ORENCIA® (abatacept)

In moderate to severe Polyarticular Juvenile Idiopathic Arthritis (pJIA)

Choose ORENCIA to help fight pJIA

ORENCIA was studied in 2 clinical trials in moderate to severe pJIA.[1]

Explore the flexibility of multiple administration options[1]:

- Intravenous (IV) infusion (6 years of age and older)
- Subcutaneous (SC) prefilled syringe (2 years of age and older)

Click to learn more:

JIA-1 (IV) > | JIA-2 (SC) > | Dosing and Administration >

Indications and Usage

Polyarticular Juvenile Idiopathic Arthritis: ORENCIA® (abatacept) is indicated for the treatment of patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA).

Adult Rheumatoid Arthritis: ORENCIA is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA).

Limitations of Use: The concomitant use of ORENCIA with other potent immunosuppressants [e.g., biologic disease-modifying anti-rheumatic drugs (bDMARDS), Janus kinase (JAK) inhibitors] is not recommended.

Selected Important Safety Information

Increased Risk of Infection with Concomitant Use with TNF Antagonists, Other Biologic RA/PsA Therapy, or JAK Inhibitors: Concurrent therapy with ORENCIA and a TNF antagonist is not recommended. In controlled clinical trials, adult RA patients receiving concomitant intravenous ORENCIA and TNF antagonist therapy experienced more infections (63% vs 43%) and serious infections (4.4% vs 0.8%) compared to patients treated with only TNF antagonists, without an important enhancement of efficacy. Additionally, concomitant use of ORENCIA with other biologic RA/PsA therapy or JAK inhibitors is not recommended.

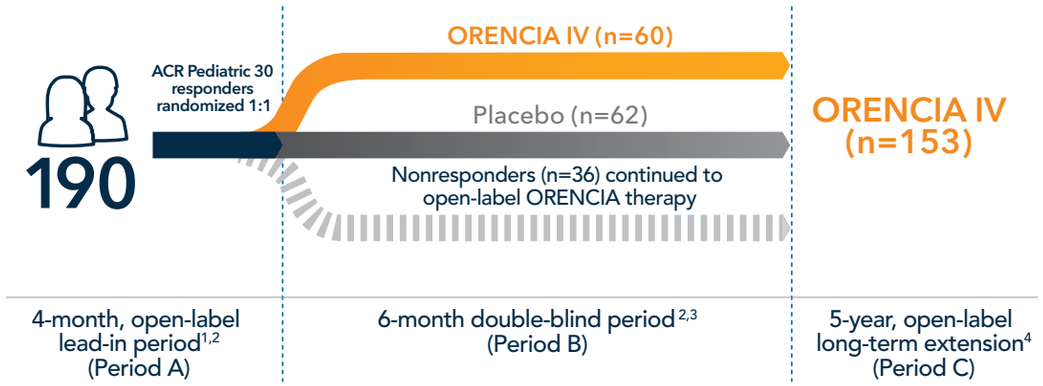
Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

In Moderate to Severe Polyarticular JIA (pJIA)

AWAKEN (JIA-1): ORENCIA IV Trial to Assess Efficacy and Safety in Patients With pJIA

Study design[1-4]

A Phase III, multicenter, double-blind, randomized, placebo-controlled withdrawal trial of patients 6–17 years of age with moderately to severely active polyarticular JIA and an inadequate response to one or more DMARDs, such as MTX or TNF antagonists.



Patients had a disease duration of approximately 4 years with moderately to severely active disease at study entry, as determined by baseline counts of active joints (mean,16) and joints with loss of motion (mean, 16); patients had elevated C-reactive protein (CRP) levels (mean, 3.2 mg/dL) and ESR (mean, 32 mm/h).[1]

Period A was a 4-month, open-label lead-in period where all patients received ORENCIA IV. ORENCIA was infused for 30 minutes at 10 mg/kg (maximum 1,000 mg per dose) on Days 1, 15, 29, and monthly thereafter.[2] Patients achieving an ACR Pediatric 30 response* at the end of Period A were randomized into the double-blind period (Period B) to receive either ORENCIA IV or placebo every 28 days for 6 months or until disease flare.[2,3†] Period C was a 5-year, open-label long-term extension and included patients who received ORENCIA IV or placebo during Period B.[3,4]

At study entry, 74% of patients were receiving MTX and remained on a stable dose (those not receiving MTX did not initiate MTX treatment during the study).[1]

Inclusion criteria[2]

- 6–17 years of age
- History of ≥5 active joints and, at screening, at least 2 active joints and 2 joints with limited range of motion
- Active disease
- Inadequate response to ≥1 DMARD

Endpoints

- Primary: Time difference to flare during 6-month, double-blind period[2†]
- Secondary: Proportion of patients with flare during 6-month, double-blind period[2†]
- 5-year, open-label long-term extension: ACR Pediatric responses; safety[4]

*ACR Pediatric 30 definition of improvement, defined as ≥30% improvement in at least 3 of the 6 JIA core set variables and ≥30% worsening in not more than 1 of the 6 JIA core set variables.

†Disease flare was defined as a ≥30% worsening in at least 3 of the 6 JIA core set variables with ≥30% improvement in not more than 1 of the 6 JIA core set variables; ≥2 cm of worsening of the Physician or Parent Global Assessment was necessary if used as 1 of the 3 JIA core set variables used to define flare, and worsening in ≥2 joints was necessary if the number of active joints or joints with limitation of motion was used as 1 of the 3 JIA core set variables used to define flare.

