Corporate Medical Policy

Abatacept (Orencia®)

File Name:	abatacept_orencia
Origination:	4/2008
Last CAP Review:	2/2020
Next CAP Review:	2/2021
Last Review:	6/2020

Description of Procedure or Service

Abatacept (Orencia®), a selective T cell co-stimulation modulator, inhibits T cell (T lymphocyte) activation by binding to CD80 and CD86, thereby blocking interaction with CD28. Blockage of this interaction prevents the co-stimulatory signal necessary for full activation of T lymphocytes. Activated T lymphocytes are implicated in the pathogenesis of rheumatoid arthritis (RA) and psoriatic arthritis (PsA), and are found in the synovium of patients with RA and PsA. Abatacept is approved by the U.S. Food and Drug Administration (FDA) 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. For RA, abatacept may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists. Abatacept intravenous infusion is also FDA approved for reducing signs and symptoms in pediatric patients 6 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (JIA). For JIA, abatacept may be used alone or in combination with methotrexate. In July, 2017, abatacept received FDA approval for treatment of adults with active psoriatic arthritis (PsA). For PsA, abatacept may be used alone or in combination with non-biologic DMARDs, such as methotrexate.

Rheumatoid arthritis (RA) is a chronic, inflammatory, autoimmune disorder characterized by inflammation of synovial joints resulting in progressive erosion of cartilage and bone. The main objectives of treatment of RA are three-fold: to interfere with the disease process (i.e., inflammation and destruction of the joints), preserve physical function, and prevent long-term disability. The American College of Rheumatology (ACR)'s guidelines for the treatment of RA (1996) recommend that newly diagnosed patients with RA begin treatment with disease modifying anti-rheumatic drugs (DMARDs) within 3 months of diagnosis. Methotrexate remains the most commonly prescribed DMARD and is the standard by which recent new and emerging therapies are measured.

Related Policies:
Golimumab (Simponi Aria)
Infliximab (Remicade)
Place of Service for Medical Infusions
Rituximab for the Treatment of Rheumatoid Arthritis
Tocilizumab (Actemra)

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for Abatacept (Orencia®) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Abatacept (Orencia®)

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Coverage for Abatacept (Orencia®) requires prior review.

When Abatacept is covered

Abatacept (Orencia®) may be considered medically necessary when the following criteria are met:

1. One of the following conditions is present:

   A. Adults with moderately to severely active rheumatoid arthritis, **OR**

   B. Moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in patients six years of age or older, **OR**

   C. Adults with active psoriatic arthritis; **AND**

2. For patients with rheumatoid arthritis or psoriatic arthritis, the patient has failed to respond adequately or is intolerant to Remicade® (infliximab) **OR** Simponi Aria (golimumab).

When Abatacept is not covered

1. **Abatacept (Orencia®)** is considered not medically necessary for the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis when criteria under "When Abatacept is covered" are not met.

2. **Abatacept (Orencia®)** is considered not medically necessary when used in combination with Tumor Necrosis Factor (TNF) inhibiting drugs or other biologics including Rituxan (rituximab), Kineret (anakinra), Kevzara (sarilumab), Cosentyx (secukinumab), Actemra (tocilizumab), and Xeljanz (tofacitinib).

3. **Abatacept (Orencia®)** is considered investigational when used for the treatment of multiple sclerosis, systemic lupus erythematosus, graft versus host disease (GVHD) and other non FDA-approved indications. BCBS NC does not cover investigational services.

Policy Guidelines

Abatacept (Orencia®) may be used alone or in combination with methotrexate.

Abatacept (Orencia®) is administered as a 30 minute IV infusion based on weight. Following the initial intravenous infusion, abatacept should be given at 2 and 4 weeks, then every 4 weeks thereafter. Authorization may be renewed if the biologic has improved the patient's condition as determined by clinical assessment or various rheumatoid arthritis disease assessment tools.

According to the Food and Drug Administration (FDA) approved labeling for abatacept, the dose should not exceed 1000 mg every 4 weeks (maintenance); allow 1000 mg at 2 weeks and 4 weeks after the initial infusion only.

The approved labeling does not describe circumstances in which dosages above this maximum would be considered safe and effective.

