STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BARICITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BARICITINIB	OLUMIANT	44296		GPI-10 (6660301000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of moderate to severe rheumatoid arthritis (RA) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with a rheumatologist
   - The patient had a trial of or contraindication to at least 3 months of treatment with ONE DMARD (disease-modifying antirheumatic drug), such as methotrexate dose greater than or equal to 20mg per week or maximally tolerated dose, leflunomide, hydroxychloroquine, or sulfasalazine
   - The patient had a trial of or contraindication to TWO of the following preferred agents: Enbrel (etanercept), Humira (adalimumab), Rinvoq (upadacitinib), Xeljanz (tofacitinib IR or XR), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)
     [**Note:** Pharmaceutical samples acquired from the prescriber or manufacturer assistance program do not qualify]

     If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, continue to #2.

2. Is the request for the treatment of coronavirus disease 2019 (COVID-19) in a hospitalized adult?

     If yes, **do not approve**. [NOTE: This indication is for hospital use only.]
     DENIAL TEXT: See initial denial text at the end of the guideline.
     If no, continue to #3.

3. Does the patient have a diagnosis of severe alopecia areata and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with a dermatologist
   - The patient has had at least 50% scalp hair loss as measured by the Severity of Alopecia Tool (SALT) for more than 6 months
   - The patient is NOT utilizing other systemic biologics for alopecia areata or other JAK inhibitors for any indication (e.g., Xeljanz [tofacitinib], Rinvoq [upadacitinib])

     If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, do not approve.
     DENIAL TEXT: See the initial denial text at the end of the guideline.

CONTINUED ON NEXT PAGE

BARICITINIB

INITIAL CRITERIA (CONTINUED)

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **BARICITINIB (Olumiant)** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:
   1. Moderate to severe rheumatoid arthritis (RA: a type of joint condition)
   2. Severe alopecia areata (a type of hair loss)

B. **If you have moderate to severe rheumatoid arthritis, approval also requires:**
   1. You are 18 years of age or older
   2. Therapy is prescribed by or in consultation with a rheumatologist (a type of immune system doctor)
   3. You had a trial of or contraindication (harmful for) to at least 3 months of treatment with ONE DMARD (disease-modifying antirheumatic drug), such as methotrexate dose greater than or equal to 20mg per week or maximally tolerated dose, leflunomide, hydroxychloroquine, or sulfasalazine
   4. You have tried or have a contraindication (harmful for) to TWO of the following preferred medications: Enbrel (etanercept), Humira (adalimumab), Rinvoq (upadacitinib), Xeljanz (tofacitinib immediate release or extended release), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)

C. **If you have severe alopecia areata, approval also requires:**
   1. You are 18 years of age or older
   2. Therapy is prescribed by or in consultation with a dermatologist (a type of skin doctor)
   3. You have had at least 50% scalp hair loss as measured by the Severity of Alopecia Tool (SALT: a type of disease evaluation tool) for more than 6 months
   4. You are NOT using other systemic biologics for alopecia areata or other JAK inhibitors for any indication (such as Xeljanz [tofacitinib], Rinvoq [upadacitinib])

D. NOTE: Olumiant will not be approved for the treatment of coronavirus disease 2019 (COVID-19) in hospitalized adults.

NOTE: The use of pharmaceutical samples (from the prescriber or manufacturer assistance program) will not be considered when evaluating the medical condition or prior prescription history for drugs that require prior authorization.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BARICITINIB

RENEWAL CRITERIA

1. Does the patient have a diagnosis of moderate to severe rheumatoid arthritis (RA) and meet **ALL** of the following criteria?
   - The patient has experienced or maintained a 20% or greater improvement in tender joint count or swollen joint count while on therapy
   - The patient had a trial of or contraindication to TWO of the following preferred agents: Enbrel (etanercept), Humira (adalimumab), Rinvoq (upadacitinib), Xeljanz (tofacitinib IR or XR), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)
     [**Note:** Pharmaceutical samples acquired from the prescriber or manufacturer assistance program do not qualify]

     If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, continue to #2.

2. Does the patient have a diagnosis of severe alopecia areata and meet **ALL** of the following criteria?
   - The patient has had improvement while on therapy (e.g., scalp hair coverage)
   - The patient is NOT utilizing other systemic biologics for alopecia areata or other JAK inhibitors for any indication (e.g., Xeljanz [tofacitinib], Rinvoq [upadacitinib])

     If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
     If no, do not approve.

     RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

     Our guideline named **BARICITINIB (Olumiant)** requires the following rule(s) be met for renewal:
     A. You have ONE of the following diagnoses:
        1. Moderate to severe rheumatoid arthritis (RA: a type of joint condition)
        2. Severe alopecia areata (a type of hair loss)
     B. **If you have moderate to severe rheumatoid arthritis, renewal also requires:**
        1. You have experienced or maintained a 20 percent or greater improvement in tender joint count or swollen joint count while on therapy
        2. You have tried or have a contraindication (harmful for) to TWO of the following preferred medications: Enbrel (etanercept), Humira (adalimumab), Rinvoq (upadacitinib), Xeljanz (tofacitinib immediate release or extended release), Amjevita (adalimumab-atto), Cyltezo (adalimumab-adbm)

     (Renewal denial text continued on next page)

CONTINUED ON NEXT PAGE

BARICITINIB

RENEWAL CRITERIA (CONTINUED)

C. **If you have severe alopecia areata, renewal also requires:**
   1. You have had improvement while on therapy (such as scalp hair coverage)
   2. You are NOT using other systemic biologics for alopecia areata or other JAK inhibitors for any indication (such as Xeljanz [tofacitinib], Rinvoq [upadacitinib])

NOTE: The use of pharmaceutical samples (from the prescriber or manufacturer assistance program) will not be considered when evaluating the medical condition or prior prescription history for drugs that require prior authorization.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Olumiant.

REFERENCES

- Olumiant [Prescribing Information]. Indianapolis, IN: Eli Lilly and Company; June 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 08/28/23
Created: 06/18
Client Approval: 07/23
P&T Approval: 04/23