Orencia (abatacept)
Effective 02/20/19

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Orencia (abatacept) is a selective T cell costimulation modulator indicated for:

1. Moderately to severly active Rheumatoid Arthritis (RA) in adults
2. Moderately to severely active polyartricular Juvenile Idiopathic Arthritis (pJIA) in patients 2 years of age or older
3. Active Psoriatic Arthritis (PsA) in adults

Coverage Guidelines

Authorization may be granted when the following criteria are met:

1. Member has a diagnosis of RA, pJIA or PsA **AND**
2. Prescriber has provided documentation of ONE of the following:
    a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication or a contraindication to ALL biologic DMARDs

    AND
3. Dosing is appropriate (see appendix for dosing)

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Initial approvals will be for 6 months.
2. Reauthorizations will be for up to 12 months.

Appendix

<table>
<tr><th></th><th>Pediatric Dosing</th><th>Other Dosing</th></tr>
<tr><td>Orencia® (abatacept)</td><td>Juvenile Idiopathic Arthritis (≥ 6 years old, weight < 75 kg)
10 mg/kg IV at weeks 0, 2, and 4, then every 4 weeks thereafter

Juvenile Idiopathic Arthritis (≥ 6 years old, weight > 75 kg)
Refer to adult IV dosing regimen. Maximum dose: 1,000 mg.

Juvenile Idiopathic Arthritis (≥ 2 years old, weight 10 kg to 24 kg)
50 mg SQ every week

Juvenile Idiopathic Arthritis (≥ 2 years old, weight 25 to 49 kg)
87.5 mg SQ every week

Juvenile Idiopathic Arthritis (≥ 2 years old, weight ≥50 kg)
125 mg SQ every week</td><td>Rheumatoid arthritis or Psoriatic Arthritis (IV regimen)
Dose based on weight infused over 30 minutes at week 0, 2, and 4, then every 4 weeks thereafter.

<table><tr><th>Body weight of patient</th><th>Dose</th><th>Number of vials</th></tr><tr><td><60 kg</td><td>500 mg</td><td>2</td></tr><tr><td>60 to 100 kg</td><td>750 mg</td><td>3</td></tr><tr><td>>100 kg</td><td>1 gm</td><td>4</td></tr></table>
Rheumatoid arthritis or Psoriatic Arthritis (SQ regimen)
Weight-based IV loading dose (as per above), then 125 mg SQ within 1 day, followed by 125 mg SQ once weekly.

Unable to receive an IV infusion:
Initiate weekly SQ injections without an IV loading dose.

Transitioning from IV to SQ: administer the first SQ dose instead of the next scheduled IV dose.</td></tr>
</table>

References

1. Orencia [package insert]. Princeton, NJ: Bristol-Myers Squibb; June 2017.
2. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Ann Rheum Dis. 2017;0:1-18.
3. Mease P, Genovese MC, Gladstein G, et al. Abatacept in the treatment of patients with psoriatic arthritis: results of a six-month, multicenter, randomized, double-blind, placebo-controlled, phase II trial. Arthritis Rheum 2011; 63:939.
4. Beukelman T, Patkar NM, Saag KG, et al. 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: initiation and safety monitoring of therapeutic agents for the treatment of arthritis and systemic features. Arthritis Care Res. 2011;63(4):465-482.
5. Ruperto N, Lovell DJ, Quartier P, et al. Abatacept in children with juvenile idiopathic arthritis: a randomised, double-blind, placebo-controlled withdrawal trial. Lancet 2008; 372:383.

Review History

06/26/06 – Reviewed and revised
08/15/06 – Effective
02/25/08 – Reviewed
02/23/09 – Reviewed
02/22/10 – Reviewed
02/28/11 – Reviewed
10/24/11 – Reviewed and revised (09/12/11 drug file Orencia SQ)
02/27/12 – Reviewed

02/25/13 – Reviewed
02/24/14 – Reviewed
02/23/15 – Reviewed
02/22/16 – Reviewed
02/27/17 – Reviewed and revised (adopted SGM & ST) in P&T Meeting
03/01/18 – Reviewed and revised (adopted MH RS)
02/20/19 – Reviewed in P&T Meeting

Disclaimer

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.