BlueCross BlueShield of North Carolina

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Corporate Medical Policy

Abatacept (Orencia®)

File Name:	abatacept_orencia
Origination:	4/2008
Last CAP Review:	2/2019
Next CAP Review:	2/2020
Last Review:	2/2019

Description of Procedure or Service

Abatacept (Orencia®), a selective 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-stimulating signal necessary for full activation of T lymphocytes. Activated T lymphocytes are implicated in the pathogenesis of rheumatoid arthritis (RA) and are found in the synovium of patients with RA. Orencia (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. Abatacept may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists. **Abatacept (Orencia®)** is also FDA approved for reducing signs and symptoms in pediatric patients six years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis. In July, 2017, Orencia received FDA approval for treatment of adults with active Psoriatic Arthritis. Orencia may be used alone or in combination with 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)
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®) for the treatment of rheumatoid arthritis when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

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 for the treatment of rheumatoid arthritis when:

1. One of the following conditions is present:

   A. Adults with moderate to severe rheumatoid arthritis, **OR**

   B. Moderate to severe juvenile idiopathic arthritis (JIA) in patients six years and older, **OR**

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

2. 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 when critieria 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. It should be given at 2 and 4 weeks after the first infusion, then every 4 weeks. 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 28 days (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 RA

- 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.

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).

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

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)