/> Ankylosing Spondylitis (AS) <input type="checkbox"/> Atopic Dermatitis <input type="checkbox"/> Crohn's Disease (CD) <input type="checkbox"/> Giant Cell Arteritis <input type="checkbox"/> Non-radiographic Axial Spondyloarthritis <input type="checkbox"/> Polyarticular Juvenile Idiopathic Arthritis <input type="checkbox"/> Psoriatic Arthritis (PsA) <input type="checkbox"/> Rheumatoid Arthritis (RA) <input type="checkbox"/> Ulcerative Colitis (UC) <input type="checkbox"/> Other - Off Label or Compendia Use (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the medication being prescribed by or in consultation with a provider specializing in the disease treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the provider attest that the patient is not taking concurrent treatment or will not be used in combination with other TNF-inhibitor, biologic response modifier or other biologic DMARDs, Janus kinase Inhibitors, or Phosphodiesterase 4 inhibitor (i.e., apremilast, tofacitinib, baricitinib) as verified by prescriber attestation, member medication fill history, or submitted documentation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the requested medication and diagnosis follow FDA-approved age, dosing, monitoring and contraindications? If answer is No, go to Part II, section 10	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the patient tried and failed for at least 3 months (2 months for Ulcerative Colitis), demonstrated an intolerance to, or has a contraindication to the preferred TNF, if applicable? Note: This criteria is not applicable for Atopic Dermatitis, and Giant Cell Arteritis	<input type="checkbox"/>	<input type="checkbox"/>
6. If requesting Rinvoq LQ, does the provider attest that the requested dose cannot be achieved with the tablet, and that it is being prescribed for PsA or pJIA?	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Select and fill out applicable sections:

Section 1: Additional criteria for Ankylosing Spondylitis (AS) (All of the following criteria must be met)

1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of Ankylosing Spondylitis demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Additional criteria for Atopic Dermatitis (All of the following criteria must be met)		
1. Is the patient at least 12 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a documented diagnosis of refractory, moderate to severe atopic dermatitis with involvement estimated to be greater or equal to 10% of the body surface area (BSA), OR less than 10% of BSA with atopic dermatitis involvement to face, eyes/eyelids, skin folds, and/or genitalia?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the patient tried and failed, demonstrated an intolerance to, or has a contraindication to the preferred immunomodulators for atopic dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Additional criteria for Crohn's Disease (CD) (All of the following criteria must be met)		
1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of moderately to severely active Crohn's Disease as confirmed by applicable testing such as diagnostic imaging, inflammatory biomarker, or disease activity scale and supported by description of baseline symptoms/labs present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Additional criteria for Giant Cell Arteritis (All of the following criteria must be met)		
1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of giant cell arteritis confirmed by biopsy or imaging demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Additional criteria for Non-radiographic Axial Spondyloarthritis (All of the following criteria must be met)		
1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the member have a diagnosis of active non-radiographic axial spondyloarthritis with objective signs of inflammation demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 6: Additional criteria for Polyarticular Juvenile Idiopathic Arthritis (All of the following criteria must be met)		
1. Is the patient at least 2 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the request is for Rinvoq LQ, does the patient weigh less than 30kg?	<input type="checkbox"/>	<input type="checkbox"/>
Section 7: Additional criteria for Psoriatic Arthritis (PsA) (All of the following criteria must be met)		
1. Is the patient at least 2 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of active psoriatic arthritis demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the request is for Rinvoq LQ, does the patient weigh less than 30kg?	<input type="checkbox"/>	<input type="checkbox"/>
Section 8: Additional criteria for Rheumatoid Arthritis (RA) (All of the following criteria must be met)		
1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of moderately to severely active rheumatoid arthritis demonstrated by description of baseline symptoms present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 9: Additional criteria for Ulcerative Colitis (UC) (All of the following criteria must be met)		
1. Is the patient at least 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have a diagnosis of moderate to severe Ulcerative Colitis as confirmed by applicable testing such as diagnostic imaging, inflammatory biomarker, or disease activity scale and supported by description of baseline symptoms/labs present in the chart notes?	<input type="checkbox"/>	<input type="checkbox"/>
Section 10: Other - Off Label or Compendia Use of FDA-Approved Drugs Additional Criterion:		
1. Does the clinical documentation show an adequate trial and failure with at least ONE FDA-labeled and Medicaid preferred medication, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider attest the requested drug is being used for a medically accepted indication that is supported by information from the appropriate compendia* of current literature. Including at least (1) major multi-site study or three (3) smaller studies published in JAMA, NEJM, Lancet, or other peer review specialty medical journals in the most recent years? * Compendia use must be recommended by generally accepted compendia such as American Hospital Formulary Service Drug Information (AHFS), United States Pharmacopeia-Drug Information (USP-DI), the Micromedex Information System, Pediatric and Neonatal Lexi-Drugs, or clinical guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
Reauthorization		
1. Has the provider submitted an updated letter with medical justification and updated chart notes demonstrating positive clinical response?	<input type="checkbox"/>	<input type="checkbox"/>

