**Olumiant (baricitinib)**  
*Effective 08/01/20*

<table>
<thead>
<tr>
<th>Plan</th>
<th>MassHealth</th>
<th>Commercial/Exchange</th>
<th>Program Type</th>
<th>Prior Authorization</th>
<th>Quantity Limit</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>Benefit</td>
<td>Pharmacy Benefit</td>
<td>Medical Benefit (NLX)</td>
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**Specialty Limitations**  
This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.

**Contact Information**

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
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<tbody>
<tr>
<td><strong>Non-Specialty Medications</strong></td>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td></td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<tr>
<td><strong>Medical Specialty Medications</strong> (NLX)</td>
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<tr>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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**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

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

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