Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

ORENCIA® (abatacept)

GPI CODING:

66400010002020
66400010002120

DESCRIPTION:

Orencia is indicated for reducing signs and symptoms, inducing major clinical response, slowing the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis (RA). Orencia may be used as monotherapy or concomitantly with disease modifying antirheumatic drugs (DMARDs) other than tumor necrosis factor (TNF) antagonists. Orencia is indicated for reducing signs and symptoms in pediatric patients 6 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (JIA). Orencia may be used as monotherapy or concomitantly with methotrexate. For adult patients with RA, Orencia may be administered as an intravenous (IV) infusion or a subcutaneous (SC) injection. For patients with JIA, Orencia is administered as an IV infusion.

APPROVAL DURATION:

Approval is for lifetime

Quantity Limits: maximum 4 x 250 mg vials per dose (max. 1,000 mg/dose)

JIA and Adult RA Patients Receiving Orencia by IV Infusion
- Initial therapy: maximum of 2 doses (8 vials) for 28 days
- Maintenance therapy: maximum of 1 dose (4 vials) per 28 days

Adult RA Patients Receiving Orencia by SC Injection
- Maximum of 4 syringes per 28 days

For adult RA, prescribers must indicate one route of administration – coverage is provided for either the SC route or the IV route, but not both.

CRITERIA FOR ORENCIA

I. Diagnosis of moderate to severe rheumatoid arthritis and meets all of the following:
   A. Patient is 18 years of age or older
   B. Patient has had an inadequate response to one or more nonbiologic disease modifying anti-rheumatic agents (DMARDs), or such therapy is contraindicated or not tolerated:
      1. Auranofin (Ridaura)
      2. Azathioprine (Imuran)
      3. Cyclophosphamide (Cytoxan or Neosar)
      4. Cyclosporine (Neoral or Sandimmune)
      5. Gold sodium thiomalate (Myochrysine)
      6. Hydroxychloroquine (Plaquenil)
      7. Leflunomide (Arava)
      8. Methotrexate

9. Minocycline (Minocin or Dynacin)
10. Penicillamine (Cuprimine, Depen)
11. Sulfasalazine (Azulfidine, Azulfidine EN-tabs)

C. If the patient is a new start to Orencia, has had an inadequate response to at least two tumor necrosis factor (TNF) blocking agents (at least one being Enbrel or Humira), or such therapy is contraindicated or not tolerated
   1. Enbrel (etanercept) OR Humira (adalimumab) AND
   2. Cimzia (certolizumab) OR Simponi (golimumab) OR Remicade (infliximab)

D. If the patient has been stable on Orencia therapy, has had an inadequate response to any two TNF blocking agents or such therapy is contraindicated or not tolerated.

E. Patient will not use Orencia in combination with any other biologic medication

F. Orencia dose does not exceed 1,000 mg if administered by IV infusion

II. Diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis and meets all of the following:

A. Patient is 6 years of age or older

B. If the patient is a new start to Orencia, has had an inadequate response to BOTH of the following tumor necrosis factor (TNF) blocking agents: Enbrel and Humira, or such therapy is contraindicated or not tolerated

C. If the patient has been stable on Orencia therapy, has had an inadequate response to any two TNF blocking agents or such therapy is contraindicated or not tolerated.

D. Patient will not use Orencia in combination with any other biologic medication

E. Orencia will be administered by IV infusion and the dose does not exceed 1,000 mg