PRESCRIBER CERTIFICATION	
I hereby certify this treatment is indicated, necessary and meets the guidelines for use.	
Physician's Signature:	Date:

Initial Authorization: Up to six (6) months

Reauthorization: Up to one (1) year

**** Failure to submit clinical documentation to support this request will result in a dismissal of the request.****

Note:

- **WARNING: SERIOUS INFECTIONS AND MALIGNANCY**
 - **SERIOUS INFECTIONS**
 - Patients treated with RINVOQ/RINVOQ LQ are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.
 - If a serious infection develops, interrupt RINVOQ/RINVOQ LQ until the infection is controlled.
 - **MORTALITY**
 - In a large, randomized, postmarketing safety study in rheumatoid arthritis (RA) patients 50 years of age and older with at least one cardiovascular risk factor comparing another Janus kinase (JAK) inhibitor to tumor necrosis factor (TNF) blockers, a higher rate of all-cause mortality, including sudden cardiovascular death, was observed with the JAK inhibitor
 - **MALIGNANCY**
 - Lymphoma and other malignancies have been observed in patients treated with RINVOQ. In RA patients treated with another JAK inhibitor, a higher rate of malignancies (excluding non-melanoma skin cancer (NMSC)) was observed when compared with TNF blockers. Patients who are current or past smokers are at additional increased risk.
 - **MAJOR ADVERSE CARDIOVASCULAR EVENTS**
 - In RA patients 50 years of age and older with at least one cardiovascular risk factor treated with another JAK inhibitor, a higher rate of major adverse cardiovascular events (MACE) (defined as cardiovascular death, myocardial infarction, and stroke), was observed when compared with TNF blockers. Patients who are current or past smokers are at additional increased risk. Discontinue RINVOQ/RINVOQ LQ in patients that have experienced a myocardial infarction or stroke.
 - **THROMBOSIS**
 - Thromboses, including deep venous thrombosis, pulmonary embolism, and arterial thrombosis, have occurred in patients treated for inflammatory conditions with JAK inhibitors, including RINVOQ. Many of these adverse events were serious and some resulted in death. In RA patients 50 years of age and older with at least one cardiovascular risk factor treated with another JAK inhibitor, a higher rate of thrombosis was observed when compared with TNF blockers. Avoid RINVOQ/RINVOQ LQ in patients at risk. Patients with symptoms of thrombosis should discontinue RINVOQ/RINVOQ LQ and be promptly evaluated.

Policy: PHARM-HYB-186
 Origination Date: 01/01/2026
 Reviewed/Revised Date:
 Next Review Date:
 Current Effective Date: 01/01/2026

Confidentiality Notice

This document and any accompanying document contain confidential information and is intended for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited and the document should be returned to this office immediately. If you have received this facsimile in error, please notify us by telephone immediately and destroy document received.