AETNA BETTER HEALTH® Coverage Policy/Guideline					
Name:	Orencia			Page:	1 of 10
Effective Date:	2/2/2026			Last Review Date:	12/2025
Applies to:	☐Illinois ☐New Jersey ☒Pennsylvania Kids	☐Florida ☒Maryland ☐Virginia		☒Florida Kids ☐Michigan ☒Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Orencia under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

- Moderately to severely active rheumatoid arthritis (RA) in adults
- Moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older
- Active psoriatic arthritis (PsA) in patients 2 years of age and older
- Prophylaxis of acute graft versus host disease (aGVHD), in combination with a calcineurin inhibitor and methotrexate, in adults and pediatric patients 2 years of age and older undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor

Compendial Uses

- Oligoarticular juvenile idiopathic arthritis[12]
- Chronic graft versus host disease[8]
- Immune checkpoint inhibitor-related toxicity[8]

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Non-preferred:
Orencia

Policy/Guideline:

Documentation for all indications:
The patient is unable to take THREE preferred products (a preferred adalimumab product, a preferred tocilizumab product, Enbrel, Kevzara, Orencia, Otezla or Rinvoq), where indicated, for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Rheumatoid Arthritis (RA)

Initial Requests

- Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
- Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).

Continuation Requests

Chart notes or medical record documentation supporting positive clinical response.

Articular Juvenile Idiopathic Arthritis (JIA)

Initial requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy.

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Psoriatic Arthritis (PsA)

Initial requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Chronic Graft Versus Host Disease

Initial requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Continuation requests

Chart notes or medical record documentation supporting positive clinical response.

Immune Checkpoint Inhibitor-Related Toxicity

Initial requests

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with one of the following:

- Rheumatoid arthritis and articular juvenile idiopathic arthritis: rheumatologist
- Psoriatic arthritis: rheumatologist or dermatologist
- Prophylaxis of acute graft versus host disease (aGVHD), chronic GVHD, and immune checkpoint inhibitor-related toxicity: oncologist or hematologist

Coverage Criteria

Rheumatoid Arthritis (RA)[1-4,9-11]

Authorization of 12 months may be granted for adult members who have previously received a biologic or targeted synthetic drug indicated for moderately to severely active rheumatoid arthritis (RA) within the past 120 days.

Authorization of 12 months may be granted for adult members for treatment of moderately to severely active RA when both of the following criteria are met:

- Member meets either of the following:
  - Member has been tested for either of the following biomarkers and the test was positive:
    - Rheumatoid factor (RF)
    - Anti-cyclic citrullinated peptide (anti-CCP)
  - Member has been tested for ALL of the following biomarkers:
    - RF
    - Anti-CCP
    - C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)

- Member meets ONE of the following:
  - Member has failed to achieve a low disease activity after a 3-month trial of methotrexate (MTX) monotherapy at a maximum titrated dose of at least 15 mg per week and meets any of the following conditions:
    - Member has had a documented inadequate response to MTX in combination with at least one other conventional synthetic drug (i.e., hydroxychloroquine and/or sulfasalazine) after a 3-month trial at a maximum tolerated dose(s).
    - Member has experienced a documented intolerable adverse event to hydroxychloroquine or sulfasalazine.
    - Member has a documented contraindication to hydroxychloroquine (see Appendix A) and sulfasalazine (e.g., porphyria, intestinal or urinary obstruction).
    - Member has moderate to high disease activity.
  - Member was unable to tolerate a 3-month trial of MTX monotherapy at a maximum titrated dose of at least 15 mg per week and meets any of the following conditions:
    - Member has had a documented inadequate response to MTX in combination with at least one other conventional synthetic drug (i.e., hydroxychloroquine and/or sulfasalazine) after a 3-month trial at a maximum tolerated dose(s).
    - Member has stopped taking MTX and has had a documented inadequate response to another conventional synthetic drug (i.e., leflunomide, hydroxychloroquine, and/or sulfasalazine) alone or in combination after a 3-month trial at a maximum tolerated dose(s).
    - Member has experienced a documented intolerable adverse event to leflunomide, hydroxychloroquine, or sulfasalazine.
    - Member has a documented contraindication to leflunomide, hydroxychloroquine (see Appendix A), and sulfasalazine (e.g., porphyria, intestinal or urinary obstruction).
    - Member has moderate to high disease activity.
  - Member has experienced a documented intolerable adverse event or has a documented contraindication to MTX (see Appendix A), discontinues MTX, and meets any of the following conditions:
    - Member has had a documented inadequate response to another conventional synthetic drug (i.e., leflunomide, hydroxychloroquine, and/or sulfasalazine) alone or in combination after a 3-month trial at a maximum tolerated dose(s).

- Member has experienced a documented intolerable adverse event to leflunomide, hydroxychloroquine, or sulfasalazine.
- Member has a documented contraindication to leflunomide, hydroxychloroquine (see Appendix A), and sulfasalazine (e.g., porphyria, intestinal or urinary obstruction).
- Member has moderate to high disease activity.

Articular Juvenile Idiopathic Arthritis (JIA)[1,5,12]

Authorization of 12 months may be granted for members 2 years of age or older who have previously received a biologic or targeted synthetic drug indicated for moderately to severely active articular juvenile idiopathic arthritis.

