

DRAFTING A COVERAGE AUTHORIZATION REQUEST LETTER

The following information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call Olumiant Together™ at 1-844-OLUMIANT (1-844-658-6426).

INDICATION FOR ALOPECIA AREATA

Olumiant is a Janus kinase (JAK) inhibitor indicated for the treatment of adult patients with severe alopecia areata.

Limitations of Use: Not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, cyclosporine or other potent immunosuppressants.

INDICATION FOR RHEUMATOID ARTHRITIS

Olumiant is a Janus kinase (JAK) inhibitor indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more tumor necrosis factor (TNF) blockers.

Limitations of Use: Not recommended for use in combination with other JAK inhibitors, biologic disease-modifying antirheumatic drugs (DMARDs), or with potent immunosuppressants, such as azathioprine and cyclosporine.

SELECT IMPORTANT SAFETY INFORMATION: WARNING RELATED TO SERIOUS INFECTIONS, MORTALITY, MALIGNANCY, MAJOR ADVERSE CARDIOVASCULAR EVENTS, AND THROMBOSIS

SERIOUS INFECTIONS: Olumiant-treated patients are at increased risk of serious bacterial, fungal, viral and opportunistic infections leading to hospitalization or death, including tuberculosis (TB). Interrupt treatment with Olumiant if a serious infection occurs until the infection is controlled. Olumiant should not be given to patients with active tuberculosis. Test for latent TB before and during therapy, except for COVID-19; treat latent TB prior to use. Monitor all patients for active TB during treatment, even patients with initial negative, latent TB test.

MORTALITY: Higher rate of all-cause mortality, including sudden cardiovascular death was observed with another Janus kinase (JAK) inhibitor vs. tumor necrosis factor (TNF) blockers in rheumatoid arthritis (RA) patients.

MALIGNANCIES: Malignancies have also occurred in patients treated with Olumiant. Higher rate of lymphomas and lung cancers was observed with another JAK inhibitor vs. TNF blockers in RA patients.

MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE): Higher rate of MACE (defined as cardiovascular death, myocardial infarction, and stroke) was observed with another JAK inhibitor vs. TNF blockers in RA patients.

THROMBOSIS: Thrombosis has occurred in patients treated with Olumiant. Increased incidence of pulmonary embolism, venous and arterial thrombosis was observed with another JAK inhibitor vs. TNF blockers.

COVERAGE AUTHORIZATION REQUESTS: GUIDANCE, RECOMMENDATIONS, AND CONSIDERATIONS

Most health plans require a coverage authorization request and supporting documentation to process and cover a claim for specialty treatments. A request allows the payer to review the reason for the requested treatment and determine its medical appropriateness.

This resource, **Drafting a Coverage Authorization Request Letter**, provides information to HCPs when drafting such a letter. A list of sample payer requirements and a checklist are included below and outline what to include in the letter. A sample letter is attached to this document and includes information that many health plans require to process the coverage authorization request.

Plans often have specific Coverage Authorization Request Forms that must be used for requests. These forms may be downloaded from each plan's website. Follow the plan's requirements when requesting **Olumiant[®] (baricitinib) tablets**; otherwise, treatment may be delayed.^{1*}

COVERAGE AUTHORIZATION REQUESTS: GUIDANCE AND RECOMMENDATIONS

1. Your Lilly Field Reimbursement Manager (FRM) may be able to provide you with coverage authorization requirements for specific plans and pharmacy benefit managers. Benefit verifications performed by Olumiant Together and/or specialty pharmacies can assist with identifying coverage criteria, including any step therapies and plan-specific form requirements
2. All Olumiant Coverage Authorization Request Forms should be completed and submitted to the plan by the HCP's office
3. Fax the completed Coverage Authorization Request Form to the health plan
4. Fax the Olumiant Together Enrollment Form to Olumiant Together at 1-844-658-4286
5. If the HCP expects that a plan-specified step therapy may not be the medically appropriate choice, an appeal may be submitted to the plan to bypass this requirement. For more information, refer to **Composing a Letter of Medical Necessity**
6. Plans may allow up to 3 levels of appeal for coverage authorization denials. The third appeal may include a review by an external review board or hearing. Refer to **Preparing an Appeal Letter**

