Navigating Prior Authorizations

for patients with Nonsegmental vitiligo who are prescribed RINVOQ

INDICATION[1]

RINVOQ is indicated for the treatment of adults and pediatric patients 12 years of age and older with nonsegmental vitiligo (NSV).

Limitations of Use: RINVOQ is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants.

SAFETY CONSIDERATIONS[1]

Serious Infections: RINVOQ-treated patients are at increased risk of serious bacterial (including tuberculosis [TB]), fungal, viral, and opportunistic infections leading to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants, such as methotrexate or corticosteroids.

Mortality: A higher rate of all-cause mortality, including sudden cardiovascular (CV) death, was observed with a Janus kinase inhibitor (JAKi) in a study comparing another JAKi with tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients ≥50 years with ≥1 CV risk factor.

SAFETY CONSIDERATIONS[1] (cont'd)

Malignancies: Malignancies have occurred in RINVOQ-treated patients. A higher rate of lymphomas and lung cancer (in current or past smokers) was observed with another JAKi when compared with TNF blockers in RA patients.

Major Adverse Cardiovascular Events: A higher rate of CV death, myocardial infarction, and stroke was observed with a JAKi in a study comparing another JAKi with TNF blockers in RA patients ≥50 years with ≥1 CV risk factor. History of smoking increases risk.

Thromboses: Deep venous thrombosis, pulmonary embolism, arterial thrombosis, and cerebral venous thrombosis have occurred in patients treated for inflammatory conditions with JAK inhibitors, including RINVOQ. A higher rate of thrombosis was observed with another JAKi when compared with TNF blockers in RA patients.

Hypersensitivity: RINVOQ is contraindicated in patients with hypersensitivity to RINVOQ or its excipients.

Other Serious Adverse Reactions: Hypersensitivity reactions; gastrointestinal perforations; hypoglycemia in patients with diabetes; laboratory abnormalities; and embryo-fetal toxicity.

Please see additional Important Safety Information, including BOXED WARNING on Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events, and Thrombosis, on pages 5 and 6.

Please click here for full Prescribing Information, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf.

RINVOQ® upadacitinib

Navigating prior authorization requirements for patients who are prescribed RINVOQ

A prior authorization (PA) may be required by the payer

Prescribing RINVOQ through the RINVOQ Complete Enrollment and Prescription Form activates the access process, but whether a PA is required depends on your patient's health plan. Keep in mind that PA requirements may vary by plan, so check with your patient's health plan to ensure you have an accurate list of payer-specific requirements before you submit.

You may obtain the PA form from one of the following:

- Health plan's website
- CoverMyMeds®
- Specialty pharmacy
- Field Reimbursement Manager
- Complete Pro
- Immunology Policies and Forms

The following table aggregates common PA requirements across payers and is for illustration purposes only. As such, it (1) may include certain PA criteria that are not necessary for a specific payer and (2) may not include all necessary PA requirements for a specific payer.

Ensure you document the following in your PA submission and chart notes (as applicable):

Example PA Criteria	Example Information to Include
Patient's diagnosis, using the appropriate ICD-10-CM code(s)[2,*]	**Diagnosis:** Nonsegmental Vitiligo **L80:** Vitiligo
Patient's severity and disease activity	• Body surface area (BSA) affected • Involvement of highly visible or high-impact areas (eg, face, neck, hands, feet, genitals, arms, legs) • Actively progressing or spreading nonsegmental vitiligo within the past 6 months
Inadequate response or contraindication to current and prior therapies, documenting the treatment name, dose, duration, and date of each therapy: • Be sure to note any applicable inadequate responses to **all** prior therapy requirements • Note any plan-specific duration and treatment period requirements	Please list **all** previously tried and failed therapies, including: **Topical therapies:** • Corticosteroids • Calcineurin inhibitors • Janus kinase (JAK) inhibitors • Vitamin D analogs • Depigmenting agents **Systemic therapies:** • Oral corticosteroids • Intramuscular corticosteroids **Phototherapy:** • PUVA • Excimer laser • NB-UVB ***Some medications listed above are not approved for the treatment of nonsegmental vitiligo.***
Testing results for clinical parameters, if required by payer	• Tuberculosis (TB) test • Complete blood count (CBC) • Liver enzymes
Confirmation of discontinuation of previous immunosuppressants or biologics	• Plans may not permit, nor is it recommended, for RINVOQ to be used in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants

It is important to submit all required information and chart notes with the PA form to support a timely decision from the payer

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.
PUVA, Psoralen + Ultraviolet A (UVA) therapy.
NB-UVB, Narrowband Ultraviolet B (UVB) therapy.

