



Instructions:

This form is used by Kaiser Permanente and/or participating providers for coverage of **Olumiant (baricitinib)**. Please complete and fax this form back to Kaiser Permanente within 24 hours [fax: [1-866-331-2104](tel:1-866-331-2104)]. If you have any questions or concerns, please call [1-866-331-2103](tel:1-866-331-2103). **Requests will not be considered unless this form is complete.**

The KP-MAS Formulary can be found at: [Pharmacy | Community Provider Portal | Kaiser Permanente](#)

1 – Patient Information

Patient Name: _____ Kaiser Medical ID#: _____ Date of Birth: _____

2 – Prescriber Information

Is the prescriber a rheumatologist or dermatologist? No Yes

If consulted with a specialist, specialist name and specialty: _____

Prescriber Name: _____ Specialty: _____ NPI: _____

Prescriber Address: _____

Prescriber Phone #: _____ Prescriber Fax #: _____

Do you have an approved provider referral number from Kaiser Permanente?

Yes – please provide your provider referral number here: _____

3 – Pharmacy Information

Pharmacy Name: _____ Pharmacy NPI: _____

Pharmacy Phone # _____ Pharmacy Fax #: _____

4 – Drug Therapy Requested

Drug 1: Name/Strength/Formulation: _____

Sig: _____

Drug 2: Name/Strength/Formulation: _____

Sig: _____

5– Diagnosis/Clinical Criteria

1. Is this request for initial or continuing therapy?
 Initial therapy Continuing therapy, state start date: _____
2. Indicate the patient's diagnosis for the requested medication: _____

Clinical Criteria:

Rheumatology:

1. Patient is ≥ 18 years old and has a diagnosis of moderate-to-severe rheumatoid arthritis,
 No Yes
2. **AND** patient has a history of treatment failure after an adequate trial (≥ 3 months), intolerance or contraindication to at least one agent in each of the following categories:
 - At least 1 non-biologic disease-modifying antirheumatic drug (DMARD) such as methotrexate, leflunomide, sulfasalazine or hydroxychloroquine
 - At least 1 TNF-alpha biologic DMARD: e.g., Enbrel (etanercept), adalimumab biosimilars (Amjevita preferred) or Humira
 - Xeljanz (tofacitinib) No Yes

Dermatology (Alopecia Areata):

1. Patient is ≥ 18 years,
 No Yes
2. **AND** diagnosis of alopecia areata (with $< 50\%$ scalp involvement, mild facial involvement, not rapidly progressive, not alopecia totalis/universalis),
 No Yes
3. **AND** has tried a 2-month trial of all of the following unless clinically significant adverse effects, contraindication, or clinical reason to avoid treatment:
 - Topical corticosteroid,
 - AND topical calcineurin inhibitor,
 - AND topical minoxidil,
 - AND intralesional Kenalog,
 - AND topical JAK inhibitor No Yes
4. **AND** patient has tried a 3-month trial of at least one of the systemic immunosuppressants such as methotrexate or cyclosporine unless clinically significant adverse effects, contraindication, or clinical reason to avoid treatment
 No Yes

--OR--

1. Patient is ≥ 18 years,
 No Yes
2. **AND** diagnosis of alopecia areata (with $> 50\%$ scalp involvement, disfiguring facial involvement, rapidly progressive, alopecia totalis/universalis),
 No Yes
3. **AND** patient has tried a 3-month trial of at least one of the systemic immunosuppressants such as methotrexate or cyclosporine unless clinically significant adverse effects, contraindication, or clinical reason to avoid treatment
 No Yes

For Continuation of Therapy, please respond to additional questions below:

1. Member has documentation of positive clinical response,
 No Yes

2. **AND** specialist follow-up has occurred in the past 12 months since last review
 No Yes

6 – Prescriber Sign-Off

Additional Information –

1. **Please submit chart notes/medical records for the patient that are applicable to this request.**
2. **If member has not tried preferred agent(s) please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication:**

I certify that the information provided is accurate. Supporting documentation is available for State audits.

Prescriber Signature:

Date:

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