

The following policy is for medication that falls under the Medicare Part D benefit only.

**Prior Authorization Group:** ORENCIA

**Drug(s):** ORENCIA (abatacept)

**Covered Uses:** ORENCIA is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs, such as methotrexate or TNF antagonists. Orencia is indicated for moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in pediatric patients 6 years of age and older. ORENCIA may be used as monotherapy or concomitantly with DMARDs another than TNF antagonists. All criteria in "other criteria" section must be met for coverage for all drugs

**Required Medical Information:** Tuberculosis (TB) test result. Chart notes including physical exam findings, number of swollen or tender joints, duration of morning stiffness, other symptoms, requested dose and frequency and expected duration of therapy.

**Age Restrictions:** Restricted to 6 years and older for JIA and 18 years of age and older for other covered diseases

**Prescriber Restrictions:** Restricted to rheumatologists, immunologists.

**Other Criteria:** Members must be screened for immunologic and infectious diseases including hepatitis and tuberculosis.

For the treatment of moderate to severe active adult **rheumatoid arthritis** as defined by persistent or recurrent symptoms with documented synovitis and morning stiffness of significant duration to inhibit activities of daily living, the following criteria must be met:

- Must have failed to respond to at least one biologic agent in combination with methotrexate for at least 2 months unless methotrexate is contraindicated or not tolerated.
- Members should be evaluated for latent tuberculosis infection with a tuberculin skin test and treatment of the infection should be initiated prior to therapy.

Initial approval is for up to a maximum of three months. Continued therapy will be considered up to a maximum of 12 months based on demonstrated beneficial response supported by documentation.

**Exclusion Criteria:** Coverage will not be provided for the following:

- members who have not been evaluated for latent tuberculosis (TB) infection with a tuberculin skin test and treatment of the TB infection prior to therapy if indicated;
- Orencia administered concomitantly with TNF antagonists, Kineret, Rituxan and other DMARDs or biologic therapies other than methotrexate;
- diagnosis of ankylosing spondylitis, psoriatic arthritis, or osteoarthritis.

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**Coverage Duration:** Initial approval: 3 months. Continued therapy will be considered up to 12 months.