

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

DRUG NAME	Olumiant (baricitinib)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include Humira, Enbrel QUANTITY LIMIT— 30 tabs for 30 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Olumiant (baricitinib) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

#### RHEUMATOID ARTHRITIS (RA)

For **initial** authorization:

1. Member is 18 year of age or older with moderate to severe active RA who have had an inadequate response to one or more tumor necrosis factor (TNF) antagonist therapies; AND
2. Must have a documented negative TB test (i.e., tuberculosis skin test (PPD), an interferon-release assay (IGRA), or a chest x-ray) within 6 months prior to starting therapy; AND
3. Medication must be prescribed by a rheumatologist; AND
4. Member must have tried and failed treatment with at least **two** non-biologic DMARDS (i.e., methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, cyclosporine and leflunomide) or must have documented contraindication to all non-biologic DMARDS. Treatment trial duration with each non-biologic DMARD agent must have been at least 12 weeks; AND
5. Member must have tried and failed treatment with **both** Enbrel and Humira for 12 weeks with each drug; AND
6. Medication is not being used in combination with other JAK inhibitors, biologic disease-modifying antirheumatic drugs (DMARDs), or with potent immunosuppressants such as azathioprine and cyclosporine.
7. **Dosage allowed:** 2 mg once daily.

*Note:* Olumiant should be used with caution in members who may be at increased risk of thrombosis.

***If member meets all the requirements listed above, the medication will be approved for 12 months.***

For **reauthorization**:

1. Must have been retested for TB with a negative result within the past 12 months; AND
2. Member must be in compliance with all other initial criteria; AND
3. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***



**CareSource considers Olumiant (baricitinib) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:**

- Alopecia
- ANCA associated vasculitis
- Asthma
- Cellulitis
- Dissecting scalp cellulitis
- Dry eye disease
- For use in combination with other TNF-inhibitors (i.e. Kineret, Enbrel, Remicade)
- Giant-cell arteritis
- Guttate psoriasis
- Infectious uveitis
- Inflammatory bowel diseases (Crohn's disease and ulcerative colitis)
- Lupus perino
- Osteoarthritis
- Prevention of organ transplant rejection
- Plaque psoriasis
- Recurrent pregnancy loss
- Relapsing polychondritis
- Sarcoidosis
- Sciatica
- Spondyloarthritis (other than ankylosing spondylitis)
- Takayasu's arteritis
- Vogt-Koyanagi-Harada (VKH) disease

DATE	ACTION/DESCRIPTION
08/31/2018	New policy for Olumiant created.

References:

1. Olumiant [package insert]. Indianapolis, IN: Lilly USA, LLC; May 2018.
2. American College of Rheumatology. Guidelines for the management of rheumatoid arthritis: American College of Rheumatology Ad Hoc Committee on Clinical Guidelines. Arthritis Rheuma. 1996;39(5):713-723.
3. Singh JA, Furst DE, Beharat A, et al. 2012 Update the 2008 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2012;64(5):625-639.

Effective date: 01/01/2019

Revised date: 08/31/2018