# DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

**POLICY:** Inflammatory Conditions – Olumiant Drug Quantity Management Policy – Per Days
- Olumiant® (baricitinib tablets – Lilly)

**REVIEW DATE:** 11/08/2023

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***INSTRUCTIONS FOR USE***

*THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.*

## CIGNA NATIONAL FORMULARY COVERAGE:

### OVERVIEW

Olumiant, an inhibitor of the Janus kinases (JAK) pathways, is indicated for the following uses:[1]
- **Alopecia areata,** in adults with severe disease.
- **Coronavirus Disease 2019 (COVID-19)**, for adults hospitalized requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).
- **Rheumatoid arthritis**, in adults with moderate to severe active disease who have had an inadequate response to one or more tumor necrosis factor inhibitors. Olumiant is not recommended for use in combination with other JAK inhibitors, or in combination with biologics or potent immunosuppressants such as azathioprine or cyclosporine.

### Dosing

Dosage recommendations for Olumiant are:[1]
- **Rheumatoid arthritis:** 2 mg once daily (QD).
  - Olumiant may be used as monotherapy or in combination with methotrexate or other non-biologic DMARDs.

- **COVID-19:** 4 mg QD for 14 days or until hospital discharge, whichever occurs first.
- **Alopecia areata:** 2 mg QD. Increase to 4 mg QD if the response to treatment is not adequate.
  - For patients with nearly complete or complete scalp hair loss, with or without substantial eyelash or eyebrow hair loss, consider treating with 4 mg QD.
  - Once patients achieve an adequate response to treatment with 4 mg, decrease the dosage to 2 mg QD.

## Availability

Olumiant is available as 1 mg, 2 mg, and 4 mg tablets in bottles of 30 tablets.[1]

## POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Olumiant, and to manage potential premature dose escalation. Quantity limits are outlined in the table below. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

**Drug Quantity Limits**

| Product | Strength and Form | Retail Maximum Quantity Limit | Home Delivery Maximum Quantity Limit |
|---|---|---|---|
| Olumiant® (baricitinib tablets) | 1 mg tablets | 30 tablets per 30 days | 90 tablets per 90 days |
| | 2 mg tablets | 30 tablets per 30 days | 90 tablets per 90 days |
| | 4 mg tablets | 30 tablets per 30 days | 90 tablets per 90 days |

**Inflammatory Conditions – Olumiant Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

## CRITERIA

Olumiant 1 mg, 2 mg, and 4 mg tablets
No overrides recommended.

## REFERENCES

1. Olumiant® tablets [prescribing information]. Indianapolis, IN: Lilly; June 2022.

## HISTORY

| Type of Revision | Summary of Changes | Review Date |
|---|---|---|
| Early Annual Revision | No criteria changes. | 12/19/2022 |
| Early Annual Revision | **Olumiant 4 mg tablets:** Quantity limits were changed to 30 tablets per 30 days at retail and 90 tablets per 90 days at home delivery; previously, the limits were 14 tablets per 180 days at both retail and home delivery. Clinical override criteria approving an additional quantity for patients who are treating alopecia areata were removed. | 11/08/2023 |