

CRITERIA FOR PRIOR AUTHORIZATION

Orencia® (abatacept)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Abatacept (Orencia®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA): (must meet all of the following)

- Patient must have a diagnosis of rheumatoid arthritis
- Must be prescribed by a rheumatologist
- Evaluation for latent tuberculosis (TB) with TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

CRITERIA FOR JUVENILE IDIOPATHIC ARTHRITIS (JIA): (must meet all of the following)

- Patient must have a diagnosis of juvenile idiopathic arthritis
- Must be prescribed by a rheumatologist
- Evaluation for latent TB with TB skin test prior to initial prior authorization approval
- Patient must be 2 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days

LENGTH OF APPROVAL: 12 months

Notes:

- Warning: May have an increased risk of serious infections.
- Orencia® may be used as monotherapy or 1st line without regard to Methotrexate and Disease Modifying Anti-Rheumatic Drugs (DMARD) for Adult RA, and Juvenile Idiopathic Arthritis.