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Section:	Prescription Drugs	**Effective Date:**	October 1, 2023
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	October 20, 2006
Subject:	Orencia	**Page:**	1 of 13

Last Review Date: September 8, 2023

Orencia

Description

Orencia (abatacept)

Background
Orencia (abatacept) is a selective costimulation modulator that inhibits T cell (T lymphocyte) activation by binding to CD80 and CD86, thereby blocking interaction with CD28. This interaction provides a costimulatory signal necessary for full activation of T lymphocytes. Activated T lymphocytes are implicated in the pathogenesis of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis (1).

Regulatory Status
FDA-approved indications: Orencia is a selective T cell costimulation modulator indicated for: (1)

1. Adult Rheumatoid Arthritis (RA)
    a. Orencia is indicated for the treatment of adult patients with moderately to severely active RA. Orencia may be used as monotherapy or concomitantly with DMARDs other than JAK inhibitors or biologic DMARDs.
2. Polyarticular Juvenile Idiopathic Arthritis (pJIA)
    a. Orencia is indicated for the treatment of patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis. Orencia may be used as monotherapy or concomitantly with methotrexate.
3. Adult Psoriatic Arthritis (PsA)
    a. Orencia is indicated for the treatment of adult patients with active PsA.
4. Prophylaxis for Acute Graft versus Host Disease (aGVHD)
    a. Orencia is indicated for the prophylaxis of acute graft versus host disease

(aGVHD), in combination with a calcineurin inhibitor and methotrexate, in adults and pediatric patients 2 years of age and older undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated-donor.

Limitations of Use:
The concomitant use of Orencia with other potent immunosuppressants [e.g., biologic disease-modifying antirheumatic drugs (bDMARDS), Janus kinase (JAK) inhibitors] is not recommended (1).

Physicians should exercise caution when considering the use of Orencia in patients with a history of recurrent infections, underlying conditions which may predispose them to infections, or chronic, latent, or localized infections. Patients who develop a new infection while undergoing treatment with Orencia should be monitored closely. Administration of Orencia should be discontinued if a patient develops a serious infection. A higher rate of serious infections has been observed in adult RA patients treated with concurrent TNF antagonists and Orencia (1).

Prior to initiating immunomodulatory therapies, including Orencia, patients should be screened for latent tuberculosis infection with a tuberculin skin test. Orencia has not been studied in patients with a positive tuberculosis screen, and the safety of Orencia in individuals with latent tuberculosis infection is unknown. Patients testing positive in tuberculosis screening should be treated by standard medical practice prior to therapy with Orencia (1).

Antirheumatic therapies have been associated with hepatitis B reactivation. Therefore, screening for viral hepatitis should be performed in accordance with published guidelines before starting therapy with Orencia. In clinical studies with Orencia, patients who screened positive for hepatitis were excluded from study (1).

The safety and effectiveness of Orencia in pediatric patients less than 2 years of age for indications other than polyarticular juvenile idiopathic arthritis (pJIA) and prophylaxis of acute graft versus host disease (aGVHD) have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Orencia may be considered **medically necessary** if the conditions indicated below are met.

Orencia may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Moderately to severely active rheumatoid arthritis (RA)
    a. 18 years of age or older
    b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 2)
    c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
        i. IV infusion: Less than 60 kg – 500 mg every 4 weeks
        ii. IV infusion: 60 kg to 100 kg – 750 mg every 4 weeks
        iii. IV infusion: More than 100 kg – 1000 mg every 4 weeks
        iv. Subcutaneous administration: 125 mg every week
    d. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
    e. Orencia IV **only:** Patient has had an inadequate treatment response, intolerance, or contraindication to a biologic DMARD or targeted synthetic DMARD (see Appendix 2) if adjudicated through the pharmacy benefit

2. Active Juvenile Rheumatoid Arthritis (JRA)/ Polyarticular Juvenile Idiopathic Arthritis (pJIA)
    a. 2 years of age or older
    b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 2)
    c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
        i. IV infusion: Less than 75 kg – 10 mg/kg every 4 weeks
        ii. IV infusion: 75 kg to 100 kg – 750 mg every 4 weeks

iii. IV infusion: >100 kg – 1000 mg every 4 weeks
iv. Subcutaneous administration: 10 to less than 25 kg – 50 mg every week
v. Subcutaneous administration: 25 to less than 50 kg – 87.5 mg every week
vi. Subcutaneous administration: More than 50 kg – 125 mg every week

d. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
e. Orencia IV **only:** Patient has had an inadequate treatment response, intolerance, or contraindication to a biologic DMARD or targeted synthetic DMARD (see Appendix 2) if adjudicated through the pharmacy benefit

