

Olumiant (baricitinib)
Effective 01/01/2025

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		
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
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Olumiant (baricitinib) 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. Olumiant is also approved for the treatment of severe alopecia areata.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all the following diagnosis-specific criteria have been met:

Rheumatoid Arthritis

1. Diagnosis of moderately to severely 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 (Abbvie), Adalimumab-adaz, Adalimumab-fkjp, Hadlima, Amjevita (Nuvaila)
 - 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. Diagnosis of severe alopecia areata confirmed by Severity of Alopecia Tool (SALT) > 50
2. Alopecia areata lasting more than 6 months
3. Prescriber specialty is dermatology or medication is being prescribed in consultation with a dermatologist
4. Medication will not be used with other JAK inhibitors, biologic immunomodulators, or cyclosporine
5. Other forms of alopecia have been ruled out

Continuation of Therapy

Rheumatoid Arthritis:

Requests for reauthorizations for rheumatoid arthritis will be granted when the following criteria are met:

1. Documentation is submitted supporting improvement in member’s condition as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Alopecia Areata:

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted supporting 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:

Drug Name	Quantity Limit
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.

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

10/09/2024 – Reviewed and updated at October P&T. Added Amjevita (Nuvaila) as a preferred adalimumab product for RA criteria. Removed step requirement for alopecia areata. Updated reauthorization criteria. Effective 1/1/2025.