ACR, American College of Rheumatology; DMARD, disease-modifying antirheumatic drug; IV, intravenous; MTX, methotrexate.

Selected Important Safety Information

Hypersensitivity: There were 2 cases (<0.1%; n=2688) of anaphylaxis reactions in clinical trials with adult RA patients treated with intravenous ORENCIA. Other reactions potentially associated with drug hypersensitivity, such as hypotension, urticaria, and dyspnea, each occurred in <0.9% of patients. There was one case of a hypersensitivity reaction with ORENCIA in pJIA clinical trials (0.5%; n=190). In postmarketing experience, fatal anaphylaxis following the first infusion of ORENCIA and life-threatening cases of angioedema have been reported. Angioedema has occurred as early as after the first dose of ORENCIA, but also has occurred with subsequent doses. Angioedema reactions have occurred within hours of administration and in some instances had a delayed onset (i.e., days). Appropriate medical support measures for treating hypersensitivity reactions should be available for immediate use. If an anaphylactic or other serious allergic reaction occurs, administration of intravenous or subcutaneous ORENCIA should be stopped immediately and pemanently discontinued, with appropriate therapy instituted.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

AWAKEN Trial Results for ORENCIA IV[1]

Primary endpoint results in double-blind period B[2]

(*P*=0.0002, LOG-RANK TEST)

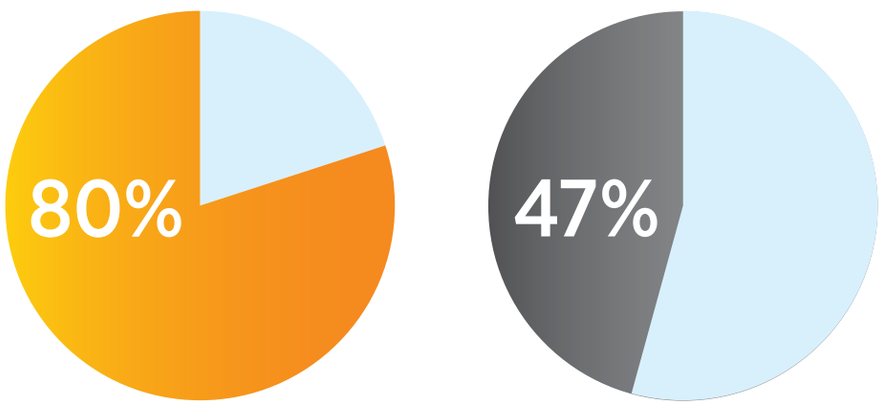
- Median time to flare*; 6 months for placebo patients
- Insufficient events occurred in patients treated with ORENCIA IV for assessment of median time to flare

*Disease flare was defined as a ≥30% worsening in at least 3 of the 6 JIA core set variables with ≥30% improvement in not more than 1 of the 6 JIA core set variables; ≥2 cm of worsening of the Physician or Parent Global Assessment was necessary if used as 1 of the 3 JIA core set variables used to define flare, and worsening in ≥2 joints was necessary if the number of active joints or joints with limitation of motion was used as 1 of the 3 JIA core set variables used to define flare.[1]

Secondary endpoint[1,2]

During the double-blind, randomized withdrawal phase (Period B), patients treated with ORENCIA IV experienced significantly fewer disease flares compared to placebo-treated patients (20% vs 53%, [*P*=0.0003]; 95% CI of the difference, 15%–52%).

80% of patients taking ORENCIA IV had no flares compared with 47% taking placebo[1,2]



Selected Important Safety Information

Infections: Serious infections, including sepsis and pneumonia, were reported in 3% and 1.9% of RA patients treated with intravenous ORENCIA and placebo, respectively. Some of these infections have been fatal. Many of the serious infections have occurred in patients on concomitant immunosuppressive therapy which, in addition to their underlying disease, could further predispose them to infection. Caution should be exercised in patients with a history of infection or underlying conditions which may predispose them to infections. Treatment with ORENCIA should be discontinued if a patient develops a serious infection. Patients should be screened for tuberculosis and viral hepatitis in accordance with published guidelines, and if positive, treated according to standard medical practice prior to therapy with ORENCIA.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

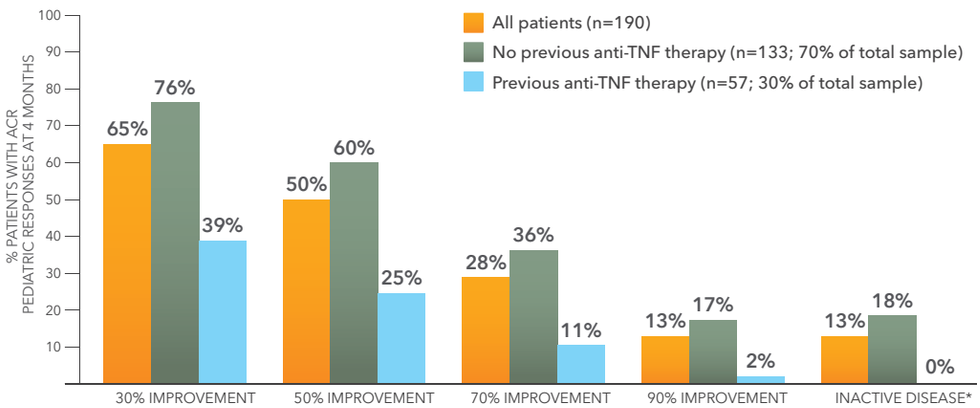
ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