Intravenous dosing with abatacept (Orencia) for treatment of JIA has not been studied in patients younger than 6 years of age.

Subcutaneous administration for adult rheumatoid arthritis

- Subcutaneous Orencia may be intiated with or without an intravenous loading dose
- After a single intravenous infusion as a loading dose (as per body weight indications), 125 mg administered by a subcutaneous injection should be given within a day, followed by 125 mg subcutaneously once a week
- Patients who are unable to receive an infusion may initiate weekly injections of subcutaneous Orencia without an intravenous loading dose
- Patients transitioning from Orencia intravenous therapy to subcutaneous administration should administer the first subcutaneous dose instead of the next scheduled intravenous dose

Subcutaneous administration for JIA and psoriatic arthritis

- Subcutaneous Orencia may be initiated without the need for an intravenous loading dose
- For patients with psoriatic arthritis transitioning from Orencia intravenous therapy to subcutaneous administration, the first subcutaneous dose should be administered instead of the next scheduled intravenous dose
- For patients with JIA, Orencia subcutaneous injection should be initiated without an intravenous loading dose, using weight-based dosing
- Subcutaneous dosing is administered once weekly

DEFINITIONS

Biologic DMARDs: A class of drugs thought to work by targeting components of the immune system by blocking specific immune cytokines, blocking other cytokines, binding with cytokines suppressing Il-12 and IL-23, or by directly suppressing lymphocytes; includes the anti-CD20 monoclonal antibodies (e.g. rituximab), interleukin-1 receptor antagonists (IL-1Ra) (e.g. anakinra), interleukin-6 (IL-6) receptor antagonists (e.g. tocilizumab, sarilumab), interleukin-(IL)-12 and IL- 23 antagonists (e.g. ustekinumab), selective co-stimulation modulators (e.g. abatacept), interleukin-17 receptor antagonists (e.g. secukinumab), and the tumor necrosis factor (TNF) antagonists (inhibitors).

Nonbiologic DMARDs: A class of drugs, also referred to as synthetic DMARDs, thought to work by altering the immune system function to halt the underlying processes that cause certain forms of inflammatory conditions, although their exact mechanisms of action are unknown. Drugs in this class include azathioprine, hydroxychloroquine, leflunomide, methotrexate (MTX), minocycline, organic gold compounds, penicillamine, and sulfasalazine.

Tumor Necrosis Factor (TNF) antagonists: A class of biologic DMARDs designed to neutralize inflammatory cytokines that target specific pathways of the immune system and either enhance or inhibit immune response. Drugs in this class include adalimumab (Humira® , Abbott Laboratories, North Chicago, IL), certolizumab pegol (Cimzia® , UCB, Inc., Smyrna, GA), etanercept (Enbrel®, Immunex Corporation, Thousand Oaks, CA), golimumab (Simponi™, Centocor Ortho Biotech Inc., Horsham, PA), and infliximab (Remicade®, Centocor Ortho Biotech Inc., Horsham, PA).

Site of Care Eligibility

1. Abatacept (Orencia) administration may be given in an inpatient setting if the inpatient setting is medically necessary. An inpatient admission for the sole purpose of abatacept (Orencia) infusion is not medically necessary, OR
2. Abatacept (Orencia) administration in a hospital outpatient setting is considered medically necessary if the following criteria are met:
    a. History of mild adverse events that have not been successfully managed through mild pre-medication (diphenhydramine, acetaminophen, steroids, fluids, etc.), OR

   b. Inability to physically and cognitively adhere to the treatment schedule and regimen complexity, OR
   c. First infusion, OR
   d. Less than 3 months since first abatacept (Orencia) infusion, OR
   e. First infusion after six months of no abatacept (Orencia) infusions, OR
   f. Requirement of a change in abatacept (Orencia) product.
3. Members who do not meet the criteria above are appropriate for abatacept (Orencia) administration in a **home-based infusion** or physician office setting with or without supervision by a certified healthcare professional. Inpatient and hospital outpatient infusion, in the absence of the criteria in #1 or #2 above is considered not medically necessary.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: *J0129*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Bristol-Myers Squibb Co. Orencia® (abatacept) product information. Retrieved 3/14/08 from http://www.orencia.com/orencia/home/index.jsp?BV_UseBVCookie=Yes.