COVERAGE AUTHORIZATION CONSIDERATIONS

- Verify and record that all of the coverage authorization requirements for the plan have been met
- If applicable, provide evidence that all step therapy prerequisites have been met. For step therapy exception requests, when medically appropriate, include wording explaining why a particular therapy as required by the plan is not medically appropriate for the patient
- Review the attached sample letter as an example
- If required, use the health plan's Coverage Authorization Request Form that can be found on the plan's website. Your Lilly FRM may also be able to assist you in locating the plan-specific form

*Please note that the Centers for Medicare & Medicaid Services has developed "REQUEST FOR MEDICARE PRESCRIPTION DRUG COVERAGE DETERMINATION" model forms that are posted on its website. For more information, visit <https://www.cms.gov/medicare/appeals-and-grievances/medprescriptdrugapplgriev/coveragedeterminationsandexceptions.html>.

HCP, healthcare provider

Please see Important Safety Information, including Boxed Warning about Serious Infections, Mortality, Malignancy, Major Adverse Cardiovascular Events, and Thrombosis, on pages 5-6. Please click to access Prescribing Information and Medication Guide.

SAMPLE COVERAGE AUTHORIZATION REQUEST LETTER

Most health plans require a coverage authorization request and supporting documentation to cover a claim for **Olumiant® (baricitinib) tablets**. This resource, **Drafting a Coverage Authorization Request Letter**, provides guidance to HCPs when drafting the necessary letter.



HCPs can follow this format for patients who are **NOT** currently receiving treatment with Olumiant.

<Date>

<Prior authorization department>

<Name of health plan>

<Mailing address>

Re: <Patient's name>

<Plan identification number>

<Date of birth>

Sample wording from page 3 of this document can be placed after this sentence if this appeal has been previously denied by the plan.

To whom it may concern:

This letter serves as a coverage authorization request for Olumiant® (baricitinib) for **<patient's name, plan identification number, and group number>** for the treatment of **<moderately to severely active RA or severe alopecia areata>**.

Patient's diagnosis*:

Patient has been diagnosed with **<moderately to severely active RA or severe alopecia areata>**.

Please provide the following:

Primary ICD-10 diagnosis code _____ Other ICD-10 diagnosis code (if applicable) _____

Please affirm with a check mark.

A **<rheumatologist or dermatologist>** has either been consulted or is the prescribing physician for Olumiant

Patient treatment history and comorbidities:

Treatment history of inadequate response. Include rationale for why payer-preferred agent has not been tried, i.e., contraindications or comorbidities (if applicable).

Please detail all that apply and add additional lines as necessary.

Treatment	Dose	Start/stop dates	Reason(s) for discontinuation

Patient considerations:

Please affirm with a check mark.

Patient has been tested for TB and had a negative PPD test, IGRA, or chest x-ray
Date of the TB test ___/___/___

Additional patient comorbidities or considerations:

<Please provide reason(s) that your patient would benefit from using this agent.>

<Please provide the clinical rationale for why your patient would benefit from using this agent prior to the payer-preferred agent.>

Supporting references for the recommendation:

<Provide clinical rationale for treatment; this information may be found in the Olumiant Prescribing Information and/or clinical peer-reviewed literature.>

Physician contact information:

The ordering physician is **<physician name, NPI #>**. The coverage authorization decision may be faxed to **<fax #>** or mailed to **<physician office mailing address>**. Please send a copy of the coverage determination decision to **<patient's name, street address, state, ZIP>**.

Sincerely,

<Physician's name and signature>

<Physician's medical specialty>

<Physician's NPI>

<Physician's practice name>

<Phone #>

<Fax #>

<Patient's name and signature if required by payer>


Encl: Medical records, supporting documentation, photo(s), clinical trial information

*Include patient's medical records and supporting documentation, including clinical evaluation and scoring forms.