*__The codes shown are only suggestions and may vary by patient.__

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. Providers are encouraged to contact third-party payers for specific information about their coverage policies.

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Potential reasons for coverage denials

Incomplete information or documentation may lead to a denial for RINVOQ

Below are some of the most **common causes for denial**. Be sure to double check your documentation when you submit your initial PA request to avoid these common causes for denial.

- **Lack of documentation supporting** diagnosis or disease severity
- **Lack of step therapy documentation** demonstrating requirements have been met; for example, PA submission did not include:
  - Duration on current therapies
  - Names of all therapies that were tried and failed (including topical therapies, systemic therapies, or phototherapy)
  - Notes on contraindications to prior therapies required by the plan (eg, impacted BSA too large)
- **Did not confirm that RINVOQ will not be used** in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants (if applicable)
- **Lack of documentation for health plan's clinical testing criteria** (eg, TB test, CBC)

For case-by-case, personalized support, in person or over the phone, call your dedicated Field Reimbursement Manager at 1.877.COMPLETE (1.877.266.7538) or visit RequestFRM.com

SAFETY CONSIDERATIONS[1]

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Mortality: A higher rate of all-cause mortality, including sudden cardiovascular (CV) death, was observed with a Janus kinase inhibitor (JAKi) in a study comparing another JAKi with tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients ≥50 years with ≥1 CV risk factor.

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Major Adverse Cardiovascular Events: A higher rate of CV death, myocardial infarction, and stroke was observed with a JAKi in a study comparing another JAKi with TNF blockers in RA patients ≥50 years with ≥1 CV risk factor. History of smoking increases risk.

Thromboses: Deep venous thrombosis, pulmonary embolism, arterial thrombosis, and cerebral venous thrombosis have occurred in patients treated for inflammatory conditions with JAK inhibitors, including RINVOQ. A higher rate of thrombosis was observed with another JAKi when compared with TNF blockers in RA patients.

Hypersensitivity: RINVOQ is contraindicated in patients with hypersensitivity to RINVOQ or its excipients.

Other Serious Adverse Reactions: Hypersensitivity reactions; gastrointestinal perforations; hypoglycemia in patients with diabetes; laboratory abnormalities; and embryo-fetal toxicity.

Please see Indication and additional Important Safety Information, including BOXED WARNING on Serious Infections, Mortality, Malignancies, Major Adverse Cardiovascular Events, and Thrombosis, on pages 5 and 6.

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Prior authorization best practices

Some suggested best practices for PAs

- Before beginning the process, confirm that insurance coverage has not changed since the patient's last visit
- Complete all sections of the PA form(s) and provide any supplemental documentation required
- Determine how the information should be submitted to the payer (fax, electronic PA, portal or website, etc.)
- Inquire about the timing of the process once the request is submitted, and update your patient on the request status

Reminders:

- Responses to PA requests are generally received within **72 hours after submission**
- Make note of when a **PA might expire**. If it expires before the end of your patient's treatment, you may need to submit the PA again to continue their coverage

Tips to keep track of the PA process:

Log the date and time of calls, who you spoke with, and their contact information

Keep a copy of all PA documentation

Follow up with the payer if your facility does not receive notification of the decision in a timely manner

Record the PA approval code and date in the patient's medical record

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RINVOQ® upadacitinib

Indication and Important Safety Information for RINVOQ® (upadacitinib)[1]

INDICATION[1]

RINVOQ is indicated for the treatment of adults and pediatric patients 12 years of age and older with nonsegmental vitiligo (NSV).

Limitations of Use: RINVOQ is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants.

IMPORTANT SAFETY INFORMATION[1]

SERIOUS INFECTIONS

Patients treated with RINVOQ 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 until the infection is controlled.

