blue of california

baricitinib (OLUMIANT)

Diagnosis Considered for Coverage:

- Rheumatoid Arthritis (RA)
- Alopecia Areata (AA)

Coverage Criteria:

For rheumatoid arthritis:

- Being prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to methotrexate, **and**
- Not being used in combination with another targeted immunomodulator[i.e. anti-TNFs, IL-6 inhibitors, JAK inhibitors (Xeljanz, Rinvoq, Litfulo)], **and**
- Inadequate response, intolerable side effect with TWO BSC-preferred agents including Enbrel, Humira, Rinvoq ER, and Xeljanz/Xeljanz XR OR contraindication to all BSC preferred agents, **and**
- Dose does not exceed 2 mg per day.

For diagnosis of alopecia areata (AA):

INITIAL AUTHORIZATION

- Being prescribed by or in consultation with a dermatologist, **and**
- Patient is at least 18 years of age, **and**
- Diagnosis of severe alopecia areata with at least one of the following:
  - Hair loss encompasses at least 50% of the scalp, or
  - Severity of Alopecia Tool (SALT) score of at least 50, or
  - Alopecia Areata Investigator Global Assessment (AA-IGA) score of at least 3, **and**
- Not used in combination with other JAK inhibitors (e.g., Xeljanz, Rinvoq) or immunosuppressants (e.g., methotrexate, azathioprine), **and**
- Dose does not exceed 4 mg per day.

Coverage Duration: 9 months

REAUTHORIZATION

- Provider attestation that patient has achieved hair regrowth while on Olumiant, **and**
- Not used in combination with other JAK inhibitors (e.g., Xeljanz, Rinvoq) or immunosuppressants (e.g., methotrexate, azathioprine).

Coverage Duration: one year

Coverage Duration: See coverage criteria

Effective Date: 1/3/2024