Mass General Brigham
Health Plan

Olumiant (baricitinib)
Effective 05/01/2026

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 specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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 adult patients with severe alopecia areata.

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, 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:

<u>Rheumatoid Arthritis</u>

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), Hadlima, Simlandi, Yuflyma
    d. Rinvoq
    e. Simponi
    f. Xeljanz or Xeljanz XR
5. Member has trial and failure, contraindication or intolerance to BOTH of the following:
    a. Tyenne

b. Orencia

Alopecia Areata

1. Member is 18 years of age or older
2. Diagnosis of severe alopecia areata
3. Member at least 50% scalp hair loss (e.g., Severity of Alopecia Tool (SALT) score of 50 or higher)
4. Other forms of alopecia have been ruled out (e.g., androgenetic alopecia, trichotillomania, telogen effluvium, chemotherapy-induced hair loss, tinea capitis)

Continuation of Therapy

Rheumatoid Arthritis:

Requests for reauthorizations for rheumatoid arthritis will be approved when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) demonstrating an improvement in the member's condition, as evidenced by low disease activity or improvement in signs and symptoms of the condition.

.

Alopecia Areata:

Requests for reauthorization for alopecia areata will be approved when all of the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting an improvement in signs and symptoms of alopecia areata from baseline (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 tablet	1 tablet per day

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

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.
04/09/2025 – Revied and updated for April P&T. Updated RA criteria to include Tyenne as a preferred tocilizumab product. Updated criteria for alopecia areata to require member is at least 18 years of age; removed specialist prescriber requirements, minimum length of time with alopecia areata, and stipulation that member is not using Olumiant concomitantly with other immunomodulators. Added examples of other causes of alopecia areata. Effective 06/01/2025.
10/08/2025 – Reviewed and updated for October P&T. Updated policy to remove Actemra as a preferred tocilizumab formulation. Updated policy to reflect that Humira, Hadlima, Simlandi and Yuflyma are the preferred adalimumab trial options. Effective 01/01/2026.
03/11/2026 – Reviewed and updated at March P&T. Administrative update – updated verbiage for members who are new to the Plan and updated verbiage in reauthorization criteria from “documentation” to “submission of medical records (e.g., chart notes).” Effective 05/01/2026.