Senior Medical Director review, 3/20/2008.

Schiff M, Keiserman M, Codding C, et.al. Efficacy and safety of abatacept or infliximab versus placebo in ATTEST: a phase III, multicenter, randomized, double-blind, placebo-controlled study in patients with rheumatoid arthritis and an inadequate response to methotrexate. Ann Rheum Dis. published online 29 Nov 2007; doi 10.1136/ard.2007.080002.

Bristol-Myers Squibb Co. U.S. Food and Drug Administration Approves ORENCIA® (abatacept) for the Treatment of Moderate-to-Severe Polyarticular Juvenile Idiopathic Arthritis (JIA) in Patients Six Years and Older. Retrieved 10/7/08 from http://newsroom.bms.com/article_display.cfm?article_id=5249

FDA Website. Approval History: sBLA 125057/114. Retrieved 10/7/08 from http://www.fda.gov/cder/foi/appletter/2008/125057s114ltr.pdf

Bristol-Myers Squibb Co. Orencia® (abatacept) full prescribing information. Retrieved 10/29/09 from http://packageinserts.bms.com/pi/pi_orencia.pdf

Specialty Matched Consultant Advisory Panel – 1/2010

Specialty Matched Consultant Advisory Panel- 2/2011

FDA website, Retrieved 6/23/11 from http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM192052.pdf

Bristol-Myers Squibb Co. Orencia® (abatacept) full prescribing information. Retrieved 8/10/11 from http://packageinserts.bms.com/pi/pi_orencia.pdf

Specialty Matched Consultant Advisory Panel- 2/2012.

United States Food and Drug Administration, Available at: http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM192052.pdf
Last accessed February 4, 2013.

Specialty Matched Consultant Advisory Panel- 2/2013.

Specialty Matched Consultant Advisory Panel- 2/2014

United States Food and Drug Administration, Available at: http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM192052.pdf Last accessed February 6, 2015

Specialty Matched Consultant Advisory Panel- 2/2015

Specialty Matched Consultant Advisory Panel- 2/2016

National Institute for Health and Clinical Excellence (NICE). Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis. . Technology Appraisal Guidance 373. London, UK: NICE; 2015

National Institute for Health and Clinical Excellence (NICE). Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed. Technology Appraisal Guidance 375. London, UK: NICE; 2016

Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Rheumatol. 2016; 68(1):1-26. Available at: http://www.rheumatology.org/Portals/0/Files/ACR%202015%20RA%20Guideline.pdf

FDA prescribing information. Available at: http://packageinserts.bms.com/pi/pi_orencia.pdf

Specialty Matched Consultant Advisory Panel- 2/2018

Specialty Matched Consultant Advisory Panel- 2/2019

Bristol-Myers Squibb Company. Orencia (abatacept) for injection for intravenous use and for subcutaneous use. Highlights of prescribing information. March 2019. Available at: http://packageinserts.bms.com/pi/pi_orencia.pdf. Last accessed February 2020.

Specialty Matched Consultant Advisory Panel- 2/2020

Policy Implementation/Update Information

4/1/08 New policy developed. Under the "When Covered" section;"Orencia® (abatacept) may be medically necessary for the treatment of rheumatoid arthritis when the medical criteria and guidelines shown below are met: 1.The patient has moderate to severe rheumatoid arthritis; and 2. The patient has failed to respond adequately to at least one Tumor Necrosis Factor (TNF) inhibiting drug or is intolerant to all TNF-inhibiting drugs (i.e., Remicade (infliximab), Enbrel (etanercept), Humira (adalimumab); and 3. Orencia® (abatacept) may be used alone or in combination with methotrexate. Under the "When Not Covered" section; "1. When the criteria stated above are not met. 2. Orencia® (abatacept) should not be used in combination with Tumor Necrosis Factor (TNF) inhibiting drugs or other rheumatoid arthritis biologics including Rituxan (rituximab) or Kineret (anakinra), an interleukin-1 receptor antagonist. 3. Orencia® (abatacept) is not covered when used for the treatment of juvenile rheumatoid arthritis, juvenile idiopathic arthritis (JIA), multiple sclerosis, systemic lupus erythematosus, graft versus host disease (GVHD) and other non FDA-approved indications is considered investigational." Senior Medical Director review, 3/20/2008. References added. Notification given April 1, 2008. Policy effective July 1, 2008.

