Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2019

Prior Authorization: Orencia

Products Affected: Orencia (abatacept) subcutaneous solution

Medication Description: Orencia (abatacept) is a biological response modifier that displays anti-inflammatory affects by downregulating T cell activation. Abatacept is indicated for reducing signs and symptoms, inducing major clinical response, slowing progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis. It may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists. There was an increased frequency of infections and serious infections in patients on abatacept plus a TNF antagonists compared with TNF antagonists alone and no increased clinical benefit. Therefore, abatacept should not be used with a TNF antagonists. The safety and efficacy of abatacept concomitantly with other biologic rheumatoid arthritis agents (eg, anakinra) have not been evaluated, and therefore, such use is not recommended. Clinical trials demonstrated the efficacy of abatacept as in adjunct in patients with active rheumatoid arthritis who failed methotrexate or tumor necrosis factor inhibitors. No comparative studies are available comparing abatacept to other disease modifying agents for rheumatoid arthritis. Abatacept may be a treatment option for individuals who do not respond to existing agents, may not be candidates for the other agents, or unable to tolerate other agents.

Covered Uses:

1. Adult Rheumatoid Arthritis (RA)
2. Juvenile Idiopathic Arthritis
3. Adult active Psoriatic Arthritis (PsA)

Exclusion Criteria:

1. Concomitant use with TNF antagonists
2. Concomitant use with other biologic rheumatoid arthritis (RA) therapy, such as anakinra.

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed
3. Current medication regimen

Age Restrictions:

Rheumatoid Arthritis: 18 years of age or older
Juvenile Idiopathic Arthritis: 2 years of age or older
Psoriatic Arthritis: 18 years of age or older

Prescriber Restrictions:

Rheumatoid Arthritis/Juvenile Idiopathic Arthritis: Must be prescribed by, or in consultation with, a rheumatologist.
Psoriatic Arthritis: Must be prescribed by, or in consultation with, a rheumatologist or dermatologist.

Coverage Duration:

Initial: 3 months.
Continuation: 3 years

Other Criteria:

Dosing Limitations:

Subcutaneous Adult Dosage Regimen (Rheumatoid Arthritis)

1. ***The recommended dose is 125mg once weekly***

Subcutaneous Adult Dosage Regimen (Psoriatic Arthritis)

1. ***The recommended dose is 125mg once weekly***

Subcutaneous Pediatric Dosage Regimen (Juvenile Idiopathic Arthritis)

1. ***The recommended dose in patients weighing 10kg to less than 25kg is 50mg once weekly***
2. ***The recommended dose in patients weighing 25kg to less than 50kg is 87.5mg once weekly***
3. ***The recommended dose in patients weighing 50kg or more is 125mg once weekly***

Initiation

Rheumatoid Arthritis, Psoriatic Arthritis, Polyarticular juvenile idiopathic arthritis

A. The patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy; **AND**
B. Patient has documented failure or intolerance to an adequate trial (at least 3 months) of ONE DMARD (e.g., methotrexate [oral or injectable], leflunomide, and sulfasalazine); **AND**
C. Patient has a documented failure of, or intolerance to, **TWO** of the following medications [documentation required], as follows:

Rheumatoid Arthritis (TWO of the following)	Juvenile Idiopathic Arthritis (TWO of the following)	Psoriatic Arthritis (TWO of the following)
Actemra SC	Enbrel	Cosentyx
Enbrel	Humira	Enbrel
Humira	Actemra SC	Humira
Xeljanz/XR		Stelara SC
Rinvoq		Xeljanz/XR
		Otezla

Continuation

A. Patient meets all initial authorization criteria; AND
B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Orencia as evidenced by low disease activity or improvement in signs and symptoms of the condition.

*ConnectiCare does not consider alcohol use to be a clinical reason to use Orencia over methotrexate.

References:

1. ORENCIA(R) intravenous injection, subcutaneous injection, abatacept intravenous injection, subcutaneous injection. Bristol-Myers Squibb Company (per FDA), Princeton, NJ, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/01/2019
2	Policy Update	Update	Coverage Duration: Continuation Update to 3 years	07/01/2019
3	Policy Update	Added Rinvoq as a preferred product for RA	Other Criteria	10/18/2019
4	Policy Update	Added Dosing Limitations according to FDA label	Other Criteria	5/5/2020
5	Policy Update	Added Otezla as a preferred option for PsA diagnosis	Other Criteria	8/1/2020