3. Active Psoriatic Arthritis (PsA)
   a. 18 years of age or older
   b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 2)
   c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
      i. IV infusion: Less than 60 kg – 500 mg every 4 weeks
      ii. IV infusion: 60 kg to 100kg – 750 mg every 4 weeks
      iii. IV infusion: More than 100 kg – 1000 mg every 4 weeks
      iv. Subcutaneous administration: 125 mg every week
   d. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
   e. Orencia IV **only:** Patient has had an inadequate treatment response, intolerance, or contraindication to a biologic DMARD or targeted synthetic DMARD (see Appendix 2) if adjudicated through the pharmacy benefit

4. Prophylaxis of acute graft versus host disease (aGVHD)
   a. 2 years of age or older
   b. Used in combination with a calcineurin inhibitor and methotrexate
   c. Patient is undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated-donor
   d. Prescriber will be dosing the patient within the FDA labeled maintenance

dose of **ONE** of the following:

i. IV infusion: Age 6 and older – 10 mg/kg (maximum dose 1,000 mg) on the day before transplantation (Day -1), then Days 5, 14, and 28 after transplantation
ii. IV infusion: Ages 2 to 5 – 15 mg/kg on the day before transplantation (Day -1), then 12 mg/kg on Days 5, 14, and 28 after transplantation

AND ALL of the following:

1. Tuberculin skin test conducted to rule out tuberculosis
   a. Patients testing positive in tuberculosis screening must be treated by standard medical practice currently or completed prior to therapy
2. Hepatitis B virus (HBV) has been ruled out or treatment initiated
3. **NO** active infection
4. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 2)
5. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Rheumatoid Arthritis (RA) in adults
   a. 18 years of age or older
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
      i. IV infusion: Less than 60 kg – 500 mg every 4 weeks
      ii. IV infusion: 60 kg to 100kg – 750 mg every 4 weeks
      iii. IV infusion: More than 100 kg – 1000 mg every 4 weeks
      iv. Subcutaneous administration: 125 mg every week
   c. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

2. Juvenile Rheumatoid Arthritis (JRA)/Polyarticular Juvenile Idiopathic Arthritis

(pJIA)

a. 2 years of age or older
b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
   i. IV infusion: Less than 75 kg – 10 mg/kg every 4 weeks
   ii. IV infusion: 75 kg to 100 kg – 750 mg every 4 weeks
   iii. IV infusion: >100 kg – 1000 mg every 4 weeks
   iv. Subcutaneous administration: 10 to less than 25 kg – 50 mg every week
   v. Subcutaneous administration: 25 to less than 50 kg – 87.5 mg every week
   vi. Subcutaneous administration: More than 50 kg – 125 mg every week
c. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

3. Psoriatic Arthritis (PsA)
   a. 18 years of age or older
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
      i. IV infusion: Less than 60 kg – 500 mg every 4 weeks
      ii. IV infusion: 60 kg to 100kg – 750 mg every 4 weeks
      iii. IV infusion: More than 100 kg – 1000 mg every 4 weeks
      iv. Subcutaneous administration: 125 mg every week
   c. Orencia SC **only:** Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND ALL of the following:

1. Condition has improved or stabilized
2. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
3. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 2)
4. **NOT** given concurrently with live vaccines

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Medication	Diagnosis	Strength	Quantity
Orencia SC	Polyarticular Juvenile Idiopathic Arthritis	Weight 10 to < 25kg 50 mg Weight 25 to < 50kg 87.5 mg Weight ≥50kg 125 mg	12 units per 84 days
	Psoriatic Arthritis	125 mg	12 units per 84 days
	Rheumatoid Arthritis		
Orencia IV	Prophylaxis of acute graft versus host disease	250 mg	16 vials
	Polyarticular Juvenile Idiopathic Arthritis	250 mg	56 vials every 365 days (1000 mg at Week 0, 2, 4 then every 4 weeks)
	Psoriatic Arthritis	250 mg	Weight <60kg 28 vials every 365 days (500 mg at Week 0, 2, 4 then every 4 weeks) Weight 60 to 100kg 42 vials every 365 days (750 mg at Week 0, 2, 4 then every 4 weeks) Weight > 100kg 56 vials every 365 days (1000 mg at Week 0, 2, 4 then every 4 weeks)
	Rheumatoid Arthritis		

Duration 3 months for Prophylaxis of acute graft versus host disease
12 months for all other diagnoses

Prior – Approval *Renewal* Limits

Quantity

Medication	Diagnosis	Strength	Quantity
Orencia SC	Polyarticular Juvenile Idiopathic Arthritis	Weight 10 to < 25kg 50 mg Weight 25 to < 50kg 87.5 mg Weight ≥50kg 125 mg	12 units per 84 days
	Psoriatic Arthritis	125 mg	12 units per 84 days
	Rheumatoid Arthritis		
Orencia IV	Prophylaxis of acute graft versus host disease	**NO** renewal	**NO** renewal
	Polyarticular Juvenile Idiopathic Arthritis	250 mg	12 vials every 84 days
	Psoriatic Arthritis	250 mg	Weight <60kg 6 vials every 84 days Weight 60 to 100kg 9 vials every 84 days Weight > 100kg 12 vials every 84 days
	Rheumatoid Arthritis		

