Government Health Plan (GHP) of Puerto Rico

Authorization Criteria – Abatacept IV, SC (Orencia®)
Managed by MCO

Section I. Prior Authorization Criteria

A. Prescriber restriction: Rheumatologist, Pediatric Rheumatologist

B. Physician must document the diagnosis on the prescription:

1. Active moderate to severe rheumatoid arthritis (RA) (ICD-10-CM M06.9, M05.00, M05.30).

2. Moderate to severe polyarticular juvenile idiopathic arthritis (**PJIA**) in patients six years of age and older (ICD-10 -CM M08.0, M08.2, M08.3, M08.4 and M08.9).

Note: refer to Table 1 to see which abatacept dosage presentations are approved for each indication.

C. Physician must submit evidence of a NEGATIVE intradermal tuberculin (PPD) test result or results of a chest X-ray, or a certification of negative tuberculosis risk prior to treatment initiation.

D. Physician must document or certify that:
1. Patient is ≥ 6 years of age - *applies to PJIA indication only*
2. Number of joints involved (AJC >4) – *applies to PJIA indication only*
3. Patient is not concurrently using other biological agents (see *Table 2*).
4. Patient was treated with one or more anti-rheumatic disease modifying drugs (see *Table 3*) and failed therapy after three months of treatment or presented toxicity.

E. Assess clinical response after the first three months of treatment.

Table 1. *Dosage Presentation forms by indication*	
RA in adults	Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML Abatacept Subcutaneous Inj 125 MG/ML Abatacept Subcutaneous Soln Auto-Injector 125MG/ML Abatacept For IV Soln 250 MG
PJIA	Abatacept For IV Soln 250 MG

Table 2. *Biological agents approved for RA*
• Enbrel (etanercept) • Humira(adalimumab) • Remicade (infliximab) • Kineret (anakinra) • Rituxan (rituximab) • Cimzia (certolizumab)

Table 3. *Agents classified as disease-modifying antirheumatic drugs (DMARDs)*
• Hydroxychloroquine • Leflunomide • Methotrexate (MTX) • Sulfazalazine • Minocycline

Section II. References

1. Abatacept (Orencia) package insert. Bristol Myers Squibb. Updated 06/2016
2. Singh J, Furst D, Bharat A, et.al. 2015 Update of the 2012 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis. Arthritis Care & Research. 2015;64(5):625-639.
3. Ringold S, Weiss P, et.al. 2013 Update of the 2011 American College of Rheumatology Recommendations for the Treatment of Juvenile Idiopathic Arthritis. Arthritis Care & Rheumatism. 2013;65(10): 2499-2512

Section III. Review Log

Approved:	December 11, 2014
Revised:	January 26, 2017

GPI	GPI Name
66400010002120	Abatacept for IV Soln 250 mg
6640001000E520	Abatacept Subcutaneous Soln Prefilled Syringe 125 mg/ml
6640001000D520	Abatacept Subcutaneous Soln Auto-Injector 125 mg/ml