

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Baricitinib 4 mg tablets (Olumiant 4 mg)

Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser

Permanente already taking the medication who have not been reviewed previously:

Non-formulary **baricitinib 4 mg tablets (Olumiant)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist and patient has a diagnosis of alopecia areata
- Patient has at least 50% hair loss
- Patient is at least 18 years of age
- Patient has tried and failed/intolerant to squaric acid dibutyl ester
- Patient has tried and failed/intolerant to at least 3 of the following:
 - Intralesional steroids
 - Topical steroids
 - Methotrexate
 - Azathioprine
 - Cyclosporine
 - Sulfasalazine
 - Mycophenolate
- Patient has completed at least 3 months of treatment with baricitinib 2 mg once daily (criteria based) with an inadequate response as documented by the prescriber
- Patient has completed at least 3 months of treatment with ritlecitinib (criteria based)

Continued use criteria for patients previously approved per the above criteria who

are currently stable on the medication: Non-formulary **baricitinib 4 mg tablets (Olumiant)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Patient has responded to baricitinib as determined by prescriber