Additional Endpoints: ACR Pediatric Responses

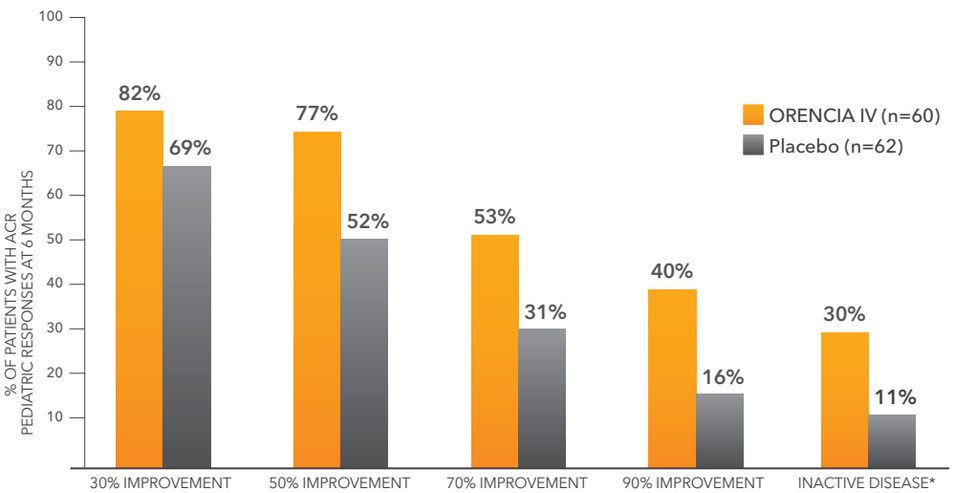
ACR pediatric responses at Month 4[2]

In the AWAKEN IV 4-month, open-label lead-in period, improvement in signs and symptoms was seen in patients with and without previous anti-TNF experience.



Patients with ACR pediatric responses at Month 6[2]

In the AWAKEN IV 6-month, double-blind period, ORENCIA either stabilized or improved symptoms of moderate to severe pJIA versus placebo.[2,3]



*Defined as having no joint with active disease, a physician's global assessment of disease severity score of <10 mm on a 100-mm visual analog scale, and an ESR ≤20 mm/hour.[2]

ESR, erythrocyte sedimentation rate; TNF, tumor necrosis factor.

Selected Important Safety Information

Immunizations: Prior to initiating ORENCIA in pediatric and adult patients, update vaccinations in accordance with current vaccination guidelines. Live vaccines should not be given concurrently with ORENCIA or within 3 months after discontinuation. ORENCIA may blunt the effectiveness of some immunizations. In addition, it is unknown if the immune response of an infant who was exposed in utero to abatacept and subsequently administered a live vaccine is impacted. Risks and benefits should be considered prior to vaccinating such infants.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

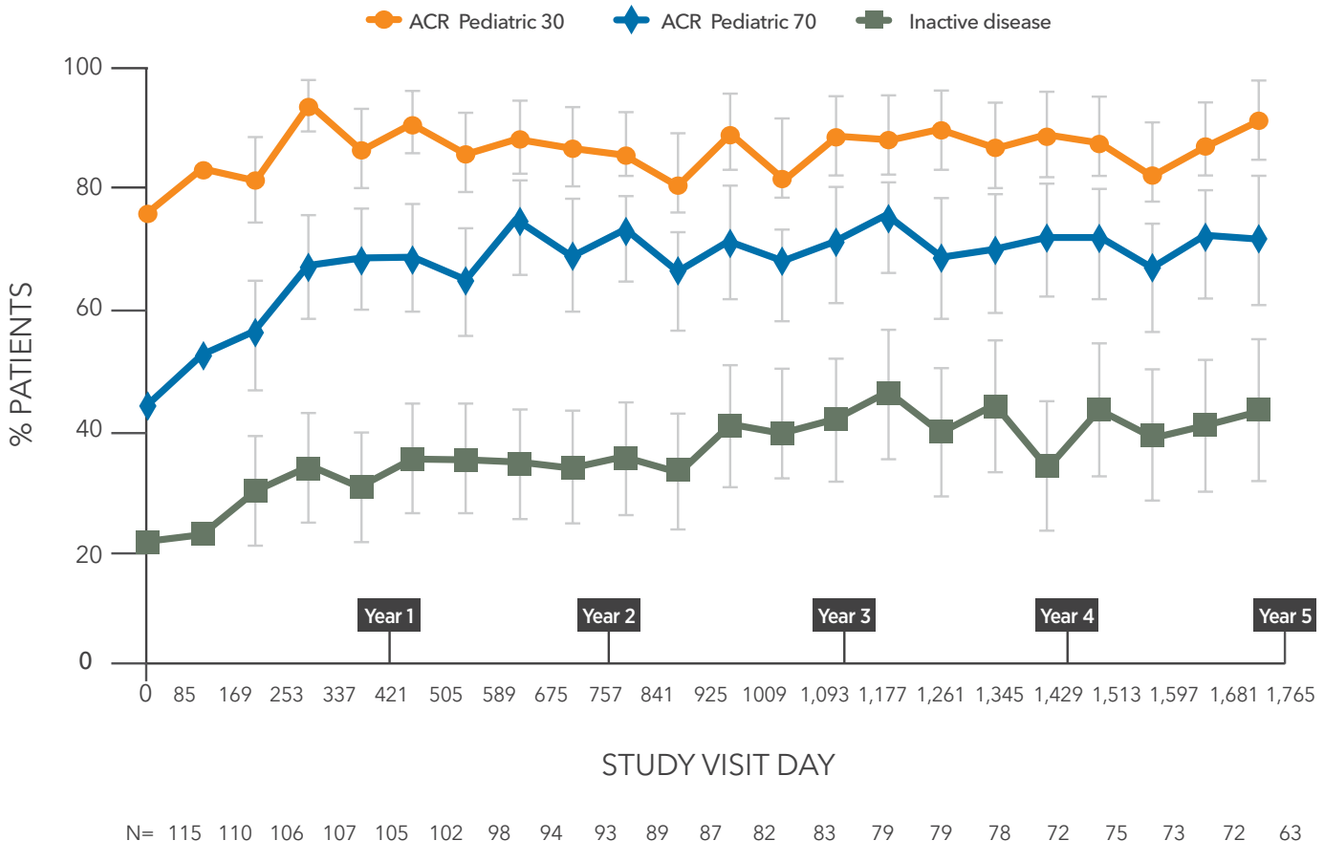
ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

