Overview
Olumiant is a Janus kinase (JAK) inhibitor indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Olumiant, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for treatment of moderately to severely active RA when one of the following criteria is met:

1. Member has experienced an inadequate response or intolerance to all preferred products (Enbrel, Humira and Rinvoq)
2. Member has a contraindication to all preferred products (Enbrel, Humira and Rinvoq) and meets one of the following:
   a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
   b. Member has an intolerance or contraindication to methotrexate (see Appendix)

Continuation of Therapy
Reauthorization may be granted for all members (including new members) who meet all initial authorization criteria and physician assessment is submitted documenting positive clinical response.

Limitations
1. Approvals will be granted for 24 months.
2. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). Note: Members who have received Olumiant or any other biologic DMARD are exempt from requirements related to TB screening in this Policy.

3. The following quantity limits apply:

| Olumiant 1mg and 2mg | 30 tablets per 30 days |

**Appendix**

Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction

**References**

1. Olumiant (baricitinib) [prescribing information]. Indianapolis, IN: Lilly USA LLC; October 2019

**Review History**

04/17/2019 – Reviewed
05/20/2020 – Reviewed and Updated May P&T; references updated; added Rinvoq as a preferred agent; QL added to criteria. Effective 8/1/20.

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