Clinical Policy: Abatacept (Orencia)

Reference Number: IL.ERX.SPA.123
Effective Date: 06.01.21
Last Review Date: 05.21
Lines of Business: Illinois Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Abatacept (Orencia®) is a selective T cell costimulation modulator.

FDA Approved Indication(s)
Orencia is indicated for:

- Reducing signs and symptoms, inducing major clinical response, inhibiting 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
- Reducing signs and symptoms in patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (PJIA). Orencia may be used as monotherapy or concomitantly with methotrexate (MTX)
- Treatment of adult patients with active psoriatic arthritis (PsA)

Limitation(s) of use: Concomitant use of Orencia with other immunosuppressives [e.g., biologic disease-modifying antirheumatic drugs (bDMARDS), Janus kinase (JAK) inhibitors] is not recommended.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Orencia is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Polyarticular Juvenile Idiopathic Arthritis (must meet all)**:**

1. Diagnosis of PJIA as evidenced by ≥ 5 joints with active arthritis;
2. Prescribed by or in consultation with a rheumatologist;
3. Age ≥ 2 years;
4. Documented baseline 10-joint clinical juvenile arthritis disease activity score (cJADAS-10) (*see Appendix J*);
5. Member meets one of the following (a, b, c, or d):
   a. Failure of a ≥ 3 consecutive month trial of MTX at up to maximally indicated doses;
   b. Member has intolerance or contraindication to MTX (*see Appendix D*), and failure of a ≥ 3 consecutive month trial of leflunomide or sulfasalazine at up to maximally indicated doses, unless clinically significant adverse effects are experienced or both are contraindicated;
   c. For sacroiliitis/axial spine involvement (i.e., spine, hip), failure of a ≥ 4 week trial of an NSAID at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
   d. Documented presence of high disease activity as evidenced by a cJADAS-10 > 8.5 (*see Appendix J*);
6. Failure of Enbrel® AND Humira®, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced;

**Prior authorization may be required for etanercept and adalimumab*

7. For members 2 to 5 years of age, prescribed route of administration is SC;
8. Dose does not exceed one of the following (a or b):
   a. IV: weight-based dose at weeks 0, 2, and 4, then every 4 weeks (*see Appendix E for dose rounding guidelines*) (i, ii, or iii):
      i. Weight < 75 kg: 10 mg/kg per dose;
      ii. Weight 75 kg to 100 kg: 750 mg per dose;
      iii. Weight > 100 kg: 1,000 mg per dose;
   b. SC: weight-based dose once weekly (*see Appendix F for dose rounding guidelines*) (i, ii, or iii):
      i. Weight 10 to < 25 kg: 50 mg per dose;
      ii. Weight 25 to < 50 kg: 87.5 mg per dose;
      iii. Weight ≥ 50 kg: 125 mg per dose.

Approval duration: 6 months

B. Psoriatic Arthritis (must meet all)**:**

1. Diagnosis of PsA;
2. Prescribed by or in consultation with a dermatologist or rheumatologist;
3. Age ≥ 18 years;
4. Failure of at least TWO of the following, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Enbrel, Humira, Cimzia®, Xeljanz®/Xeljanz® XR;
   **Prior authorization may be required for Enbrel, Humira, Cimzia, and Xeljanz/Xeljanz XR*
5. Dose does not exceed the following (a or b):
   a. IV: weight-based dose at weeks 0, 2, and 4, then every 4 weeks (*see Appendix E for dose rounding guidelines*) (i, ii, or iii):
      i. Weight < 60 kg: 500 mg per dose;
      ii. Weight 60 to 100 kg: 750 mg per dose;
      iii. Weight > 100 kg: 1,000 mg per dose;
   b. SC: 125 mg once weekly.

Approval duration: 6 months

C. Rheumatoid Arthritis (must meet all)**:**

1. Diagnosis of RA per American College of Rheumatology (ACR) criteria (*see Appendix G*);
2. Prescribed by or in consultation with a rheumatologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a or b):
   a. Failure of a ≥ 3 consecutive month trial of MTX at up to maximally indicated doses;
   b. Member has intolerance or contraindication to MTX (*see Appendix D*), and failure of a ≥ 3 consecutive month trial of at least ONE conventional DMARD (e.g., sulfasalazine, leflunomide, hydroxychloroquine) at up to maximally indicated doses, unless clinically significant adverse effects are experienced or all are contraindicated;
5. Failure of at least TWO of the following, each used for ≥ 3 consecutive months, unless contraindicated or clinically significant adverse effects are experienced: Enbrel, Humira, Cimzia, Xeljanz/Xeljanz XR;
   **Prior authorization may be required for Enbrel, Humira, Cimzia, and Xeljanz/Xeljanz XR*
6. Documentation of one of the following baseline assessment scores (a or b):
   a. Clinical disease activity index (CDAI) score (*see Appendix H*);
   b. Routine assessment of patient index data 3 (RAPID) score (*see Appendix I*);
7. Dose does not exceed one of the following (a or b):
   a. IV: weight-based dose at weeks 0, 2, and 4, then every 4 weeks (*see Appendix E for dose rounding guidelines*) (i, ii, or iii):
      i. Weight < 60 kg: 500 mg per dose;
      ii. Weight 60 to 100 kg: 750 mg per dose;
      iii. Weight > 100 kg: 1,000 mg per dose;
   b. SC: 125 mg once weekly.