Additional Endpoints: ACR Pediatric Responses (continued)

Over 5 years, ORENCIA IV showed sustained symptom relief for patients with pJIA.[4]*

ACR pediatric responses over time[4]*



Clinical efficacy analyses were based on data derived from patients for whom data were available at each time point (as-observed).[4]

*ACR Pediatric 30/50/70/90 responses were defined as ≥30%/50%/70%/90% improvement in at least 3 of the 6 JIA core set of variables and ≥30% worsening in ≤1 variable.

Selected Important Safety Information

Increased Risk of Adverse Reactions When Used in Patients with Chronic Obstructive Pulmonary Disease (COPD): In Study V, adult COPD patients treated with ORENCIA for RA developed adverse events more frequently than those treated with placebo, including COPD exacerbations, cough, rhonchi, and dyspnea. In the study, 97% of COPD patients treated with ORENCIA developed adverse events versus 88% treated with placebo. Respiratory disorders occurred more frequently in patients treated with ORENCIA compared to those on placebo (43% vs 24%, respectively), including COPD exacerbation, cough, rhonchi, and dyspnea. A greater percentage of patients treated with ORENCIA developed a serious adverse event compared to those on placebo (27% vs 6%), including COPD exacerbation [3 of 37 patients (8%)] and pneumonia [1 of 37 patients (3%)]. Use of ORENCIA in patients with COPD should be undertaken with caution, and such patients monitored for worsening of their respiratory status.

Immunosuppression: In clinical trials in adult RA patients, a higher rate of infections was seen in ORENCIA-treated patients compared to placebo-treated patients. The impact of treatment with ORENCIA on the development and course of malignancies is not fully understood. There have been reports of malignancies, including skin cancer in patients receiving ORENCIA. Periodic skin examinations are recommended for all ORENCIA-treated patients, particularly those with risk factors for skin cancer.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

ORENCIA IV Safety Results: AWAKEN (JIA-1) Trial

ADVERSE EVENTS (AEs) n (%)	4-MONTH OPEN-LABEL PERIOD	6-MONTH DOUBLE-BLIND PERIOD	
	ORENCIA IV (n=190)	ORENCIA IV (n=60)	Placebo (n=62)
Total serious AEs (SAEs)	6 (3%)*	0	2 (3%)
Total AEs†	133 (70%)	37 (62%)	34 (55%)
Infections and infestations	68 (36%)	27 (45%)	27 (44%)
Nasopharyngitis	11 (6%)	4 (7%)	3 (5%)
Upper respiratory tract infection	14 (7%)	4 (7%)	5 (8%)
Influenza	7 (4%)	5 (8%)	4 (7%)
Bacteriuria	3 (2%)	4 (7%)	0
Gastroenteritis	1 (0.5%)	3 (5%)	1 (2%)
Sinusitis	6 (3%)	3 (5%)	2 (3%)
Rhinitis	8 (4%)	1 (2%)	4 (7%)
Gastrointestinal disorders	66 (35%)	10 (17%)	9 (15%)
Abdominal pain	9 (5%)	3 (5%)	1 (2%)
Nausea	19 (10%)	2 (3%)	4 (7%)
Diarrhea	17 (9%)	1 (2%)	1 (2%)
Upper abdominal pain	10 (5%)	1 (2%)	0
General disorders and administration site conditions	26 (14%)	4 (7%)	9 (15%)
Pyrexia	12 (6%)	4 (7%)	5 (8%)
Nervous system disorders	30 (16%)	3 (5%)	2 (3%)
Headache	25 (13%)	3 (5%)	1 (2%)
Respiratory, thoracic, and mediastinal disorders	32 (17%)	6 (10%)	3 (5%)
Cough	17 (9%)	0	2 (3%)

*Acute lymphocytic leukemia, ovarian cyst, varicella infection, disease flare [2], and joint wear.
†AEs that occurred in at least 5% of patients in the open-label and double-blind phases.

The infections resolved without sequelae, and the types of infections were consistent with those commonly seen in outpatient pediatric populations.[1]

Upon continued treatment in the open-label extension period, the types of adverse events were similar in frequency and type to those seen in adult moderate to severe RA patients, except for a single patient diagnosed with multiple sclerosis while on open-label treatment.[1]

Other AEs[1]

One case of hypersensitivity reaction (0.5%) was reported. During Periods A, B, and C, acute infusion-related events occurred at a frequency of 4%, 2%,and 3%, respectively, and the frequencies and were consistent with types of events reported in adults.

