**Criteria-Based Consultation Prescribing Program**

**CRITERIA FOR DRUG COVERAGE**

**abatacept (Orencia)**

**Initiation (new start) criteria:** Formulary abatacept (Orencia) will be covered on the prescription drug benefit when the following criteria are met:

1. **Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis**
   - Patient has tried and failed/intolerant to at least 1 of the following:
     - Methotrexate
     - Hydroxychloroquine
     - Sulfasalazine
     - Leflunomide
   - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
     - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
     - Tofacitinib (criteria based)

2. **Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis**
   - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe])
   - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
     - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
     - Tofacitinib (criteria based)

3. **Prescriber is a rheumatologist and patient has a diagnosis of juvenile idiopathic arthritis**
   - Patient is 2 years of age or older
   - Patient has tried and failed/intolerant to at least 1 of the following:
     - Methotrexate
     - Hydroxychloroquine
     - Sulfasalazine
     - Leflunomide
Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

1. Prescriber is a dermatologist or a rheumatologist