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Orencia (Abatacept) Policy

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<th>Policy Number</th>
<th>Annual Approval Date</th>
<th>Approved By</th>
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<tbody>
<tr>
<td>2017D0039A</td>
<td>5/1/2016</td>
<td>• National Pharmacy &amp; Therapeutics Committee</td>
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<tr>
<td></td>
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<td>• United Healthcare Community Plan Payment Policy Committee</td>
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

UnitedHealthcare Community Plan uses a customized version of the Optum Claims Editing System known as iCES Clearinghouse to process claims in accordance with UnitedHealthcare Community Plan reimbursement policies.

*CPT® is a registered trademark of the American Medical Association

Application

This drug policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.
Payment Policies for Medicare & Retirement and Employer & Individual please use this link. Medicare & Retirement Policies are listed under Medicare Advantage Reimbursement Policies. Employer & Individual are listed under Reimbursement Policies-Commercial.

### Policy

#### Overview

This policy provides information about Orencia (abatacept) and its recommended use. Orencia is an immunomodulator that blocks T-cell (T-lymphocyte) activation. Activated T-lymphocytes are implicated in the pathogenesis of rheumatoid arthritis and are found in the synovium of patients with this chronic condition. Orencia is Food and Drug Administration (FDA) approved for the treatment of adult rheumatoid arthritis and juvenile idiopathic arthritis.

#### Reimbursement Guidelines

Abatacept is proven for the treatment of:
1. Rheumatoid arthritis
2. Polyarticular juvenile idiopathic arthritis (JIA)

**Additional information to support medical necessity review where applicable:**

The use of abatacept in the treatment of rheumatoid arthritis should be limited to patients with moderate to severe disease activity who have had an inadequate response to one or more disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate, azathioprine, gold, hydroxychloroquine, penicillamine, or sulfasalazine) or one or more tumor necrosis factor (TNF) antagonists, i.e. adalimumab (Humira®), etanercept (Enbrel®), or infliximab (Remicade®). The use of anti-TNF agents including etanercept, infliximab, or adalimumab, along with methotrexate in early RA (less than 3 months) should be limited to patients with high disease activity who had never received DMARDs. In intermediate and longer duration RA, anti-TNF agents are recommended for patients who have failed to respond adequately to methotrexate therapy.1-5

The use of abatacept in the treatment of juvenile idiopathic arthritis (JIA) should be limited to patients 6-years of age and older with moderate to severe disease activity who have had an inadequate response to one or more DMARDs.6-7

Abatacept should not be administered concomitantly with TNF antagonists or with anakinra (Kineret®), an interleukin-1 receptor antagonist.8 In controlled clinical trials in patients with adult RA, patients receiving concomitant abatacept and TNF antagonist therapy experienced more infections (63%) and serious infections (4.4%) compared to patients treated with only TNF antagonists (43% and 0.8%, respectively). These trials failed to demonstrate superiority of results with concomitant administration of abatacept and TNF antagonists. Therefore, clinical evidence does not support concurrent therapy with abatacept and TNF antagonists.

Abatacept is unproven for the treatment of:
1. Multiple sclerosis
2. Systemic lupus erythematosus
3. Graft versus host disease (GVHD)
4. Psoriatic arthropathy
5. Uveitis associated with Behçet's disease

### State Exceptions

| Kansas | Kansas is exempt from this policy |

### Codes
HCPCS code section

| J0129 | Injection, abatacept, 10 mg |

Attachments

United Healthcare Community Plan Orencia Policy Allowable ICD-10 Diagnosis List

Approved ICD-10 Diagnosis Codes for Orencia

Resources

Individual state Medicaid regulations, manuals & fee schedules


Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

References


**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
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<tr>
<td>10/1/2017</td>
<td>Policy Retired</td>
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<tr>
<td>1/1/2017</td>
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