Safety Events in LTE[4]

Safety events reported during the LTE phase were comparable among the three treatment groups. One death occurred in the placebo group and was considered to be unrelated to study drug. Six patients discontinued participation in the study due to AEs during the LTE phase, including urticaria and bronchospasm, worsening vitiligo, skin lesions, temporal lobe epilepsy and multiple sclerosis, appendicitis, and bacterial arthritis. With the exception of worsening arthritis, no individual SAE was reported by >2 patients in any group during the LTE phase. During the LTE phase (n=153), 10 serious infections were reported at an incidence rate of 1.72 per 100 patient years of exposure. Serious infections that were considered possibly related to the study treatment included appendicitis, limb abscess, impetigo, herpes zoster infection, varicella, and bacterial arthritis, all of which resolved following treatment. The most frequently reported serious infections were pyelonephritis, bacterial arthritis, and appendicitis (2 patients each).

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

JIA-2: ORENCIA SC in Patients With Moderate to Severe pJIA and Inadequate Response to Biologic or Nonbiologic DMARDs: Pharmacokinetics, Efficacy, and Safety[5]

Study design[1,5]

At the time of ORENCIA approval for moderate to severe pJIA (2017), the Prescribing Information included data on 205 patients as the trial was still ongoing.[1] The data included below references the peer-reviewed publication from 2018, where data are available on a total of 219 patients.[5]

- JIA-2 was a 24-month, single-arm, open-label, international, multicenter, 2-part, Phase III trial of DMARD-IR patients (N=219) with moderately to severely active polyarticular JIA broken into 2 age cohorts: Cohort 1, aged 6–17 years (n=173), and Cohort 2, aged 2–5 years (n=46)[5]
- For the first 4 months (Part 1), patients received open-label ORENCIA SC weekly (without an intravenous loading dose) based on body weight. Patients who responded to treatment (per JIA-ACR 30 criteria) were eligible to continue treatment in the 20-month open-label period (Part 2)[5]
  - Nonresponders at the end of Part 1 could continue until Month 7
- All efficacy, safety, and PK analyses were descriptive, with no formal statistical testing[5]
- Patients (N=219) had a mean disease duration of ≤ 2.0 years (Cohort 1) and 0.5 years (Cohort 2) with active joints (Cohort 1, 10.0; Cohort 2, 7.0), joints with limitation of motion (Cohorts 1 and 2, 8.0) and elevated JADAS-71-CRP levels (Cohort 1,* 21.0; Cohort 2, 18.1)[5]
  - Per Prescribing Information, patients (N=205) had a mean disease duration of 2.5 years with active joints (mean, 11.9), joints with loss of motion (mean, 10.4), and elevated C-reactive protein (CRP) levels (mean, 1.2 mg/dL)[1]
- **At study entry, 78.6% of patients in Cohort 1 and 80.4% of patients in Cohort 2 were receiving concomitant MTX[5]**
  - Per prescribing information, at study entry, 80% of patients (N=205) were receiving MTX and remained on a stable dose of MTX[1]

132 patients (76.3%) in Cohort 1 and 24 (52.2%) in Cohort 2 completed both parts 1 and 2.[5]

*n=171 in Cohort 1.

Limitations of the study[5]

Open-label design and a protocol violation, in which a few patients with undifferentiated and persistent oligoarthritis entered the trial despite not meeting the eligibility criteria. The use of concomitant medications such as MTX and corticosteroids, as well as prior use of biologic DMARDs (including TNF antagonists) in some patients, may have had confounding effects.

Inclusion criteria[5]

- 2–17 years of age
- Active articular disease at baseline (≥2 active joints and ≥2 joints with limitation of motion) and history of ≥5 joints with active disease
- Naïve to ORENCIA treatment, but may have had an inadequate response or prior intolerance to ≥1 nonbiologic or biologic DMARD, including TNF antagonists†

†The proportion of patients with inadequate response to TNF antagonists or other biologic DMARDs was restricted to ≤30% of the study population.

Endpoints[1,5]

- Primary endpoint: ORENCIA steady-state serum trough concentration (C_{minss}) in Cohort 1 at Month 4 (end of Part 1)[5]
  - The primary objective of the study was evaluation of PK in order to support the extrapolation of efficacy based on exposure to ORENCIA supported by descriptive efficacy[1]
- Secondary: Proportion of patients in Cohort 1 achieving JIA-ACR 30 response by the end of Part 1; safety and immunogenicity in both cohorts over Parts 1 and 2
- Exploratory: JIA-ACR 30, 50, 70, 90, 100 responses or inactive disease by the end of Part 2[5‡]

‡Inactive disease was defined as no active joints, physician's global assessment of disease severity of ≤10 mm on a 100-mm visual analog scale, and CRP level of ≤0.6 mg/dL.

Primary endpoint results[5]

- Median C_{minss} values were consistent and >10 mcg/mL (the planned minimal target therapeutic exposure) across all weight groups in Cohort 1 and overall in Cohort 2§

§The results of this study do not indicate that C_{minss} values >10 mcg/mL were associated with either greater effectiveness or an increase in rates of AEs (including infections) at Month 4.

