Orencia IV *(abatacept)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Orencia is a biologic disease-modifying agent that functions as a selective T-cell co- stimulation blocker indicated for several inflammatory conditions including psoriatic arthritis (PsA) and rheumatoid arthritis (RA).
Exclusion Criteria	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.
Age Restriction	None.
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.
Coverage Duration	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J0129	Orencia IV (abatacept) Vial	**Billing unit: 10 mg** 250 mg SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025