



Prior Authorization Criteria

Orencia® (abatacept)

Criteria for coverage (Medicare Part D):

Note: Orencia® is not covered under the Commercial prescription drug benefit. Refer the provider or enrollee to SummaCare for questions regarding coverage under the member's medical benefit.

Coverage of Orencia® will be authorized when the following apply:

1. The patient is under the care of a rheumatologist. **AND**
2. The patient has a diagnosis of moderate to severe rheumatoid arthritis or juvenile rheumatoid arthritis. **AND**
3. The patient has disease progression despite optimized therapy with the following agents:
 - NSAIDS or COX-II inhibitors

AND

- A three month trial and treatment failure with at least one DMARD such as Plaquenil® (hydroxychloroquine), methotrexate, Imuran® (azathioprine), oral or injectable gold salts, sulfasalazine, D-penicillamine, and/or Arava® (leflunomide). Note: Six months may be necessary to achieve a response when gold salts are used.

AND

- An adequate trial and failure with Enbrel® (etanercept) or Humira® (adalimumab).

Duration of Authorization: Coverage of Orencia® will be initially authorized for a maximum of 7 infusion visits over 6 months. If continued response is exhibited after six months, authorization will be required every 6 months thereafter.

If an office provider or ambulatory infusion center is requesting authorization or information on a product that is going to be purchased by the provider and administered in an office or ambulatory infusion setting ("buy and bill"), calls should be referred to SummaCare – 1 (330) 996-8967.

Medicare Part B vs. Part D determination:

1. Orenzia® is covered under Part B (medical benefit) if purchased by and administered in the doctor's office or ambulatory infusion setting.
 2. Orenzia® is covered under Part B (medical benefit) if the drug is administered via infusion pump.
 3. For all other situations in which the enrollee meets criteria for coverage, Orenzia® shall be covered under the Medicare Part D prescription drug benefit.
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Appendix A:

Optimized Therapy for RA:
NSAIDS/COXII inhibitors AND
Trials of or documented treatment failures of at least one DMARD used for at least 3 months (note: 6 months may be necessary to achieve response when gold salts are used): <ul style="list-style-type: none">• Plaquenil®• oral or injectable gold salts• methotrexate• azathioprine• d-penicillamine• sulfasalazine• leflunomide (Arava®)

Prior Authorization Package Form Information:

Drug Name:

Member First Name:

Member Last Name:

Member ID #:

The Health Plan accepts and adopts the criteria listed above for use on Prior Authorization as administered by Catalyst Rx.

Signature

Date

Health Plan

References:

Bristol-Myers Squibb Co. *Prescribing Information for Orenzia*. April 2008.

Abatacept (Orenzia) for Rheumatoid Arthritis. *The Medical Letter*. 2006; 48 (1229): 17 – 18.

Wolters Kluwer Health, Inc. *Orenzia Formulary Review*. November 2005.