Selected Important Safety Information

Blood Glucose Testing: ORENCIA for intravenous administration contains maltose, which may result in falsely elevated blood glucose readings on the day of infusion when using blood glucose monitors with test strips utilizing glucose dehydrogenase pyrroloquinoline quinone (GDH-PQQ). Consider using monitors and advising patients to use monitors that do not react with maltose, such as those based on glucose dehydrogenase nicotine adenine dinucleotide (GDH-NAD), glucose oxidase or glucose hexokinase test methods. ORENCIA for subcutaneous (SC) administration does not contain maltose; therefore, patients do not need to alter their glucose monitoring.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

The Efficacy of ORENCIA SC Injection in a Phase III Open-Label Trial of DMARD-IR Patients With pJIA[5]

All efficacy, safety, and PK analyses were descriptive, with no formal statistical testing.

Exploratory Endpoint: With ORENCIA SC, JIA-ACR responses were observed in both cohorts

In the entire group (patients aged 2 to 17 years):

- By Month 4, 28.3% of patients in Cohort 1 and 58.7% of patients in Cohort 2 achieved JIA-ACR 90[5]*
- JIA ACR 30/50/70 responses assessed at 4 months in the 2- to 17-year-old patients treated with ORENCIA SC were consistent with the results from ORENCIA IV in Study JIA-1*

*JIA-ACR 30/50/70/90 responses were defined as ≥30%/50%/70%/90% improvement in at least 3 of the 6 JIA core set variables and ≥30% worsening in not more than 1 of the 6 JIA core set variables.[6] Inactive disease was defined as no active joints, physician's global assessment of disease severity of ≤10 mm, and CRP ≤0.6 mg/dL.[5]

Exploratory Endpoint: Response to treatment (Cohort 1, aged 6–17 years) beyond 4 months in the SC trial 20-month, long-term extension (LTE) period.[5]

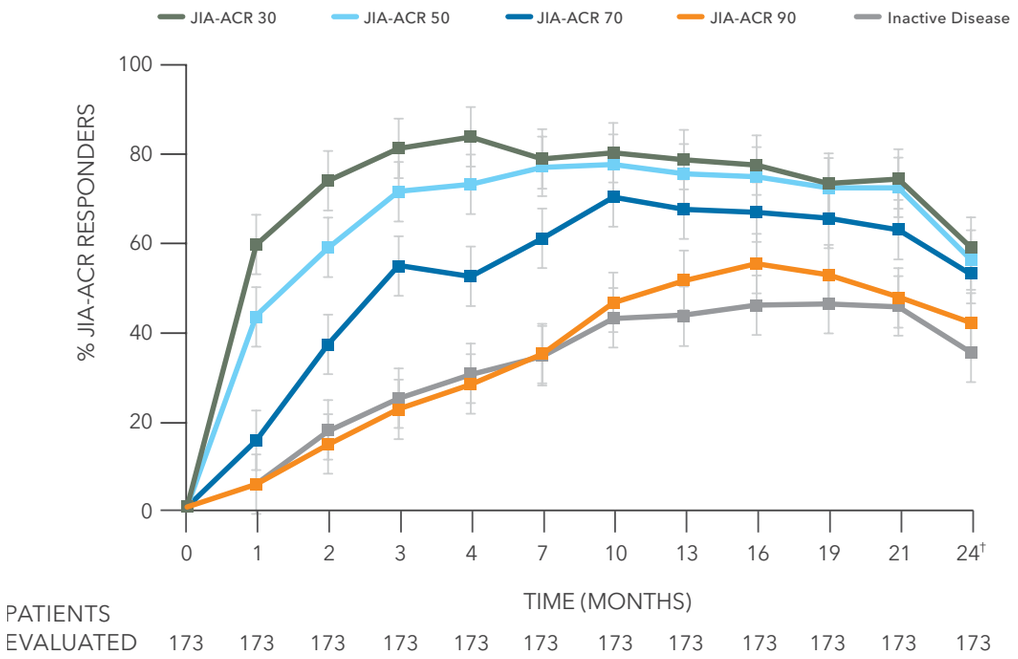


Chart shows efficacy data for the cohort aged 6–17 years, based on the intent-to-treat (ITT) population.
†Data for Month 24 may not accurately represent efficacy at that time point, as there was a decreased number of patients with data collected at this visit. Patients with missing data at a given time point were recorded as nonresponders.[5]

- Median exposure to abatacept during the cumulative period was 24.3 months for patients in Cohort 1 and 24.1 months for patients in Cohort 2[5]

DMARD-IR, patients with an inadequate response to disease-modifying rheumatic drugs.

Selected Important Safety Information

Pregnancy: There are no adequate and well-controlled studies of ORENCIA use in pregnant women and the data with ORENCIA use in pregnant women are insufficient to inform on drug-associated risk. A pregnancy registry has been established to monitor pregnancy outcomes in women exposed to ORENCIA during pregnancy. Healthcare professionals are encouraged to register patients by calling 1-877-311-8972.

Lactation: There is no information regarding the presence of abatacept in human milk, the effects on the breastfed infant, or the effects on milk production. However, abatacept was present in the milk of lactating rats dosed with abatacept.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

ORENCIA SC Safety Results: JIA-2 Trial[1,5]

In patients 2 to 17 years of age, the safety experience and immunogenicity for ORENCIA SC were consistent with the ORENCIA IV trial AWAKEN (JIA-1).

There were no reported cases of hypersensitivity reactions. Local injection-site reactions occurred at a frequency of 4.4%.

