# Olumiant (baricitinib)
# Effective 11/01/2022

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| **Plan** | ☐ MassHealth<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☒ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit (NLX) | | |
| **Specialty Limitations** | This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy. | | |
| **Contact Information** | **Specialty Medications** | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | **Non-Specialty Medications** | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | **Medical Specialty Medications (NLX)** | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| **Exceptions** | N/A | | |

## 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 and severe alopecia areata.

## Coverage Guidelines
Authorization may be granted for members new to the plan 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 the following criteria is met:

***Rheumatoid Arthritis***
1. ONE of the following:
    a. Member has experienced an inadequate response or intolerance to all preferred products (Enbrel, Humira and Rinvoq)
    b. Member has a contraindication to all preferred products (Enbrel, Humira and Rinvoq) and meets one of the following:
        i. 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).
        ii. Member has an intolerance or contraindication to methotrexate (see Appendix)

***Alopecia Areata***
1. The member has a diagnosis of severe alopecia areata confirmed by Severity of Alopecia Tool (SALT) > 50
2. Alopecia areata lasting more than 6 months

3. The member has had previous use, intolerance, or contraindication to other treatments for alopecia areata (glucocorticoids, immunosuppressive therapy, contact immunotherapy)
4. Prescriber specialty is a dermatologist or medication is being prescribed in consultation with a dermatologist
5. Medication will not be used with other JAK inhibitors, biologic immunomodulators, or cyclosporine
6. Other forms of alopecia have been ruled out

**Continuation of Therapy**

*Rheumatoid Arthritis:* 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.
*Alopecia Areata:* Reauthorization requires physician documentation of improvement of alopecia areata (e.g., increased hair on scalp, eyebrows, eyelashes)

## Limitations

1. Initial Approvals will be granted for:
    a. Rheumatoid arthritis: 24 months.
    b. Alopecia Areata: 36 weeks
2. Reauthorizations will be granted for:
    a. Rheumatoid arthritis: 24 months.
    b. Alopecia Areata: 12 months
3. 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.
4. The following quantity limits apply:

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| Olumiant 1mg, 2mg, 4mg | 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; June 2022.

2. King B, Manuba O, Kwon O et al. Two Phase 3 Trials of baricitinib for alopecia areata. NEJM 2022;386;1687-99
3. Taylor PC, Keystone EC, van der Heijde D, et al. Baricitinib versus placebo or adalimumab in rheumatoid arthritis. N Engl J Med. 2017;376(7):652-662
4. Westhovens R, Taylor PC, Alten R, et al. Filgotinib (GLPG0634/GS-6034), an oral JAK1 selective inhibitor, is effective in combination with methotrexate (MTX) in patients with active rheumatoid arthritis and insufficient response to MTX: results from a randomised, dose-finding study (DARWIN 1). Ann Rheum Dis 2017; 76:998
5. Humira (adalimumab) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2020.
6. Enbrel (etanercept) [prescribing information]. Thousand Oaks, CA: Immunex Corporation; March 2020

## 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.
09/21/2022 – Reviewed and Updated for Sept P&T; added new indication of severe alopecia areata; references updated. Effective 11/01/2022

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