



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Olumiant™ (baricitinib)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have a diagnosis of rheumatoid arthritis
- Must be prescribed by an appropriate specialist
 - If not prescribed by an appropriate specialist, a copy of the specialty consult is required. For annual renewals, an updated copy of the consult needs to be submitted.

Limitations:

- Maximum quantity approved is 30 tablets per 30 days