



ORENCIA 125 MG/ML PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Renewal: 1 Year

NOTE: *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

❖ Approvable for members 18 years of age and older with rheumatoid arthritis after trial and failure of methotrexate in combination with another DMARD for at least three months

OR

❖ Approvable for members 18 years of age and older with rheumatoid arthritis with high disease activity and features of poor prognosis after trial and failure of Humira and Enbrel for at least three months each.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.