

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Baricitinib 1 mg, 2 mg tablets (Olumiant 1 mg, 2 mg)

#### Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

#### **Initiation (new start) criteria and criteria for new members entering Kaiser**

#### **Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **baricitinib 1 mg or 2 mg tablets (Olumiant)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
  - Patient is at least 18 years of age
  - Patient has tried and failed/intolerant to as least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide
  - Patient has tried and failed/intolerant to at least 1 of the following:
    - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
    - Adalimumab product (criteria based)
  - Patient has tried and failed/intolerant to tofacitinib (criteria based)
2. Prescriber is a dermatologist and patient has a diagnosis of alopecia areata
  - Patient has at least 50% hair loss
  - Patient is at least 18 years of age
  - Patient has tried and failed/intolerant to squaric acid dibutyl ester
  - Patient has tried and failed/intolerant to at least 3 of the following:
    - Intralesional steroids
    - Topical steroids
    - Methotrexate
    - Azathioprine
    - Cyclosporine
    - Sulfasalazine
    - Mycophenolate

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