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

<table>
<thead>
<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☑ MassHealth (PUF)</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>
<td></td>
<td></td>
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<tr>
<td>Specialty Limitations</td>
<td>This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.</td>
<td></td>
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</tbody>
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#### 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>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
</tr>
<tr>
<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

#### Exceptions

N/A

### Overview

Olumiant is a Janus kinase (JAK) inhibitor indicated for:
- 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 reviewed on a case by case basis for members new to AllWays Health Partners 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 members when ALL the following criteria are met, and documentation is provided:

1. Member has a diagnosis of moderate to severe rheumatoid arthritis (RA)
2. Paid claims or physician documented inadequate response or adverse reaction to ONE traditional DMARD or contraindication to ALL traditional DMARDs (see Appendix A)
3. **ONE** of the following:
   a. Paid claims or physician documented inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for RA
   b. Contraindication to ALL biologic DMARDs FDA-approved for RA
4. Paid claims or physician documented adequate response, adverse reaction or contraindication to Xeljanz® (tofacitinib) or Xeljanz XR® (tofacitinib extended-release)
5. Quantity requested is ≤1 tablet/day

### Continuation of Therapy
Reauthorization requires physician documentation of continuation of therapy, positive response to therapy, FDA approved indication and appropriate dosing.

**Limitations**
1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:
   - Olumiant 1mg and 2mg
   - 30 tablets per 30 days

**Appendices**

**Appendix A: Traditional DMARDs**

<table>
<thead>
<tr>
<th>Traditional DMARDs*</th>
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<tbody>
<tr>
<td>azathioprine</td>
<td>methotrexate*</td>
</tr>
<tr>
<td>cyclosporine</td>
<td>sulfasalazine*</td>
</tr>
<tr>
<td>hydroxychloroquine*</td>
<td>thalidomide</td>
</tr>
<tr>
<td>leflunomide</td>
<td></td>
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</table>

If a member has a contraindication to **ALL** of the most commonly used traditional DMARDs* (methotrexate, sulfasalazine, and hydroxychloroquine), a trial with a traditional DMARD may be bypassed.

**Appendix B. Conventional Therapies for Plaque Psoriasis**

<table>
<thead>
<tr>
<th>Conventional Treatment Lines</th>
<th>Agents Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical Agents</td>
<td>emollients, keratolytics, corticosteroids, coal tar, anthralin, calcipotriene, tazarotene, calcitriol, calcineurin inhibitors</td>
</tr>
<tr>
<td>Systemic Agents</td>
<td>Traditional DMARDs: methotrexate, apremilast, acitretin,</td>
</tr>
<tr>
<td>Phototherapy</td>
<td>ultraviolet A and topical psoralens (topical PUVA), ultraviolet A and oral psoralens (systemic PUVA), narrow band UV-B (NUVB)</td>
</tr>
</tbody>
</table>

**Appendix C: Off-Label Indications**

**More frequent/Higher doses**
Requests more frequent or higher doses of injectable biologics, may be approved if ALL of the following is provided:
1. Documentation of severe disease
2. **ONE** of the following:
   a. Inadequate response or adverse reaction to **ONE** other injectable biologic which is FDA-approved for the requested indication*
   b. Contraindication to **ALL** other injectable biologics which are FDA-approved for the requested indication
3. Documented partial response to FDA-approved dosing of current biologic therapy
4. Documentation of specialist consult for the requested indication

**Atopic Dermatitis (moderate-to-severe)**
Prescriber documents **ALL** of the following:
1. Paid claim or physician attestation of inadequate response, adverse reaction or contraindication to phototherapy
2. Paid claim or physician attestation of response, adverse reaction or contraindication to TWO traditional DMARDs (cyclosporine, methotrexate, mycophenolate, azathioprine) or a contraindication to all traditional DMARDs

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.
11/17/2021 – Reviewed and Updated for Nov P&T; matched MH UPPL for 1/1/2022 implementation; added appendix with higher dose/more frequent dosing and off label indication. Effective 01/01/2022

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