

Olumiant (baricitinib)
Effective 11/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> 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:

Olumiant 1mg, 2mg, 4mg	30 tablets per 30 days
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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.