Approval duration: 6 months

D. Other diagnoses/indications
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Approval

A. All Indications in Section I (must meet all)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member meets one of the following (a, b, or c):
   a. For RA: Member is responding positively to therapy as evidenced by one of the following (i or ii):
      i. A decrease in CDAI (*see Appendix H*) or RAPID3 (*see Appendix I*) score from baseline;
      ii. Medical justification stating ability to conduct CDAI re-assessment, and submission of RAPID3 score associated with disease severity that is similar to initial CDAI assessment or improved;
   b. For pJIA: Member is responding positively to therapy as evidenced by a decrease in cJADAS-10 from baseline (*see Appendix J*);
   c. For all other indications: Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed one of the following (*see Appendix E and F for dose rounding guidelines*) (a or b):
   a. RA and PsA (i or ii):
      i. IV: weight-based dose every 4 weeks (a, b, or c):
         a) Weight < 60 kg: 500 mg per dose;
         b) Weight 60 to 100 kg: 750 mg per dose;
         c) Weight > 100 kg: 1,000 mg per dose;
      ii. SC: 125 mg once weekly;
   b. PJIA (i or ii):
      i. IV: weight-based dose every 4 weeks (a, b, or c):
         a) Weight < 75 kg: 10 mg/kg per dose;
         b) Weight 75 kg to 100 kg: 750 mg per dose;
         c) Weight > 100 kg: 1,000 mg per dose;
      ii. SC: weight-based dose once weekly (a, b, or c);
         a) Weight 10 to < 25 kg: 50 mg per dose;
         b) Weight 25 to < 50 kg: 87.5 mg per dose;
         c) Weight ≥ 50 kg: 125 mg per dose.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents;

B. Combination use of biological disease-modifying antirheumatic drugs (bDMARDs), including any tumor necrosis factor (TNF) antagonists [Cimzia®, Enbrel®, Simponi®, Avsola™, Inflectra™, Remicade®, Renflexis™], interleukin agents [Arcalyst® (IL-1 blocker), Ilaris® (IL-1 blocker), Kineret® (IL-1RA), Actemra® (IL-6RA), Kevzara® (IL-6RA), Stelara® (IL-12/23 inhibitor), Cosentyx® (IL-17A inhibitor), Taltz® (IL-17A inhibitor), Siliq™ (IL-17RA), Ilumya™ (IL-23 inhibitor), Skyrizi™ (IL-23 inhibitor), Tremfya® (IL-23 inhibitor)], janus kinase inhibitors (JAKi) [Xeljanz®/Xeljanz® XR,

Rinvoq™], anti-CD20 monoclonal antibodies [Rituxan®, Riabni™, Ruxience™, Truxima®, and Rituxan Hycela®], selective co-stimulation modulators [Orencia®], or integrin receptor antagonists [Entyvio®] because of the possibility of increased immunosuppression, neutropenia and increased risk of infection.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CDAI: clinical disease activity index
cJADAS: clinical juvenile arthritis disease activity score
DMARD: disease-modifying antirheumatic drug
FDA: Food and Drug Administration
MTX: methotrexate
PJIA: polyarticular juvenile idiopathic arthritis
PsA: psoriatic arthritis
RA: rheumatoid arthritis
RAPID3: routine assessment of patient index data 3
TNF: tumor necrosis factor

