

## PRIOR AUTHORIZATION POLICY

**POLICY:** Inflammatory Conditions – Orenzia Subcutaneous Prior Authorization Policy

- Orenzia® (abatacept subcutaneous injection – Bristol Myers Squibb)

**REVIEW DATE:** 08/23/2023

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### OVERVIEW

Orenzia subcutaneous, a selective T-cell costimulation modulator, is indicated for the following uses:<sup>1</sup>

- **Rheumatoid arthritis**, in adults with moderately to severely active disease.
- **Juvenile idiopathic arthritis**, in patients  $\geq 2$  years of age with moderately to severely active polyarticular disease.
- **Psoriatic arthritis**, in adults with active disease.

Per the product labeling, Orenzia is not recommended for use concomitantly with other potent immunosuppressants such as biologics or Janus kinase inhibitors.

### Guidelines

Orenzia is addressed in guidelines for treatment of various inflammatory conditions.

- **Rheumatoid Arthritis:** Guidelines from the American College of Rheumatology (ACR) [2021] recommend addition of a biologic or a targeted synthetic disease-modifying antirheumatic drug (DMARD) for a patient taking the maximum tolerated dose of methotrexate who is not at target.<sup>2</sup>
- **Juvenile Idiopathic Arthritis:** Guidelines from ACR (2019) list biologics among the treatment options for subsequent therapy in patients with polyarthritis.<sup>3</sup> Initial therapy with a biologic may be considered for patients with risk factors and involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged to be at high risk of disabling joint damage. In patients with active sacroiliitis or enthesitis despite a nonsteroidal anti-inflammatory drug, a tumor necrosis factor inhibitor (TNFi) is recommended.
- **Psoriatic Arthritis:** Guidelines from ACR (2018) recommend TNFis over other biologics for use in treatment-naïve patients with psoriatic arthritis and in those who were previously treated with an oral therapy.<sup>4</sup> However, Orenzia may be considered over other biologics in patients with recurrent or serious infections.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Orenzia subcutaneous injection. Because of the specialized skills required for evaluation and diagnosis of patients treated with Orenzia as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Orenzia subcutaneous to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

**Automation:** None.

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## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Orencia subcutaneous is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

1. **Rheumatoid Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) **Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):
- i. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND  
Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already has a 3-month trial at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for rheumatoid arthritis. A patient who has already tried a biologic is not required to “step back” and try a conventional synthetic DMARD.
  - ii. The medication is prescribed by or in consultation with a rheumatologist.
- B) **Patient is Currently Receiving Orencia (Intravenous or Subcutaneous).** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR  
Note: Examples of objective measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate or C-reactive protein, Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).
    - b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

2. **Juvenile Idiopathic Arthritis (JIA).** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: This includes JIA regardless of type of onset. JIA is also referred to as Juvenile Rheumatoid Arthritis.

- A) **Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):
- i. Patient meets one of the following (a, b, c, or d):
    - a) Patient has tried one other agent for this condition; OR  
Note: Examples of therapies which could have been tried include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID). A previous trial of one biologic other than the requested drug also counts as a trial of one agent for JIA. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics used for JIA.
    - b) Patient will be starting on therapy concurrently with methotrexate, sulfasalazine, or leflunomide; OR
    - c) Patient has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR  
Note: Examples of absolute contraindications to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, or blood dyscrasias.



### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Orencia subcutaneous is not recommended in the following situations:

