PRIORITY PARTNERS
7231 Parkway Dr., Suite 100
Hanover, MD 21076

JOHNS HOPKINS
HEALTH PLANS

Prior Authorization

JOHNS HOPKINS HEALTH PLANS

Rinvoq - Priority Partners MCO

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Johns Hopkins Health Plans at **1-410-424-4607**.
Please contact Johns Hopkins Health Plans at **1-888-819-1043** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Rinvoq - Priority Partners MCO.

Drug Name (select from list of drugs shown)
Rinvoq (upadacitinib)

Quantity Frequency Strength

Route of Administration Expected Length of Therapy

Patient Information
Patient Name: _____
Patient ID: _____
Patient Group No.: _____
Patient DOB: _____
Patient Phone:

Prescribing Physician
Physician Name: _____
Physician Phone: _____
Physician Fax: _____
Physician Address: _____
City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Has the plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

NOTE: The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

[If yes, skip to question 34.]

2. Does the patient have a documented diagnosis of moderate to severe rheumatoid arthritis?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 5.]		
3. Has the patient tried and had insufficient response to methotrexate monotherapy, unless contraindicated?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
4. Has the patient tried and had insufficient response to etanercept, adalimumab, or tofacitinib?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 31.]		
[If no, no further questions.]		
5. Does the patient have a documented diagnosis of active psoriatic arthritis?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 8.]		
6. Has the patient tried and had insufficient response to at least TWO disease-modifying antirheumatic drugs (DMARDs), including methotrexate, unless contraindicated?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
7. Has the patient tried and had insufficient response to etanercept, adalimumab, or secukinumab?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 31.]		
[If no, no further questions.]		
8. Does the patient have a confirmed diagnosis of refractory, moderate to severe chronic atopic dermatitis with documented body surface area (BSA) coverage of 10% or greater?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 19.]		
9. Does the patient have documented functional impairment as a result of chronic atopic dermatitis, which can include limitation of activities of daily living (e.g., consistent sleep disturbances, problems wearing clothing, skin infections, etc.)?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
10. Has documentation been provided showing a baseline assessment using ONE of the following tools: A)	Y N	

Investigator's Static Global Assessment (ISGA) score, B) Eczema Area and Severity Index (EASI), C) Patient-Oriented Eczema Measure (POEM), OR D) Scoring Atopic Dermatitis (SCORAD) index?		
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
11. Does the patient have a documented history of treatment failure, contraindication, or intolerance to BOTH of the following formulary alternatives: A) TWO medium to very-high potency topical corticosteroids, AND B) ONE topical calcineurin inhibitor (e.g., Elidel [pimecrolimus] or Protopic [tacrolimus])?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
12. Does the patient have moderate disease?	Y N	
[If no, skip to question 14.]		
13. Does the patient have documentation of trial and inadequate response to Eucrisa (crisaborole)?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
14. Has the patient had trial and inadequate response to phototherapy, unless such use is not advised (i.e., patient has a history of skin cancer, currently taking medication that may be photosensitizing, etc.)?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
15. Has the patient had trial and inadequate response to at least ONE of the following systemic agents traditionally used for refractory disease, or has a contraindication to systemic therapy: A) cyclosporine, B) methotrexate, C) mycophenolate mofetil, OR D) azathioprine?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
16. Is the patient being concomitantly treated with other biologics (Enbrel, Xolair, Rituxan, Adbry, etc.), JAK inhibitors (Cibinqo, etc.), or other immunosuppressants?	Y N	
[If yes, no further questions.]		
17. Is the prescriber ONE of the following specialists: A) allergist, B) dermatologist, OR C) immunologist?	Y N	
[If no, no further questions.]		
18. Is the patient 12 years of age or older?	Y N	
[If yes, skip to question 33.]		
[If no, no further questions.]		

