



Abatacept (Orencia®) Subcutaneous Injection

Prior Authorization Criteria for the Mail Order and Retail Pharmacies

Abatacept (Orencia) for subcutaneous injection is indicated for the treatment of moderate to severe rheumatoid arthritis in adult patients.

The use of Orencia in combination with other medications that work through the same or a similar mechanism of action, such as anakinra (Kineret), etanercept (Enbrel), adalimumab (Humira), golimumab (Simponi), certolizumab pegol (Cimzia), and infliximab (Remicade), is not well-supported by the clinical literature and may be associated with increased adverse events.

To limit wastage, the maximum quantity of Orencia that will be dispensed at any one time is 8 weeks supply from the mail order pharmacy and 4 weeks supply from retail network pharmacies as part of the TRICARE Pharmacy (TPharm) Program.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for abatacept (Orencia) subcutaneous injection obtained through the mail order or retail network pharmacies as part of the TRICARE Pharmacy (TPharm) Program. The prior authorization form for abatacept (Orencia) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

Prior Authorization Criteria for Abatacept Injection (Orencia)

- Coverage provided for the treatment of moderately to severely active rheumatoid arthritis.
- Coverage NOT provided for concomitant use with anakinra (Kineret), etanercept (Enbrel), adalimumab (Humira), golimumab (Simponi), certolizumab pegol (Cimzia), or infliximab (Remicade).

Criteria approved in March 2003 by the DoD Pharmacy & Therapeutics Committee, amended Nov 2005, Aug 2006, Feb 2008, and Nov 2011 based on changes in FDA indications and new formulations

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