Commercial/Healthcare Exchange PA Criteria

Effective: November 7th, 2018

Prior Authorization: Olumiant (baricitinib)

Products Affected: Olumiant (baricitinib)

Medication Description: Baricitinib is a Janus kinase (JAK) inhibitor which blocks the phosphorylation and activation of Signal Transducers and Activators of Transcription (STATs) via modulation of the signaling pathway

Covered Uses: Moderate-to-severe active rheumatoid arthritis (RA) in adult patients for whom one or more tumor necrosis factor (TNF) inhibitor therapies have been ineffective.

Exclusion Criteria:

- Patients with latent tuberculosis (TB) infection, viral hepatitis or active infections (including important localized infections) prior to initiating treatment
- Patients with viral hepatitis prior to initiating treatment
- Concurrent treatment with another tumor necrosis factor (TNF) inhibitor, biologic response modifier, or other non-biologic agent (e.g., apremilast, tofacitinib, etc);
- Concurrent administration with live vaccines
- Use with potent immunosuppressants, such as azathioprine and cyclosporine
- Patients with severe hepatic impairment
- Patient s with renal impairment, defined as an estimated glomerular filtration rate (GFR) < 60 mL/min

Required Medical Information: Documentation of moderate to severe active disease

Age Restrictions: 18 years and older

Prescriber Restrictions: Prescribed by or in consultation with a rheumatologist.

Coverage Duration:
Initial: 1 year
Continuation: 3 years

Other Criteria:

- Patient has had at least a 3 month trial and failed previous therapy with 1 oral disease modifying anti-rheumatic agent (DMARD), such as methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, or leflunomide; AND
- Used as single agent or in combination with methotrexate or other non-biologic DMARD, such as leflunomide, hydroxychloroquine, sulfasalazine; AND
- Patient has had a documented failure of, or intolerance to, **TWO** of the following, as follows:
    - Actemra SC

- Enbrel
- Humira
- Xeljanz/XR
- Rinvoq

References:

1. Olumiant [package insert]. Indianapolis, IN: Eli Lilly and Company; May 2018

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/7/2018
2	Policy Update	Added Continuation approval for 3 years	Coverage Duration	7/1/2019
3	Policy Update	Added Rinvoq as a preferred product for RA	Other Criteria	10/18/2019