DMARD, disease-modifying antirheumatic drug; ICD, International Classification of Diseases; IGRA, interferon gamma release assay; IV, intravenous; JAK, Janus kinase; NPI, national provider identifier; PPD, purified protein derivative; RA, rheumatoid arthritis; TB, tuberculosis; TNF, tumor necrosis factor

Please see Important Safety Information, including Boxed Warning about Serious Infections, Mortality, Malignancy, Major Adverse Cardiovascular Events, and Thrombosis, on pages 5-6. Please click to access Prescribing Information and Medication Guide.

INFORMATION FOR PATIENTS WHO HAVE BEEN TREATED WITH OLUMIANT

 HCPs can use the following language for patients who **HAVE** been treated with Olumiant and have experienced a clinical benefit:

Sample wording from the following sections can be placed after this sentence if this appeal has been previously denied by the plan.

To whom it may concern:

This letter serves as a coverage authorization request for Olumiant[®] (baricitinib) for **<patient's name, plan identification number, and group number>** for the treatment of **<moderately to severely active RA or severe alopecia areata>** **<ICD code>**.

Therefore, I am requesting that the plan remove any relevant National Drug Code blocks so Olumiant can be made available to my patient as a preferred medication.

<In this section, highlight the clinical benefit the patient has received since initiating treatment with Olumiant. Note how long the patient has been receiving treatment with Olumiant. It may be necessary to review past medical records.>

STEP THERAPY INFORMATION

If this Coverage Authorization Request Letter is intended to appeal a plan's step therapy through plan-preferred (formulary) requirement, sample copy should include the following:

This plan currently lists **<insert required step therapies>** to be attempted prior to treatment with Olumiant. These step therapies are not viable for this patient. We are requesting that the step therapy requirement be bypassed.

<Please provide statement(s) indicating why these step therapy requirements are inappropriate for this patient. For RA patients, include examples of previous trials and failures with other therapies, including TNF inhibitors due to an inadequate response or intolerance to the drug.*>

A Letter of Medical Necessity and my patient's medical records are enclosed, which offer additional support for the plan-preferred (formulary) requirement exception request for Olumiant.

For step therapy through plan-preferred (formulary) requirement exception request include the following:

- A Letter of Medical Necessity
- Medical records, supporting documentation, photo(s), clinical trial information

TIERING EXCEPTION INFORMATION

If this Coverage Authorization Request Letter is intended to request a tiering exception, sample copy should include the following:

The reason I am requesting a tiering exception is because the cost associated with Olumiant's assigned tier would present a financial burden to **<patient's name>**. Furthermore, it would prevent my patient from utilizing a medication that will help treat their **<moderately to severely active RA or severe alopecia areata>**.

<Explain why lower-tiered formulary drugs would not be as medically appropriate as Olumiant. If the patient is currently being treated with Olumiant, explain the benefits that the patient has experienced since starting Olumiant and the expected outcomes if Olumiant were to be discontinued, for example.>

For tiering exception request, include the following:

- A Letter of Medical Necessity
- Medical records, statement of financial hardship from **<patient's name>**, previous denial letter (if this is an appeal), medical notes in response to the denial (if this is an appeal)

*An external review board or hearing may apply in some situations.

IMPORTANT SAFETY INFORMATION FOR OLUMIANT (baricitinib) tablets

WARNING: SERIOUS INFECTIONS, MORTALITY, MALIGNANCY, MAJOR ADVERSE CARDIOVASCULAR EVENTS, AND THROMBOSIS

SERIOUS INFECTIONS

Patients treated with Olumiant are at risk for developing serious infections that may lead to hospitalization or death. Most patients with rheumatoid arthritis (RA) who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. If a serious infection develops, interrupt Olumiant until the infection is controlled. Reported infections include:

- **Active tuberculosis (TB), which may present with pulmonary or extrapulmonary disease. Olumiant should not be given to patients with active tuberculosis. Test patients, except those with COVID-19, for latent TB before initiating Olumiant and during therapy. If positive, start treatment for latent infection prior to Olumiant use.**
- **Invasive fungal infections, including candidiasis and pneumocystosis. Patients with invasive fungal infections may present with disseminated, rather than localized, disease.**
- **Bacterial, viral, and other infections due to opportunistic pathogens.**

Carefully consider the risks and benefits of Olumiant prior to initiating therapy in patients with chronic or recurrent infection.