Duration 18 months

Rationale

Summary

Orencia (abatacept) is indicated for the treatment of rheumatoid arthritis (RA) and psoriatic arthritis (PsA) in adults; and for polyarticular juvenile idiopathic arthritis (pJIA) and prophylaxis of acute graft versus host disease (aGVHD) in pediatric patients 2 years of age and older. Prior to initiating immunomodulatory therapies, including Orencia, patients should be screened for latent tuberculosis infection with a tuberculin skin test. Antirheumatic therapies have been associated with hepatitis B reactivation. The safety and effectiveness of Orencia in pediatric patients less than 2 years of age for indications other than polyarticular juvenile idiopathic arthritis (pJIA) and prophylaxis of acute graft versus host disease (aGVHD) have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Orencia while maintaining optimal therapeutic outcomes.

References

1. Orencia [package insert]. Princeton, NJ: Bristol-Myers Squibb; December 2021.

Policy History

Date	Action
April 2008	FDA approved Abatacept (Orencia) for reducing signs and symptoms in pediatric patients six years and older with moderately to severely active polyarticular juvenile idiopathic arthritis (JIA).
September 2012	Annual editorial review and reference update
March 2013	Annual editorial review and reference update; updated contraindicated concomitant therapies and any live vaccine.
September 2013	Annual editorial review and reference update. Addition of TB testing, no hepatitis B virus, and no active infection requirements to the criteria.
September 2014	Annual editorial review and reference update and renewal limit to 18 months
March 2016	Annual editorial review and reference update Policy number changed from 5.02.18 to 5.70.18
September 2016	Annual editorial review Addition of not given concurrently with live vaccines per SME
December 2016	Annual editorial review and reference update Additional criteria added to initiation for treatment of RA: Contraindication, intolerance, or inadequate treatment response to at least a 3-month trial of methotrexate despite adequate dosing Additional criteria added to initiation for treatment of JRA/pJIA: Contraindication, intolerance, or inadequate treatment response to at least a 3-month trial of a TNF inhibitor
April 2017	Addition of FDA approval for ages two years and older for JRA/pJIA
June 2017	Annual review
July 2017	Addition of Psoriatic Arthritis (PsA) and dosing requirements for each indication
September 2017	Annual review
December 2017	Annual review
March 2018	Annual editorial review Addition of Appendix - List of DMARDs
June 2018	Addition of Appendix - Examples of Contraindications to Methotrexate Change of requirement for JRA from t/f of TNF to contraindication to a 3-month trial of at least one conventional DMARD therapy

	Change of requirement for PsA from t/f of TNF to inadequate response, intolerance, or contraindication to a 3-month trial of at least ONE conventional DMARD
September 2018	Annual editorial review
March 2019	Annual review
December 2019	Annual review and reference update. Addition of requirement to trial preferred product
March 2020	Annual review
August 2020	Clarifying language added to pharmacy benefit
December 2020	Annual review. Added Appendix 3 with a list of preferred medications based on diagnosis and plan. Added PA quantity limits. Added initiation requirement for Orencia IV to t/f a biologic or targeted synthetic DMARD per FEP
April 2021	Clarification added to the t/f, intolerance, C/I to preferred products requirement indicating that it only applies to claims adjudicated through the pharmacy benefit. Appendix 2 updated.
September 2021	Annual review
January 2022	Addition of indication: prophylaxis of acute graft versus host disease (aGVHD). Added Rinvoq as a preferred PsA product to chart (Appendix 3)
March 2022	Annual review. Added Skyrizi as a preferred PsA product to chart (Appendix 3)
September 2022	Annual review
December 2022	Annual review
September 2023	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.

Appendix 1 – Examples of Contraindications to Methotrexate

Contraindications to Methotrexate
1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction

Appendix 2 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade/Avsola/Inflectra/Renflexis
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan/Riabni/Ruxience/Truxima
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant

deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 3 - List of Preferred Products

Diagnosis	Standard Option/Basic Option Preferred Products	Blue Focus Preferred Products
Polyarticular Juvenile Idiopathic Arthritis (PJIA)	*must try **TWO** preferred products: Actemra SC (**must try Humira first**) Enbrel Humira Xeljanz	*must try **ONE** preferred product: Enbrel Humira
Psoriatic Arthritis (PsA)	*must try **TWO** preferred products: Enbrel Humira Otezla Rinvoq Stelara (SC) Skyrizi Taltz Tremfya Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira
Rheumatoid Arthritis (RA)	*must try **TWO** preferred products: Actemra SC (**must try Humira first**) Enbrel Humira Rinvoq Xeljanz/XR	*must try **ONE** preferred product: Enbrel Humira