Olumiant (baricitinib)
Effective 08/01/20

Plan	☒ MassHealth ☐ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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.

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 when ALL of the following criteria is met:
1. Member has a diagnosis of moderate to severe rheumatoid arthritis (RA)
2. Member has experienced an inadequate response or adverse reaction to one traditional DMARD **OR** contraindication to ALL DMARDs
3. Member has inadequate response or adverse reaction to one biologic DMARD that is FDA-approved for RA **OR** contraindication to ALL biologic DMARDs that are FDA-approved for RA
4. Member has an inadequate response, adverse reaction, or contraindication to Xeljanz or Xeljanz XR

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

References

1. Olumiant (baricitinib) [prescribing information]. Indianapolis, IN: Lilly USA LLC; October 2019
2. 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
3. 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
4. Humira (adalimumab) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2020.
5. Enbrel (etanercept) [prescribing information]. Thousand Oaks, CA: Immunex Corporation; March 2020

Review History

05/20/2020 – Created and Reviewed May P&T. Effective 8/1/20.

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