- 1. Ankylosing Spondylitis.** In an open-label Phase II trial, Orencia was administered intravenously on Days 1, 15, 29, and every 28 days thereafter to patients with active ankylosing spondylitis.<sup>5</sup> Patients received a fixed dosage of Orencia of approximately 10 mg/kg based on body weight. The primary endpoint was a 40% improvement in disease activity at Week 24 in the Assessment of SpondyloArthritis international Society criteria (ASAS 40). At Week 24, the ASAS 40 was 13.3% (n = 2/15) in TNFi-naïve patients compared with no responses in patients who had previously failed TNFis (n = 15). ASAS 20 response was 26.7% (n = 4/15) in TNFi-naïve patients compared with 20% (n = 3/15) in those who had previously failed TNFis. A major response was not shown with Orencia treatment.
  - 2. Concurrent Use with a Biologic or with a Targeted Synthetic DMARD.** Orencia subcutaneous should not be administered in combination with another biologic or with a targeted synthetic DMARD used for an inflammatory condition (see [Appendix](#) for examples).<sup>1</sup> Combination therapy is generally not recommended due to a higher rate of adverse events with combinations and lack of data supportive of additional efficacy.  
Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Orencia subcutaneous.
  - 3. Inflammatory Bowel Disease (i.e., Crohn's Disease, Ulcerative Colitis).** In placebo-controlled trials evaluating the efficacy of Orencia intravenous for induction and maintenance in adults with active, moderate to severe Crohn's disease (n = 451) and ulcerative colitis (n = 490), Orencia was no more effective than placebo.<sup>6</sup> Patients were randomized to Orencia 30 mg/kg, 10 mg/kg, or 3 mg/kg (according to body weight) or placebo and dosed at Weeks 0, 2, 4, and 8. A total of 90 patients with Crohn's disease and 131 patients with ulcerative colitis who responded to induction were then randomized to Orencia 10 mg/kg or placebo every 4 weeks through Week 52. When used for induction of Crohn's disease, 17.2%, 10.2%, and 15.5% of patients receiving Orencia 30 mg/kg, 10 mg/kg, and 3 mg/kg achieved a clinical response at Weeks 8 and 12 compared with 14.4% of patients receiving placebo (P = not significant [NS] for all comparisons). In patients with Crohn's disease, response and remission at Week 52 was not significantly different between the Orencia intravenous and placebo treatment groups. When used as induction therapy in ulcerative colitis, 21.4%, 19.0%, and 20.3% of patients receiving Orencia 30 mg, 10 mg, and 3 mg/kg achieved a clinical response at Week 12 compared with 29.5% of patients receiving placebo (P = 0.043 for 10 mg/kg vs. placebo; other comparisons P = NS). At Week 52, 12.5% (n = 8/64) and 14.1% (n = 9/64) of patients with ulcerative colitis were in remission (P = NS) and 17.2% of patients in each treatment group (n = 11/64 for each group) had achieved a response.
  - 4. Psoriasis.** In the pivotal trial evaluating Orencia subcutaneous for psoriatic arthritis, there was not a significant difference at Week 24 in the proportion of patients with a 50% reduction in the Psoriasis Area and Severity Index (PASI 50) response vs. placebo ± conventional synthetic DMARD (27% vs. 20% with placebo ± conventional synthetic DMARD; P = NS).<sup>8</sup> In a multicenter, Phase I, 26-week, open-label dose-escalation study, 43 patients with stable plaque psoriasis (10% to 49% body surface area involvement) received four doses of Orencia given as a 1-hour intravenous infusion on Days 1, 3, 16 and 29.<sup>7</sup> The starting dose was 0.5 mg/kg. Four to six patients were accrued to each of eight dose levels: 0.5, 1, 2, 4, 8, 16, 25 and 50 mg/kg. A parallel control group was matched for age and overall disease severity. In all, 46% of patients on Orencia achieved a 50% or greater sustained improvement in clinical disease activity (Physician's Global Assessment of disease activity) compared with baseline
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psoriasis evaluation. Progressively greater effects were observed with the highest doses. Further studies are needed to establish safety and efficacy, as well as appropriate dosing, in plaque psoriasis.

Note: Patients with concomitant plaque psoriasis and psoriatic arthritis may be reviewed under the psoriatic arthritis criteria above.

5. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Orencia® subcutaneous injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; October 2021.
2. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*. 2021;73(7):1108-1123.
3. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Rheumatol*. 2019;71(6):717-734.
4. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Care Res (Hoboken)*. 2019;71(1):2-29.
5. Song IH, Heldmann F, Rudwaleit M, et al. Treatment of active ankylosing spondylitis with abatacept: an open-label, 24-week pilot study. *Ann Rheum Dis*. 2011;70(6):1108-1110.
6. Sandborn WJ, Colombel JF, Sands BE, et al. Abatacept for Crohn's disease and ulcerative colitis. *Gastroenterology*. 2012;143(1):62-69.e4.
7. Abrams JR, Lebowitz MG, Guzzo CA, et al. CTLA4Ig-mediated blockade of T-cell costimulation in patients with psoriasis vulgaris. *J Clin Invest*. 1999;103:1243-1252.
8. Mease PJ, Gottlieb AB, van der Heijde D, et al. Efficacy and safety of abatacept, a T-cell modulator, in a randomised, double-blind, placebo-controlled, phase III study in psoriatic arthritis. *Ann Rheum Dis*. 2017;76(9):1550-1558.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	07/27/2022
Annual Revision	No criteria changes.	08/23/2023

**APPENDIX**

	<b>Mechanism of Action</b>	<b>Examples of Inflammatory Indications*</b>
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia<sup>®</sup></b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
<b>Infliximab IV Products</b> (Remicade <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Simponi<sup>®</sup>, Simponi<sup>®</sup> Aria<sup>™</sup></b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
<b>Actemra<sup>®</sup></b> (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
<b>Keyzara<sup>®</sup></b> (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia<sup>®</sup></b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan <sup>®</sup> , biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret<sup>®</sup></b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Stelara<sup>®</sup></b> (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
<b>Siliq<sup>™</sup></b> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx<sup>®</sup></b> (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
<b>Taltz<sup>®</sup></b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Ilumya<sup>™</sup></b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi<sup>®</sup></b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO
		IV formulation: CD
<b>Tremfya<sup>™</sup></b> (guselkumab SC injection)	Inhibition of IL-23	PsO
<b>Entyvio<sup>™</sup></b> (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic DMARDs</b>		
<b>Otezla<sup>®</sup></b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo<sup>™</sup></b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant<sup>®</sup></b> (baricitinib tablets)	Inhibition of JAK pathways	RA
<b>Rinvoq<sup>®</sup></b> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Sotyktu<sup>™</sup></b> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz<sup>®</sup></b> (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz<sup>®</sup> XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

\* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; <sup>^</sup> Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.