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
azathioprine (Azasan®, Imuran®)	**RA** 1 mg/kg/day PO QD or divided BID	2.5 mg/kg/day
Cuprimine® (d-penicillamine)	**RA*** Initial dose: 125 or 250 mg PO QD Maintenance dose: 500 – 750 mg/day PO QD	1,500 mg/day
cyclosporine (Sandimmune®, Neoral®)	**RA** 2.5 – 4 mg/kg/day PO divided BID	4 mg/kg/day
hydroxychloroquine (Plaquenil®)	**RA*** Initial dose: 400 – 600 mg/day PO Maintenance dose: 200 – 400 mg/day PO	600 mg/day
leflunomide (Arava®)	**PJIA*** Weight < 20 kg: 10 mg PO every other day Weight 20 - 40 kg: 10 mg/day PO Weight > 40 kg: 20 mg/day PO **RA** 100 mg PO QD for 3 days, then 20 mg PO QD	20 mg/day
methotrexate (Rheumatrex®)	**PJIA*** 10 – 20 mg/m^2/week PO, SC, or IM **RA** 7.5 mg/week PO, SC, or IM or 2.5 mg PO Q12 hr for 3 doses/week	30 mg/week
Ridaura® (auranofin)	**RA** 6 mg PO QD or 3 mg PO BID	9 mg/day (3 mg TID)
sulfasalazine (Azulfidine®)	**RA** 2 g/day PO in divided doses	3 g/day
Cosentyx® (secukinumab)	**PsA** With loading dose: 150 mg SC at week 0, 1, 2, 3, and 4, followed by 150 mg every 4 weeks	300 mg every 4 weeks

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	Without loading dose: 150 mg SC every 4 weeks	
Enbrel® (etanercept)	**PJIA** Weight < 63 kg: 0.8 mg/kg SC once weekly Weight ≥ 63 kg: 50 mg SC once weekly **PsA, RA** 25 mg SC twice weekly or 50 mg SC once weekly	50 mg/week
Humira® (adalimumab)	**PJIA** Weight 10 kg (22 lbs) to <15 kg (33 lbs): 10 mg every other week Weight 15 kg (33 lbs) to < 30 kg (66 lbs): 20 mg every other week Weight ≥ 30 kg (66 lbs): 40 mg every other week **PsA** 40 mg SC every other week **RA** 40 mg SC every other week (may increase to once weekly)	PJIA, PsA: 40 mg every other week RA: 40 mg/week
Cimzia® (certolizumab)	**PsA, RA**	400 mg every 4 weeks
Xeljanz® (tofacitinib immediate-release)	**PsA, RA** 5 mg PO BID	10 mg/day
Xeljanz XR® (tofacitinib extended-release)	**PsA, RA** 11 mg PO QD	11 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**Off-label*

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information
- Definition of failure of MTX or DMARDs:
  - Child-bearing age is not considered a contraindication for use of MTX. Each drug has risks in pregnancy. An educated patient and family planning would allow use of MTX in patients who have no intention of immediate pregnancy.
  - Social use of alcohol is not considered a contraindication for use of MTX. MTX may only be contraindicated if patients choose to drink over 14 units of alcohol per week. However, excessive alcohol drinking can lead to worsening of the condition, so patients who are serious about clinical response to therapy should refrain from excessive alcohol consumption.
- Examples of positive response to therapy may include, but are not limited to:
  - Reduction in joint pain/swelling/tenderness
  - Improvement in ESR/CRP levels
  - Improvements in activities of daily living

Appendix E: IV Dose Rounding Guidelines for PJIA, PsA, and RA

Weight-based Dose Range	Vial Quantity Recommendation
≤ 262.49 mg	1 vial of 250 mg
262.50 mg to 524.99 mg	2 vials of 250 mg
525 to 787.49 mg	3 vials of 250 mg
787.50 mg to 1,049.99 mg	4 vials of 250 mg

Appendix F: SC Dose Rounding Guidelines for PJIA, PsA, and RA

Weight-based Dose Range	Prefilled Syringe Quantity Recommendation
10 to 24.99 kg	1 syringe of 50 mg/0.4 mL
25 to 49.99 kg	1 syringe of 87.5 mg/0.7 mL
> 50 kg	1 syringe of 125 mg/mL

Appendix G: The 2010 ACR Classification Criteria for RA
Add score of categories A through D; a score of ≥ 6 out of 10 is needed for classification of a patient as having definite RA.

A	**Joint involvement**	Score
	1 large joint	0
	2-10 large joints	1
	1-3 small joints (with or without involvement of large joints)	2
	4-10 small joints (with or without involvement of large joints)	3
	> 10 joints (at least one small joint)	5
B	**Serology (at least one test result is needed for classification)**	
	Negative rheumatoid factor (RF) *and* negative anti-citrullinated protein antibody (ACPA)	0
	Low positive RF *or* low positive ACPA ** Low: < 3 x upper limit of normal*	2
	High positive RF *or* high positive ACPA ** High: ≥ 3 x upper limit of normal*	3
C	**Acute phase reactants (at least one test result is needed for classification)**	
	Normal C-reactive protein (CRP) and normal erythrocyte sedimentation rate (ESR)	0
	Abnormal CRP or abnormal ESR	1
D	**Duration of symptoms**	
	< 6 weeks	0
	≥ 6 weeks	1

Appendix H: Clinical Disease Activity Index (CDAI) Score
The Clinical Disease Activity Index (CDAI) is a composite index for assessing disease activity in RA. CDAI is based on the simple summation of the count of swollen/tender joint count of 28 joints along with patient and physician global assessment on VAS (0–10 cm) Scale for estimating disease activity. The CDAI score ranges from 0 to 76.

