

Pharmacy Medical Necessity Guidelines: Olumiant® (baricitinib)

Effective: October 22, 2018

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	Rx	Department to Review	RxUM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan		<p>Fax Numbers:</p> <p>RXUM: 617.673.0988</p>	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Olumiant (baricitinib) is a janus kinase inhibitor indicated for the treatment of:

Rheumatoid arthritis

- Adults with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF therapies

Use of Olumiant (baricitinib) in combination with other janus kinase inhibitors, biologic DMARDs, or with potent immunosuppressants such as azathioprine and cyclosporine is not recommended.

COVERAGE GUIDELINES

The plan may authorize coverage of Olumiant (baricitinib) for Members when all of the following criteria are met and limitations do not apply:

- Documented diagnosis of rheumatoid arthritis
- AND**
- The prescribing physician is a rheumatologist
- AND**
- The Member is 18 years of age or older
- AND**
- Documentation of one of the following:
 - The Member tried and failed treatment with or the provider indicates clinical inappropriateness with or contraindication to treatment with Humira and Enbrel
 - The Member is new to the plan and has been stable on Olumiant prior to enrollment

LIMITATIONS

Samples, free goods, or similar offerings of the requested medication do not qualify for an established clinical response and will not be considered for prior authorization.

CODES

None

REFERENCES

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19. Tanaka Y, Emoto K, Cai Z et al. Efficacy and safety of baricitinib in Japanese patients with active rheumatoid arthritis receiving background methotrexate therapy: a 12-week, double-blind, randomized placebo-controlled study. *J Rheumatol*. 2016; 43(3):504-11.

APPROVAL HISTORY

October 16, 2018: Reviewed by Pharmacy & Therapeutics Committee.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.