BlueCross BlueShield Federal Employee Program

OLUMIANT
(baricitinib)

Pre - PA Allowance

None

Prior-Approval Requirements

The use of Olumiant for the treatment of COVID-19 should be billed under the medical benefit.

Age 18 years of age or older

Diagnosis

Patient must have the following:

Moderately to severely active rheumatoid arthritis (RA)

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drug (DMARD) (see Appendix 1)
2. Inadequate treatment response, intolerance, or contraindication to at least **ONE** TNF blocker (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi/Simponi Aria)
3. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Olumiant therapy is appropriate
4. Result for latent TB infection is negative OR result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
5. Patient **MUST** have tried the preferred product(s) (see Appendix 2) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Severe hepatic impairment
3. A lymphocyte count less than 500 cells/mm3
4. An absolute neutrophil count less than 1000 cells/mm3
5. A hemoglobin less than 8 g/dL

6. History of thrombotic events including deep vein thrombosis (DVT) or pulmonary embolism (PE)
7. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
8. Used in combination with potent immunosuppressants azathioprine or cyclosporine
9. Given concurrently with live vaccines

Prior - Approval Limits

Quantity

Strength	Quantity
1 mg tablet	90 tablets per 90 days
2 mg tablet	
4 mg tablet	Reserved for the treatment of COVID-19 under the medical benefit **OR** For the treatment of alopecia areata which is excluded from coverage

Duration 12 months

Prior – Approval *Renewal* Requirements

The use of Olumiant for the treatment of COVID-19 should be billed under the medical benefit.

Age 18 years of age or older

Diagnosis

Patient must have the following:

Rheumatoid arthritis (RA)

AND ALL of the following:

1. Condition has improved or stabilized
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Olumiant therapy is appropriate

3. Patient **MUST** have tried the preferred product(s) (see Appendix 2) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND NONE of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
3. Used in combination with potent immunosuppressants azathioprine or cyclosporine
4. Development of thrombotic events (including DVTs or PEs)
5. Given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Quantity

Strength	Quantity
1 mg tablet	90 tablets per 90 days
2 mg tablet	
4 mg tablet	Reserved for the treatment of COVID-19 under the medical benefit **OR** For the treatment of alopecia areata which is excluded from coverage

Duration 18 months

Appendix 1 - List of DMARDS

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia

adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Renflexis/Inflectra
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 2 - List of Preferred Products

Diagnosis	Standard Option/Basic Option Preferred Products	Blue Focus Preferred Products
Rheumatoid Arthritis (RA)	*must try **TWO** preferred products: Actemra SC Enbrel Humira** Rinvoq Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira**

**Including all preferred biosimilars (see reference product criteria)