19. Does the patient have a documented diagnosis of moderately to severely active ulcerative colitis?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 21.]		
20. Has the patient tried and had insufficient response to adalimumab?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 31.]		
[If no, no further questions.]		
21. Does the patient have a diagnosis of moderately to severely active Crohn's disease?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 24.]		
22. Has the patient tried and had insufficient response to corticosteroids, or immunomodulators such as azathioprine, 6-mercaptopurine, or methotrexate?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
23. Has the patient tried and had insufficient response or intolerance to adalimumab or infliximab?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 31.]		
[If no, no further questions.]		
24. Does the patient have a documented diagnosis of ankylosing spondylitis?	Y N	
NOTE: Submission of medical records is required.		
[If no, skip to question 27.]		
25. Has the patient tried and had an insufficient response to an adequate trial of TWO full dose nonsteroidal anti-inflammatory drugs (NSAIDS), unless contraindicated?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
26. Has the patient tried and had an insufficient response to EITHER etanercept or adalimumab?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 31.]		
[If no, no further questions.]		
27. Does the patient have a documented diagnosis of adult-onset active non-radiographic axial spondyloarthritis?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		

28. Does the patient have EITHER of the following: A) objective signs of inflammation indicated by C-reactive protein (CRP) levels above the upper limit of normal, OR B) sacroiliitis on magnetic resonance imaging (MRI)?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
29. Has the patient tried and had an insufficient response to at least TWO full dose nonsteroidal anti-inflammatory drugs (NSAIDS) therapies, unless contraindicated?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
30. Has the patient tried and had an insufficient response to secukinumab?	Y N	
NOTE: Submission of medical records is required.		
[If no, no further questions.]		
31. Is the patient 18 years of age or older?	Y N	
[If no, no further questions.]		
32. Will the requested drug be used in combination with other janus kinase (JAK) inhibitors or potent immunosuppressants (such as azathioprine and cyclosporine)?	Y N	
[If yes, no further questions.]		
33. Will the requested drug be used concurrently with a biologic disease-modifying antirheumatic drug (DMARD)?	Y N	
[No further questions.]		
34. Does the patient have ONE of the following diagnoses: A) rheumatoid arthritis, B) psoriatic arthritis, C) ankylosing spondylitis, OR D) adult-onset non-radiographic axial spondyloarthritis?	Y N	
[If no, skip to question 36.]		
35. Is the patient experiencing clinical improvement from treatment supported by ONE of the following outcomes: A) reduction in the signs and symptoms, B) prolonged beneficial clinical response, C) inhibition of structural damage progression, OR D) improved physical functioning?	Y N	
NOTE: Submission of medical records is required.		
[If yes, skip to question 40.]		
[If no, no further questions.]		
36. Does the patient have ONE of the following diagnoses: A) ulcerative colitis OR B) Crohn's disease?	Y N	
[If no, skip to question 38.]		
37. Is the patient experiencing clinical improvement from treatment supported by ONE of the following outcomes: A)	Y N	

reduction in gastrointestinal signs and symptoms OR B) prolonged clinical remission and mucosal healing?	
NOTE: Submission of medical records is required.	
[If yes, skip to question 40.]	
[If no, no further questions.]	
38. Does the patient have a diagnosis of atopic dermatitis?	Y N
[If no, no further questions.]	
39. Is the patient experiencing clinical improvement from treatment as supported by a score reduction using ONE of the following clinical evaluation tools: A) Investigator's Static Global Assessment (ISGA) decrease from baseline by at least 2 points, B) Eczema Area and Severity Index (EASI) decrease from baseline by at least 75%, C) Patient-Oriented Eczema Measure (POEM) decrease from baseline by at least 3 points, OR D) Scoring Atopic Dermatitis (SCORAD) index decrease from baseline by at least 50%?	Y N
NOTE: Submission of medical records is required.	
[If no, no further questions.]	
40. Will the requested drug be used concurrently with a biologic disease-modifying antirheumatic drug (DMARD)?	Y N
[If yes, no further questions.]	
41. Will the requested drug be used in combination with other janus kinase (JAK) inhibitors or potent immunosuppressants (such as azathioprine and cyclosporine)?	Y N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date