Authorization of 12 months may be granted for members 2 years of age or older for treatment of moderately to severely active articular juvenile idiopathic arthritis when any of the following criteria is met:

- Member has had an inadequate response to methotrexate or another conventional synthetic drug (e.g., leflunomide, sulfasalazine, hydroxychloroquine) administered at an adequate dose and duration.
- Member has had an inadequate response to a trial of scheduled non-steroidal anti-inflammatory drugs (NSAIDs) and/or intra-articular glucocorticoids (e.g., triamcinolone hexacetonide) and one of the following risk factors for poor outcome:
  - Involvement of ankle, wrist, hip, sacroiliac joint, and/or temporomandibular joint (TMJ)
  - Presence of erosive disease or enthesitis
  - Delay in diagnosis
  - Elevated levels of inflammation markers
  - Symmetric disease
- Member has risk factors for disease severity and potentially a more refractory disease course (see Appendix B) and member also meets one of the following:
  - High-risk joints are involved (e.g., cervical spine, wrist, or hip)
  - Has high disease activity
  - Is judged to be at high risk for disabling joint disease

Psoriatic Arthritis (PsA)[1,6,13-14]

Authorization of 12 months may be granted for members 2 years of age or older who have previously received a biologic or targeted synthetic drug indicated for active psoriatic arthritis.

Authorization of 12 months may be granted for members 2 years of age or older for treatment of active psoriatic arthritis when either of the following criteria is met:

- Member has mild to moderate disease and meets one of the following criteria:
  - Member has had an inadequate response to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine) administered at an adequate dose and duration.
  - Member has an intolerance or contraindication to methotrexate or leflunomide (see Appendix A), or another conventional synthetic drug (e.g., sulfasalazine).
  - Member has enthesitis.
- Member has severe disease.

Prophylaxis of Acute Graft Versus Host Disease[1]

Authorization of 1 month may be granted for prophylaxis of acute graft versus host disease in members 2 years of age or older when both of the following criteria are met:

- Member is undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor.
- The requested medication will be used in combination with a calcineurin inhibitor (e.g., cyclosporine, tacrolimus) and methotrexate.

Chronic Graft Versus Host Disease[8]

Authorization of 12 months may be granted for treatment of chronic graft versus host disease when either of the following criteria is met:

- Member has had an inadequate response to systemic corticosteroids.
- Member has an intolerance or contraindication to corticosteroids.

Immune Checkpoint Inhibitor-Related Toxicity[8]

Authorization of 6 months may be granted for treatment of immune checkpoint inhibitor-related toxicity when the member has myocarditis and meets any of the following:

- Member has had an inadequate response to systemic corticosteroids.
- Member has an intolerance or contraindication to corticosteroids.
- Member has concomitant myositis and the requested medication will be used in combination with ruxolitinib.

Continuation of Therapy

Rheumatoid Arthritis (RA)[1-4,9-11]

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active RA and who achieve or maintain a positive clinical response as evidenced by disease activity

improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

Articular Juvenile Idiopathic Arthritis (JIA)[1,5]

Authorization of 12 months may be granted for all members 2 years of age or older (including new members) who are using the requested medication for moderately to severely active articular juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
- Number of joints with limitation of movement
- Functional ability

Psoriatic Arthritis (PsA)[1,6,14]

Authorization of 12 months may be granted for all members 2 years of age or older (including new members) who are using the requested medication for psoriatic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

- Number of swollen joints
- Number of tender joints
- Dactylitis
- Enthesitis
- Skin and/or nail involvement
- Functional status
- C-reactive protein (CRP)

Chronic Graft Versus Host Disease

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for chronic graft versus host disease and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Prophylaxis of Acute Graft Versus Host Disease and Immune Checkpoint Inhibitor-Related Toxicity

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

Other[1,7]

For all indications: Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [TST] or an interferon-release assay [IGRA]) within 6 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.

If the screening testing for TB is positive, there must be further testing to confirm there is no active disease (e.g., chest x-ray). Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

For all indications: Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Appendix

Appendix A: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Hydroxychloroquine, or Leflunomide[15]

- Clinical diagnosis of alcohol use disorder, alcoholic liver disease, or other chronic liver disease
- Drug interaction
- Risk of treatment-related toxicity
- Pregnancy or currently planning pregnancy
- Breastfeeding
- Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension)
- Hypersensitivity
- History of intolerance or adverse event

Appendix B: Risk Factors for Articular Juvenile Idiopathic Arthritis[12]

- Positive rheumatoid factor
- Positive anti-cyclic citrullinated peptide antibodies
- Pre-existing joint damage

Approval Duration and Quantity Restrictions:

Approval:

Initial Approval: Prophylaxis of acute graft versus host disease = 1 month; immune checkpoint inhibitor-related toxicity = 6 months; others = 12 months
Renewal Approval: Prophylaxis of acute graft versus host disease = 1 month; immune checkpoint inhibitor-related toxicity = 6 months; others = 12 months

Quantity Level Limit:

Medication	Standard Limit	Exception Limit*
Orencia (abatacept) subcutaneous injection: 50 mg per 0.4 mL syringe	4 syringes per 28 days	N/A
Orencia (abatacept) subcutaneous injection: 87.5 mg per 0.7 mL syringe	4 syringes per 28 days	N/A
Orencia (abatacept) subcutaneous injection: 125 mg per mL syringe/autoinjector	4 syringes per 28 days	N/A
Orencia (abatacept) intravenous: 250 mg single-use vial	4 vials every 28 days	16 vials per 29 days

*Exception limits apply to loading doses.

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