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 pernio
- Osteoarthritis
- Prevention of organ transplant rejection
- Plaque psoriasis
- Recurrent pregnancy loss
- Relapsing polychondritis
- Sarcoidosis
- Sciatica
- Spondyloarthritits (other than ankylosing spondylitis)
- Takayasu’s arteritis
- Vogt-Koyanagi-Harada (VKH) disease

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<tr>
<td>08/31/2018</td>
<td>New policy for Olumiant created.</td>
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References:
1. Olumiant [package insert]. Indianapolis, IN: Lilly USA, LLC; May 2018.

Effective date: 09/14/2018
Revised date: 08/31/2018