Closely monitor patients for the development of signs and symptoms of infection during and after treatment with Olumiant including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

The most common serious infections reported with Olumiant included pneumonia, herpes zoster, and urinary tract infection. Among opportunistic infections, tuberculosis, multidermatomal herpes zoster, esophageal candidiasis, pneumocystosis, acute histoplasmosis, cryptococcosis, cytomegalovirus, and BK virus were reported with Olumiant. Some patients have presented with disseminated rather than localized disease, and were often taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Avoid use of Olumiant in patients with an active, serious infection, including localized infections. Consider the risks and benefits of treatment prior to initiating Olumiant in patients: with chronic or recurrent infection; who have been exposed to TB; with a history of a serious or an opportunistic infection; who have resided or traveled in areas of endemic tuberculosis or endemic mycoses; or with underlying conditions that may predispose them to infection.

Consider anti-TB therapy prior to initiation of Olumiant in patients with a history of latent or active TB in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent TB but who have risk factors for TB infection.

Viral reactivation, including cases of herpes virus reactivation (e.g., herpes zoster), were reported in clinical studies with Olumiant. If a patient develops herpes zoster, interrupt Olumiant treatment until the episode resolves. The impact of Olumiant on chronic viral hepatitis reactivation is unknown. Screen for viral hepatitis in accordance with clinical guidelines before initiating Olumiant.

MORTALITY

In a large, randomized, postmarketing safety study in RA patients 50 years of age and older with at least one cardiovascular risk factor comparing another Janus kinase (JAK) inhibitor to tumor necrosis factor (TNF) blockers, a higher rate of all-cause mortality, including sudden cardiovascular death, was observed with the JAK inhibitor.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Olumiant.

MALIGNANCIES

Lymphoma and other malignancies have been observed in patients treated with Olumiant. In RA patients treated with another JAK inhibitor, a higher rate of malignancies (excluding non-melanoma skin cancer [NMSC]) was observed when compared with TNF blockers. Patients who are current or past smokers are at additional increased risk. A higher rate of lymphomas was observed in patients treated with the JAK inhibitor compared to those treated with TNF blockers. A higher rate of lung cancers and an additional increased risk of overall malignancies were observed in current or past smokers treated with the JAK inhibitor compared to those treated with TNF blockers.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Olumiant, particularly in patients with a known malignancy (other than successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers.

NMSCs have been reported in patients treated with Olumiant. Periodic skin examination is recommended for patients who are at increased risk for skin cancer.

MAJOR ADVERSE CARDIOVASCULAR EVENTS

In RA patients 50 years of age and older with at least one cardiovascular risk factor treated with another JAK inhibitor, a higher rate of major adverse cardiovascular events (MACE) (defined as cardiovascular death, myocardial infarction [MI], and stroke) was observed when compared with TNF blockers. Patients who are current or past smokers are at additional increased risk. Discontinue Olumiant in patients that have experienced a myocardial infarction or stroke.

Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Olumiant, particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Inform patients about the symptoms of serious cardiovascular events and the steps to take if they occur.

THROMBOSIS

Thrombosis, including deep venous thrombosis (DVT) and pulmonary embolism (PE), has been observed at an increased incidence in patients treated with Olumiant compared to placebo. In addition, there were cases of arterial thrombosis. Many of these adverse events were serious and

IMPORTANT SAFETY INFORMATION FOR OLUMIANT (baricitinib) tablets (CONT'D)

THROMBOSIS (cont'd)

some resulted in death. In RA patients 50 years of age and older with at least one cardiovascular risk factor treated with another JAK inhibitor, a higher rate of thrombosis was observed when compared with TNF blockers. Avoid Olumiant in patients at risk. Discontinue Olumiant and promptly evaluate patients with symptoms of thrombosis.

HYPERSENSITIVITY

Reactions such as angioedema, urticaria, and rash that may reflect drug hypersensitivity have been observed in patients receiving Olumiant, including serious reactions. If a serious hypersensitivity reaction occurs, promptly discontinue Olumiant while evaluating the potential causes of the reaction.