7/01/08 Added additional FDA indication to the "When Covered" section to include #4. "Orencia® (abatacept) may be covered when used for the treatment of moderate to severe juvenile idiopathic arthritis (JIA) in patients six years and older." Removed reference to JIA from #3 under the "When Not Covered" section.

11/3/08 Removed criteria from the "When Covered" section requiring "The patient has failed to respond adequately to at least one Tumor Necrosis Factor (TNF) inhibiting drug or is intolerant to all TNF-inhibiting drugs (i.e., Remicade (infliximab), Enbrel (etanercept), Humira (adalimumab)." Revised "Policy Guidelines" section. References added (btw)

2/2/10 Specialty Matched Consultant Advisory Panel review 1/5/2010. Updated "Description" section. No change to policy statement. References added. (btw)

4/30/10 Policy number(s) removed. (btw)

3/15/11 Specialty Matched Consultant Advisory Panel review 2/2011. Medical definitions removed. Moved the following statement from the "When not Covered" section to "Policy Guidelines" section: "Orencia® (abatacept) may be used alone or in combination with methotrexate." (lpr)

7/1/11 Added quantity limitations to Policy Guidelines. Medical director review 6/2011. Notification date 7/1/11 for effective date of 10/1/11. Also added indications for subcutaneous use to Policy Guidelines since Orencia was recently approved for subcutaneous use by the FDA. (lpr)

3/20/12 Deleted statement under "When Not Covered"which read:when criteria stated above not met. Also under "When Not Covered" changed statement 1. to read " is considered not medically necessary" and 2. to read " investigational". Specialty Matched Consultant Advisory Panel review meeting 2/29/2012. No change to policy statement. (lpr)

12/1/12 "When Covered" section modified to add medical necessity criterion "The patient has failed to respond adequately or is intolerant to Remicade ® (infliximab)." Notice 12/1/12 effective 2/1/13.

3/12/13 Specialty Matched Consultant Advisory panel review meeting 2/20/2013. No change to policy statement. Reference added. (lpr)

10/15/13 Added trial of Simponi Aria (golimumab) to statement #2 under "When Covered" section. Medical director review 10/2013. (lpr)

4/1/14 Specialty Matched Consultant Advisory Panel review meeting 2/25/2014. No changes to policy statement. (lpr)

3/10/15 Specialty Matched Consultant Advisory Panel review meeting 2/25/2015. No changes to policy statement. (lpr)

4/1/16 Specialty Matched Consultant Advisory Panel review 2/24/2016. No change to policy. (an)

3/31/17 Updated Description section. Added references. Specialty Matched Consultant Advisory Panel review 2/22/2017. No change to policy statement. (an)

8/25/17 New indication added to the "When Covered" section. In July 2017, Orencia received FDA approval for treatment of adults with active psoriatic arthritis. (an)

1/26/18 Policy name "Nononcologic Uses of Rituximab" replaced with correct policy name "Rituximab for the Treatment of Rheumatoid Arthritis" in the Description section. (an)

4/13/18 Updated "When not covered" and "Policy Guidelines" sections to include complete list of biologic DMARDs. Specialty Matched Consultant Advisory panel review meeting 2/28/2018. No changes to policy intent. (krc)

3/12/19 Updated "Policy Guidelines" with the following clarification: "IV dosing with abatacept (Orencia) for treatment of JIA has not been studied in patients younger than 6 years of age." Specialty Matched Consultant Advisory Panel review 2/20/2019. No change to policy statement. (krc)

3/10/20 Updated "When Covered" and "When Not Covered" sections, and "Description" and "Policy Guidelines" sections to provide clarity and consistency with FDA label with no change to policy intent. Reference added. Specialty Matched Consultant Advisory Panel review 2/19/2020. (krc)

6/9/20 Referenced "Place of Service for Medical Infusions" as a related policy. Site of Care criteria added to Policy Guidelines. (krc)