Reported infections include:

- **Active tuberculosis (TB), which may present with pulmonary or extrapulmonary disease. Test patients for latent TB before RINVOQ use and during therapy. Consider treatment for latent TB infection prior to RINVOQ use.**
- **Invasive fungal infections, including cryptococcosis and pneumocystosis.**
- **Bacterial, viral, including herpes zoster, and other infections due to opportunistic pathogens.**

Carefully consider the risks and benefits of treatment with RINVOQ prior to initiating therapy in patients with chronic or recurrent infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with RINVOQ, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

MORTALITY

In a large, randomized, postmarketing safety study comparing another Janus kinase (JAK) inhibitor with tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients ≥50 years old with at least one cardiovascular (CV) risk factor, a higher rate of all-cause mortality, including sudden CV death, was observed with the JAK inhibitor. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with RINVOQ.

MALIGNANCIES

Lymphoma and other malignancies have been observed in patients treated with RINVOQ.

In a large, randomized, postmarketing safety study comparing another JAK inhibitor with TNF blockers in RA patients, a higher rate of malignancies (excluding non-melanoma skin cancer [NMSC]), lymphomas, and lung cancer (in current or past smokers) was observed with the JAK inhibitor. Patients who are current or past smokers are at additional increased risk.

With RINVOQ, consider the benefits and risks for the individual patient prior to initiating or continuing therapy, particularly in patients with a known malignancy (other than a successfully treated NMSC), patients who develop a malignancy when on treatment, and patients who are current or past smokers. NMSCs have been reported in patients treated with RINVOQ. Periodic skin examination is recommended for patients who are at increased risk for skin cancer. Advise patients to limit sunlight exposure by wearing protective clothing and using sunscreen.

MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE)

In a large, randomized, postmarketing study comparing another JAK inhibitor with TNF blockers in RA patients ≥50 years old with at least one CV risk factor, a higher rate of MACE (defined as cardiovascular death, myocardial infarction, and stroke) was observed with the JAK inhibitor. Patients who are current or past smokers are at additional increased risk. Discontinue RINVOQ in patients that have experienced a myocardial infarction or stroke.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with RINVOQ, particularly in patients who are current or past smokers and patients with other CV risk factors. Patients should be informed about the symptoms of serious CV events and the steps to take if they occur.

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. Additionally, cerebral venous thrombosis has occurred in patients treated with JAK inhibitors, including RINVOQ.

In a large, randomized, postmarketing study comparing another JAK inhibitor to TNF blockers in RA patients ≥50 years old with at least one CV risk factor, a higher rate of thrombosis was observed with the JAK inhibitor. Avoid RINVOQ in patients at risk. Patients with symptoms of thrombosis should discontinue RINVOQ and be promptly evaluated.

HYPERSENSITIVITY

RINVOQ is **contraindicated** in patients with known hypersensitivity to upadacitinib or any of its excipients. Serious hypersensitivity reactions, such as anaphylaxis and angioedema, were reported in patients receiving RINVOQ in clinical trials. If a clinically significant hypersensitivity reaction occurs, discontinue RINVOQ and institute appropriate therapy.

Please see additional Important Safety Information continued on page 6.

Please click here for full Prescribing Information, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf.

RINVOQ® upadacitinib

Important Safety Information for RINVOQ® (upadacitinib)[1] (cont'd)

GASTROINTESTINAL PERFORATIONS

Gastrointestinal (GI) perforations have been reported in clinical trials with RINVOQ. Monitor RINVOQ-treated patients who may be at risk for GI perforation (e.g., patients with a history of diverticulitis and patients taking NSAIDs or corticosteroids). Promptly evaluate patients presenting with new onset abdominal pain for early identification of GI perforation.

HYPOGLYCEMIA IN PATIENTS WITH DIABETES

Hypoglycemia, including severe hypoglycemia, has been reported following initiation of RINVOQ and other JAK inhibitors in patients with diabetes. During treatment with RINVOQ, consider increased monitoring of blood glucose as clinically indicated in patients with diabetes. Advise patients with diabetes to notify their healthcare provider if they develop signs or symptoms of hypoglycemia.

