Overview
Abatacept, a selective costimulation modulator, 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 RA and PsA and are found in the synovium of patients with RA and PsA.

Coverage Guidelines

Moderately to severely active rheumatoid arthritis (RA)
Authorization may be granted for members new to AllWays Health Partners who have previously received Orencia or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) indicated for the treatment of moderately to severely active rheumatoid arthritis.

OR
Authorization may be granted when the following criteria is met:
1. The member has a diagnosis of moderate to severely active rheumatoid arthritis (RA)
2. If requesting under the Medical Benefit: the member has experienced an intolerance, inadequate response or contraindication to Remicade and Simponi Aria
3. If requesting under the Pharmacy Benefit: the member has experienced intolerance, inadequate response or contraindication to Enbrel, Humira and Rinvoq
4. The member meets ONE of the following:
   a. The member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
   b. The member has an intolerance or contraindication to methotrexate (see Appendix).
Moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)
Authorization may be granted for members new to AllWays Health Partners who have previously received Orencia excluding when these products have been obtained via physician samples or patient assistant program

OR
Authorization may be granted when the following criteria is met:
1. The member has a diagnosis of polyarticular juvenile idiopathic arthritis (pJIA)
2. The member experienced an intolerance, inadequate response, or contraindication to BOTH methotrexate AND an NSAID (see Appendix A)
3. ONE of the following:
   a. If requesting under the Medical Benefit - the member has had intolerance, inadequate response (defined as a 3-month trial) or contraindication to Remicade
   b. If requesting under the Pharmacy Benefit - the member has had intolerance, inadequate response (defined as a 3-month trial) or contraindication to Enbrel and Humira

Active psoriatic arthritis (PsA)
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Orencia, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted when the following criteria are met:
1. The member has a diagnosis of active psoriatic arthritis (PsA)
2. If requesting under the Medical Benefit: the member has had intolerance, inadequate response, or contraindication to Remicade and Simponi Aria
3. If requesting under the Pharmacy Benefit: the member has had intolerance, inadequate response, or contraindication to Cosentyx, Enbrel, Humira, Otezla, Skyrizi, and Stelara

Continuation of Therapy
Authorization of 24 months may be granted for members who meet all initial authorization criteria and achieve or maintain 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.

Limitations
1. Initial approvals and reauthorizations will be granted for all diagnoses for 24 months
2. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
   a. Note: Members who have received Orencia or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.

Appendix
Examples of 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

References

Review History
11/01/2020 – Transitioned from SGM to Custom Criteria; Reviewed and Updated for 2021 strategy to be implemented 1/1/2021.

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AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.