Mass General Brigham
Health Plan

Olumiant (baricitinib)
Effective 01/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated a specialty medication and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
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. Diagnosis of moderately to severe active rheumatoid arthritis (RA)
2. Member has minimum duration of a 3-month trial and failure, intolerance, or contraindication to ONE of the following conventional therapies at maximally tolerated doses:
    a. Methotrexate
    b. Leflunomide
    c. sulfasalazine
3. Member has had an inadequate response or intolerance to ONE or more TNF inhibitors (e.g., adalimumab, certolizumab pegol, etanercept, golimumab)
4. Member has trial and failure, contraindication or intolerance to TWO of the following:
    a. Cimzia
    b. Enbrel
    c. Humira, Adalimumab-adaz, Adalimumab-fkjp, or Hadlima
    d. Rinvoq
    e. Simponi
    f. Xeljanz or Xeljanz XR
5. Member has trial and failure, contraindication or intolerance to BOTH of the following:

a. Actemra
b. Orencia

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 members when 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. The following quantity limits apply:

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

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.
11/15/2023 – Reviewed and Updated for Nov P&T; Removed TB requirement. For RA: Updated preferred drugs to prior use of TWO of the following: Cimzia, Enbrel, Humira or biosimilars, Rinvoq, Simponi, Xeljanz or Xeljanz XR AND Actemra AND Orencia. Added additional conventional therapies. Removed appendix. Effective 1/1/2024