LABORATORY ABNORMALITIES

Neutropenia

Treatment with RINVOQ was associated with an increased incidence of neutropenia (absolute neutrophil count [ANC] <1000 cells/mm^3). Treatment with RINVOQ is not recommended in patients with an ANC <1000 cells/mm^3. Evaluate neutrophil counts at baseline and thereafter according to routine patient management.

Lymphopenia

Absolute lymphocyte counts (ALC) <500 cells/mm^3 were reported in RINVOQ-treated patients. Treatment with RINVOQ is not recommended in patients with an ALC <500 cells/mm^3. Evaluate at baseline and thereafter according to routine patient management.

Anemia

Decreases in hemoglobin levels to <8 g/dL were reported in RINVOQ-treated patients. Treatment should not be initiated or should be interrupted in patients with hemoglobin levels <8 g/dL. Evaluate at baseline and thereafter according to routine patient management.

Lipids

Treatment with RINVOQ was associated with increases in lipid parameters, including total cholesterol, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol. Manage patients according to clinical guidelines for the management of hyperlipidemia. Evaluate patients 12 weeks after initiation of treatment and thereafter according to the clinical guidelines for hyperlipidemia.

Liver enzyme elevations

Treatment with RINVOQ was associated with increased incidence of liver enzyme elevation compared to placebo. Evaluate at baseline and thereafter according to routine patient management. Prompt investigation of the cause of liver enzyme elevation is recommended to identify potential cases of drug-induced liver injury. If increases in aspartate aminotransferase (AST) or alanine aminotransferase (ALT) are observed during routine patient management and drug-induced liver injury is suspected, RINVOQ should be interrupted until this diagnosis is excluded.

EMBRYO-FETAL TOXICITY

Based on findings in animal studies, RINVOQ may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with RINVOQ and for 4 weeks after the final dose. Verify pregnancy status of females of reproductive potential prior to starting treatment with RINVOQ.

VACCINATION

Avoid use of live vaccines during, or immediately prior to, RINVOQ therapy. Prior to initiating RINVOQ, patients should be brought up to date on all immunizations, including prophylactic varicella zoster or herpes zoster vaccinations, in agreement with current immunization guidelines.

MEDICATION RESIDUE IN STOOL

Reports of medication residue in stool or ostomy output have occurred in patients taking RINVOQ. Most reports described anatomic or functional GI conditions with shortened GI transit times. Instruct patients to contact their healthcare provider if medication residue is observed repeatedly. Monitor patients clinically and consider alternative treatment if there is an inadequate therapeutic response.

LACTATION

There are no data on the presence of RINVOQ in human milk, the effects on the breastfed infant, or the effects on milk production. Available data in animals have shown the excretion of RINVOQ in milk. Advise patients that breastfeeding is not recommended during treatment with RINVOQ and for 6 days after the last dose.

HEPATIC IMPAIRMENT

RINVOQ is not recommended for use in patients with severe hepatic impairment.

ADVERSE REACTIONS

The most common adverse reactions in RINVOQ clinical trials were upper respiratory tract infections, herpes zoster, herpes simplex, bronchitis, nausea, cough, pyrexia, acne, headache, peripheral edema, increased blood creatine phosphokinase, hypersensitivity, folliculitis, abdominal pain, increased weight, influenza, fatigue, neutropenia/neutrophil count decreased, myalgia, influenza-like illness, elevated liver enzymes, rash, anemia, and hyperlipidemia.

Inform patients that retinal detachment has been reported in clinical trials with RINVOQ. Advise patients to immediately inform their healthcare provider if they develop any sudden changes in vision while receiving RINVOQ.

Dosage Forms and Strengths: RINVOQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

Please click here for full Prescribing Information, or visit https://www.rxabbvie.com/pdf/rinvoq_pi.pdf.

References: 1. RINVOQ [package insert]. North Chicago, IL: AbbVie Inc.
2. Centers for Medicare & Medicaid Services. *ICD-10-CM Tabular List of Diseases and Injuries, FY2027*. Accessed November 12, 2026. https://www.cms.gov/files/zip/2027-code-tables-tabular-index.zip

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