

**STRIDE<sup>SM</sup> (HMO) MEDICARE ADVANTAGE**

**Effective Date: January 1, 2017**

**Subject: Orencia® (abatacept)**

**Policy:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers medically necessary Orencia® (abatacept) for eligible members when specific criteria are met.

Covered services must be:

- Reasonable and medically necessary based on the member’s condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member’s medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Provided by contracted vendor(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.<sup>1</sup>

**Authorization:**

Prior authorization is required for all injections of Orencia® (abatacept).

- Initial authorization is limited to a period of 12 months.
- Reauthorization of on-going treatment may be approved for up to 12 months.

**Criteria:**

Condition	Criteria
<p><b>Rheumatoid Arthritis (RA)</b></p> <p><b>Recommended dosage*:</b></p> <ul style="list-style-type: none"> <li>• For patients with body weight less than 60 kg (&lt;132 lbs.): 500 mg (2 vials) intravenously (IV);</li> <li>• For patients with body weight between 60-100 kg (132-220 lbs.): 750 mg (3 vials) IV;</li> </ul>	<p>Authorized when documentation confirms drug is prescribed by a board-certified or board eligible rheumatologist, and ALL the following:</p> <ol style="list-style-type: none"> <li>1. Member age 18 years or older has moderately to severely active RA;</li> <li>2. History of treatment failure with, or contraindication to one traditional DMARD<sup>2</sup></li> </ol>

<sup>1</sup> Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

**Medical Review Criteria**

**Orencia® (abatacept)**

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*Harvard Pilgrim Stride<sup>SM</sup> (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.*

Condition	Criteria
<ul style="list-style-type: none"> <li>For patients with body weight between over 100 kg (220+ lbs.): 1000 mg (4 vials) IV.</li> </ul> <p><b>*Following the initial IV dose, Orencia® should be administered at 2 and 4 weeks, then every 4 weeks following.</b></p>	agent;
<p><b>Polyarticular Juvenile Idiopathic Arthritis (PJIA)</b></p> <p>Recommended dosage*:</p> <ul style="list-style-type: none"> <li>For pediatric patients with body weight less than 75 kg (165 lbs.): 10 mg/kg IV;</li> <li>For pediatric patients with body weight 75 kg or more (165+ lbs.), follow Adult RA dosing recommendation (above)- not to exceed a maximum dose of 1000 mg.</li> </ul> <p><b>*Following the initial IV dose, Orencia® should be administered at 2 and 4 weeks, then every 4 weeks following.</b></p>	Authorized when medical record documentation confirms drug is prescribed by a board-certified or board eligible rheumatologist, and ALL the following: <ol style="list-style-type: none"> <li>Member age 6 years or older has moderately to severely active PJIA;</li> </ol>
<p><b>Active Psoriatic Arthritis in Adults</b></p>	Authorization of 12 months may be granted for treatment of active psoriatic arthritis (PsA)

**Exclusions:**

HPHC does not cover Orencia® (abatacept) when criteria above are not met.

**Coding:**

CPT® Code	Description
J0129	Injection, abatacept, per 10 mg

**Approved by UMPCP: 8/24/16**

- Initial Approval: 8/12/15 (effective 1/1/16)**

<sup>2</sup> Traditional DMARD agents include azathioprine, cyclosporine, d-penicillamine, gold sodium, thiomalate, methotrexate, auranofin, aurothioglucose, hydroxychloroquine, leflunomide, and sulfasalazine.

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**Summary of Changes:**

Date	Summary
8/16	Annual review/update. Update references.

**References:**

1. Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals:  
<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>
2. Rescribing information: Orencia® . Princeton, NJ; Bristol-Meyers Squibb Company. (Revised 6/16)  
(Accessed 8/8/16):  
[http://packageinserts.bms.com/pi/pi\\_orencia.pdf](http://packageinserts.bms.com/pi/pi_orencia.pdf)

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