CDAI Score	Disease state interpretation
≤ 2.8	Remission
> 2.8 to ≤ 10	Low disease activity
> 10 to ≤ 22	Moderate disease activity
> 22	High disease activity

Appendix I: Routine Assessment of Patient Index Data 3 (RAPID3) Score
The Routine Assessment of Patient Index Data 3 (RAPID3) is a pooled index of the three patient-reported ACR core data set measures: function, pain, and patient global estimate of status. Each of the individual measures is scored 0 – 10, and the maximum achievable score is 30.

RAPID3 Score	Disease state interpretation
≤ 3	Remission
3.1 to 6	Low disease activity

RAPID3 Score	Disease state interpretation
6.1 to 12	Moderate disease activity
> 12	High disease activity

Appendix J: Clinical Juvenile Arthritis Disease Activity Score based on 10 joints (cJADAS-10)
The cJADAS10 is a continuous disease activity score specific to JIA and consisting of the following three parameters totaling a maximum of 30 points:

- Physician's global assessment of disease activity measured on a 0-10 visual analog scale (VAS), where 0 = no activity and 10 = maximum activity;
- Parent global assessment of well-being measured on a 0-10 VAS, where 0 = very well and 10 = very poor;
- Count of joints with active disease to a maximum count of 10 active joints*

**ACR definition of active joint: presence of swelling (not due to currently inactive synovitis or to bony enlargement) or, if swelling is not present, limitation of motion accompanied by pain, tenderness, or both*

cJADAS-10	Disease state interpretation
≤ 1	Inactive disease
1.1 to 2.5	Low disease activity
2.51 to 8.5	Moderate disease activity
> 8.5	High disease activity

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
RA PsA	IV: weight-based dose at weeks 0, 2, and 4, followed by every 4 weeks Weight < 60 kg: 500 mg per dose Weight 60 to 100 kg: 750 mg per dose Weight > 100 kg: 1,000 mg per dose SC: 125 mg once weekly (for RA: if single IV loading dose is given, start first SC injection within one day of IV dose)	IV: 1,000 mg every 4 weeks SC: 125 mg/week
PJIA	IV: weight-based dose at weeks 0, 2, and 4, followed by every 4 weeks Weight < 75 kg: 10 mg/kg per dose Weight 75 to 100 kg: 750 mg per dose Weight >100 kg: 1,000 mg per dose SC: weight-based dose once weekly Weight 10 to <25 kg: 50 mg per dose Weight 25 to <50 kg: 87.5 mg per dose Weight ≥ 50 kg: 125 mg per dose	IV: 1,000 mg every 4 weeks SC: 125 mg/week

VI. Product Availability

- Single-use vial for IV infusion: 250 mg
- Single-dose prefilled syringes for SC injection: 50 mg/0.4 mL, 87.5 mg/0.7 mL, 125 mg/mL
- Single-dose prefilled ClickJect™ autoinjector for SC injection: 125 mg/mL

VII. References

1. Orencia Prescribing Information. Princeton, NJ: Bristol-Meyers Squibb Company; June 2020. Available at: http://www.orenciahcp.com/. Accessed January 7, 2021.
2. Ringold, S., Weiss, P. F., Beukelman, T., DeWitt, E. M., Ilowite, N. T., Kimura, Y., Laxer, R. M., Lovell, D. J., Nigrovic, P. A., Robinson, A. B. and Vehe, R. K. (2013), 2013 Update of the 2011 American College of Rheumatology Recommendations for the Treatment of Juvenile Idiopathic Arthritis: Recommendations for the Medical Therapy of Children With Systemic Juvenile Idiopathic

Arthritis and Tuberculosis Screening Among Children Receiving Biologic Medications. *Arthritis & Rheumatism*. 65: 2499–2512.
3. Gossec L, Smolen JS, Ramiro S, et al European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update Annals of the Rheumatic Diseases Published Online First: 07 December 2015. doi: 10.1136/annrheumdis-2015-208337.
4. Gottlieb, Alice et al.Guidelines of care for the management of psoriasis and psoriatic arthritis: Journal of the American Academy of Dermatology, Volume 58, Issue 5, 851 – 864
5. Singh JA, Saag KG, Bridges SL, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Rheumatology*. 2016. 68(1):1-26.
6. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *American College of Rheumatology*. 2018; 0(0): 1-28.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	04.20.21	05.21

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.