GASTROINTESTINAL PERFORATIONS

Gastrointestinal perforations have been reported in Olumiant clinical studies. Monitor Olumiant-treated patients who may be at increased risk for gastrointestinal perforation (e.g., patients with a history of diverticulitis). Promptly evaluate patients who present with new onset abdominal symptoms for early identification of gastrointestinal perforation.

LABORATORY ABNORMALITIES

Neutropenia – Olumiant treatment was associated with an increased incidence of neutropenia (absolute neutrophil count [ANC] <1000 cells/mm³) compared to placebo. Evaluate at baseline and thereafter according to routine patient management. In patients with RA or alopecia areata (AA), avoid initiation or interrupt Olumiant treatment in patients with an ANC <1000 cells/mm³.

Lymphopenia – Absolute lymphocyte count (ALC) <500 cells/mm³ were reported in Olumiant clinical trials. Lymphocyte counts less than the lower limit of normal were associated with infection in patients treated with Olumiant, but not placebo. Evaluate at baseline and thereafter according to routine patient management. In patients with RA or AA, avoid initiation or interrupt Olumiant treatment in patients with an ALC <500 cells/mm³.

Anemia – Decreases in hemoglobin levels to <8 g/dL were reported in Olumiant clinical trials. Evaluate at baseline and thereafter according to routine patient management. In patients with RA or AA, avoid initiation or interrupt Olumiant treatment in patients with hemoglobin <8 g/dL.

Liver Enzyme Elevations – Olumiant treatment was associated with increased incidence of liver enzyme elevation compared to placebo. Increases of alanine transaminase (ALT) ≥5x upper limit of normal (ULN) and increases of aspartate transaminase (AST) ≥10x ULN were observed in patients in Olumiant clinical trials.

Evaluate at baseline and thereafter according to routine patient management. Promptly investigate the cause of liver enzyme elevation to identify potential cases of drug-induced liver injury. If increases in ALT or AST are observed and drug-induced liver injury is suspected, interrupt Olumiant until this diagnosis is excluded.

Lipid Elevations – Treatment with Olumiant was associated with increases in lipid parameters, including total cholesterol, low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol. Assess lipid parameters approximately 12 weeks following Olumiant initiation in patients with RA or AA. Manage patients according to clinical guidelines for the management of hyperlipidemia.

VACCINATIONS

Avoid use of live vaccines with Olumiant. Update immunizations in patients with RA or AA prior to initiating Olumiant therapy in agreement with current immunization guidelines.

ADVERSE REACTIONS

In RA trials, the most common adverse reactions (≥1%) reported with Olumiant were: upper respiratory tract infections, nausea, herpes simplex, and herpes zoster.

In AA trials, the most common adverse reactions (≥1%) reported with Olumiant were: upper respiratory tract infections, headache, acne, hyperlipidemia, creatine phosphokinase increase, urinary tract infection, liver enzyme elevations, folliculitis, fatigue, lower respiratory tract infections, nausea, genital Candida infections, anemia, neutropenia, abdominal pain, herpes zoster, and weight increase.

PREGNANCY AND LACTATION

Based on animal studies, Olumiant may cause fetal harm when administered during pregnancy. Advise pregnant women and women of reproductive potential of the potential risk to a fetus. Consider pregnancy planning and prevention for women of reproductive potential. Advise women not to breastfeed during treatment with Olumiant and for 4 days after the last dose.

HEPATIC AND RENAL IMPAIRMENT

Olumiant is not recommended in patients with RA or AA and severe hepatic impairment or severe renal impairment (estimated glomerular filtration rate [eGFR] <30 mL/min/1.73m²).

Please click to access full Prescribing Information, including Boxed Warning about Serious Infections, Mortality, Malignancy, Major Adverse Cardiovascular Events, and Thrombosis, and Medication Guide.

BA HCP ISI RA-AA 13JUN2022

Source: 1. Centers for Medicare & Medicaid Services. Medicare Appeals. In: Medicare Prescription Drug Appeals & Grievances. Baltimore, MD: Centers for Medicare & Medicaid Services; 2022. <https://www.medicare.gov/Pubs/pdf/11525-Medicare-Appeals.pdf>. Accessed May, 2022.

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