AEs over the 24-month cumulative period (all treated patients)[5]

EVENT N (%)	COHORT 1 PATIENTS AGED 6–17 YEARS (N=173)	COHORT 2 PATIENTS AGED 2–5 YEARS (N=46)
Exposure, patient-years	309.8	71.0
Deaths	0	0
SAEs	14 (8.1%)*	3 (6.5%)
Treatment-related SAEs†	1 (0.6%)	1 (2.2%)
Discontinuations due to SAEs	4 (2.3%)‡	0
Incidence rate, per 100 patient-years	4.68	4.41
All AEs (including SAEs)	152 (87.9%)	43 (93.5%)
Treatment-related AEs	54 (31.2%)	27 (58.7%)
Discontinuations due to AEs§	7 (4.0%)	1 (2.2%)
Incidence rate, per 100 patient-years	173.03	426.44
AEs of special interest¶		
Malignancies	1 (0.6%)	0
Autoimmune disorders	3 (1.7%)	0
Local injection-site reactions/pain	12 (6.9%)	2 (4.3%)
Infections	118 (68.2%)	36 (78.3%)

*Two patients experienced multiple SAEs: sepsis, abdominal pain, and upper respiratory tract infection (n=1) and hypomagnesemia and Stage III ovarian germ cell teratoma (n=1).

†Treatment-related SAEs included sepsis of severe intensity in Cohort 1, and an overdose of mild intensity (administration of a higher abatacept dose due to misclassification by weight tier) in Cohort 2.

‡Includes sepsis, vertigo, Stage III ovarian germ cell teratoma, and autonomic nervous system imbalance.

§Cohort 1: sepsis, vertigo, Stage III ovarian germ cell teratoma, autonomic nervous system imbalance, exanthema, fatigue, and aphthous ulcer. Cohort 2: pyrexia, rhinitis, and cough (n=1).

¶No opportunistic infections (including extrapulmonary tuberculosis and herpes zoster) related to study drug occurred in either cohort during the study. In Cohort 1, Stage III ovarian germ cell teratoma was the only malignancy; autoimmune disorders included pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, psoriasis, and Takayasu arteritis.

Serious adverse reactions[5]

In Cohort 1, 14 patients experienced SAEs (sepsis [treatment-related], abdominal pain, upper respiratory tract infection, hypomagnesemia, stage III ovarian germ cell teratoma, appendicitis, pneumonia, pyelonephritis, concussion, radius fracture, urinary calculus, nephrolithiasis, anemia, vertigo, chest pain, synovitis, and autonomic nervous system imbalance). In Cohort 2, 3 patients experienced SAEs (overdose [treatment-related], tendon disorder, and febrile convulsion).

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

ORENCIA Offers Flexibility With 2 Administration Options for pJIA[1]

ORENCIA may be used as monotherapy or concomitantly with methotrexate.

30-minute IV infusion

Dosing Regimen

ORENCIA IV is administered as a 30-minute infusion for patients **6 years of age and older.**

4-Week Dosing Schedule

Following the starter doses, ORENCIA IV is maintained with a regular 4-week schedule.*

*Actual day of dosing may vary based on patient scheduling.

Weight-based IV Dosing for Patients 6 Years of Age and Older

- **<165 lbs (<75 kg)** = 10 mg/kg based on body weight at each visit
- **≥165 lbs (≥75 kg)** = follow adult weight-based dosing schedule (shown here), not to exceed maximum dose of 1,000 mg

Adult Weight-based Dosing

Adult patient weight	Number of vials	
<132 lbs (<60 kg)	2 vials (500 mg)	
132 lbs to 220 lbs (60 kg to 100 kg)	3 vials (750 mg)	
>220 lbs (>100 kg)	4 vials (1,000 mg)	

IV administration has not been studied in patients younger than 6 years of age.

For injection: 250 mg white lyophilized powder in a single-dose vial (one may use less than the full contents of the vial or use more than one vial).

Immediately discard any unused portion in the vials.

If there are any product defects, call 1-800-ORENCIA (1-800-673-6242) to receive a replacement.

NDC 0003-2187-10: in a clamshell presentation
NDC 0003-2187-13: in a carton presentation

Selected Important Safety Information

Most Serious Adverse Reactions: In controlled clinical trials, adult RA patients experienced serious infections (3% ORENCIA vs 1.9% placebo) and malignancies (1.3% ORENCIA vs 1.1% placebo).

Malignancies: The overall frequency of malignancies was similar between adult RA patients treated with ORENCIA or placebo. However, more cases of lung cancer were observed in patients treated with ORENCIA (0.2%) than those on placebo (0%). A higher rate of lymphoma was seen compared to the general population; however, patients with RA, particularly those with highly active disease, are at a higher risk for the development of lymphoma. The potential role of ORENCIA in the development of malignancies in humans is unknown.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

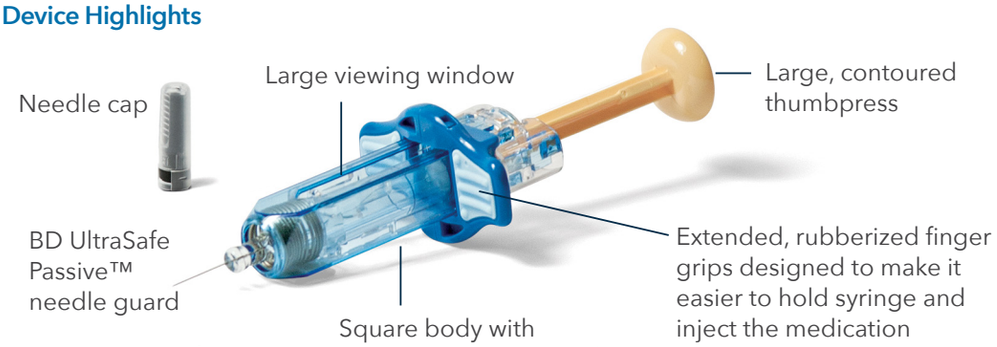
In Moderate to Severe Polyarticular JIA (pJIA)

ORENCIA Offers the Flexibility With 2 Administration Options for pJIA[1] (continued)

ORENCIA may be used as monotherapy or concomitantly with methotrexate.

