

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide prior authorization criteria for Orencia®.

STATEMENT OF THE POLICY

Health Alliance will approve Orencia®, for new starts only, after appropriate B versus D decisions have been made when the below criteria has been met:

PROCEDURES

1. Inclusion Criteria

- 1.1 All approved FDA indications not otherwise excluded from Part D.
- 1.2 Documentation of a failure to respond to a minimum of a two (2) month trial of a TNF inhibitor (Enbrel, Humira, or Remicade), OR
- 1.3 An intolerance or contraindication to any TNF inhibitor AND
- 1.4 Concurrent treatment w methotrexate, unless intolerance or contraindicated to methotrexate.
- 1.5 TB screening
- 1.6 Prescribed by a rheumatologist
- 1.7 Approved for six (6) months at a time.

2. Exclusion Criteria:

- 2.1 Patients with clinically important infections (eg, cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Disease, osteomyelitis