Once-weekly prefilled syringe

Device Highlights



125-mg syringe shown (29-gauge needle)

Dosing Regimen

Once-weekly SC injection is supplied in a prefilled syringe with BD UltraSafe Passive™ needle guard for patients **2 years of age and older.**

- pH range of 6.8 to 7.4

Weight-based Prefilled Syringes for Patients 2 Years of Age and Older

Patient weight	Prefilled syringe dose
22 lbs to <55 lbs (10 kg to <25 kg)	50 mg (0.4 mL)
55 lbs to <110 lbs (25 kg to <50 kg)	87.5 mg (0.7 mL)
>110 lbs (≥50 kg)	125 mg (1.0 mL)

ORENCIA SC should be initiated without an IV loading dose in patients with pJIA.

The ability of pediatric patients to self-inject with the ClickJect™ Autoinjector has not been tested.

NDC 0003-2814-11 (50 mg/0.4 mL): pack of 4 syringes with a passive needle safety guard.

NDC 0003-2818-11 (87.5 mg/0.7 mL): pack of 4 syringes with a passive needle safety guard.

NDC 0003-2188-11 (125 mg/mL): pack of 4 syringes with a passive needle safety guard.

Recommendations for Subcutaneous Administration

- ORENCIA prefilled syringes are intended for:
  - Subcutaneous use only and are not intended for intravenous infusion
  - Use under the guidance of a healthcare practitioner
- After proper training in subcutaneous injection technique, a patient or the patient's caregiver may administer a subcutaneous injection of ORENCIA if a healthcare practitioner determines that it is appropriate
- Instruct patients and/or caregivers to follow the directions provided in the Instructions for Use for additional details on administration. Specifically instruct them to inject the full amount (which provides the proper dose of ORENCIA), rotate injection sites, and to avoid injections into areas where the skin is tender, bruised, red, or hard
- Visually inspect for particulate matter and discoloration prior to administration. Do not use ORENCIA prefilled syringes exhibiting particulate matter or discoloration. ORENCIA should be clear to slightly opalescent and colorless to pale yellow

Selected Important Safety Information

Most Frequent Adverse Events (≥10%): Headache, upper respiratory tract infection, nasopharyngitis, and nausea were the most commonly reported adverse events in the adult RA clinical studies. Other events reported in ≥5% of pJIA patients were diarrhea, cough, pyrexia, and abdominal pain. In general, the adverse events in pediatric pJIA patients were similar in frequency and type to those seen in adult RA patients.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

In Moderate to Severe Polyarticular JIA (pJIA)

Choose ORENCIA to Help Fight pJIA

Selected Important Safety Information

Note concerning ORENCIA administration options: ORENCIA may be administered as an intravenous infusion only for patients 6 years of age and older. PJIA patients may self-inject with ORENCIA or the patient's caregiver may administer ORENCIA if both the healthcare practitioner and the parent/legal guardian determines it is appropriate. The ability of pediatric patients to self-inject with the autoinjector has not been tested.

Please click here for Full Prescribing Information.

References: 1. ORENCIA [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. **2.** Ruperto N, Lovell DJ, Quartier P, et al; Paediatric Rheumatology International Trials Organization (PRINTO), Pediatric Rheumatology Collaborative Study Group (PRCSG). Abatacept in children with juvenile idiopathic arthritis: a randomised, double-blind, placebo-controlled withdrawal trial. *Lancet.* 2008;372(9636):383-391. **3.** Ruperto N, Lovell DJ, Quartier P, et al; Paediatric Rheumatology International Trials Organization, Pediatric Rheumatology Collaborative Study Group. Long-term safety and efficacy of abatacept in children with juvenile idiopathic arthritis. *Arthritis Rheum.* 2010;62(6):1792-1802. **4.** Lovell DJ, Ruperto N, Mouy R, et al; Pediatric Rheumatology Collaborative Study Group, Paediatric Rheumatology International Trials Organisation. Long-term safety, efficacy, and quality of life in patients with juvenile idiopathic arthritis treated with intravenous abatacept for up to seven years. *Arthritis Rheumatol.* 2015;67(10):2759-2770. **5.** Brunner HI, Tzaribachev N, Vega-Cornejo G, et al; Paediatric Rheumatology International Trials Organisation (PRINTO) and the Pediatric Rheumatology Collaborative Study Group (PRCSG). Subcutaneous abatacept in patients with polyarticular-course juvenile idiopathic arthritis: results from a phase III open-label study. *Arthritis Rheumatol.* 2018;70(7):1144-1154. **6**. Data on File. ABAT 148. Princeton, NJ; Bristol Myers Squibb.

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ORENCIA® (abatacept)

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