ORENCIA® (abatacept)

For adults with active Psoriatic Arthritis (PsA)

Choose ORENCIA for your PsA Patients

ORENCIA is a treatment with multiple administration options (intravenous and subcutaneous) for your active PsA patients.

Click to learn more:

Study Design and Efficacy Results >

Safety Results >

Dosing and Administration >

Indications and Usage

Adult Psoriatic Arthritis: ORENCIA® (abatacept) is indicated for the treatment of adult patients with active psoriatic arthritis (PsA).

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 antirheumatic drugs (bDMARDS), Janus kinase (JAK) inhibitors] is not recommended.

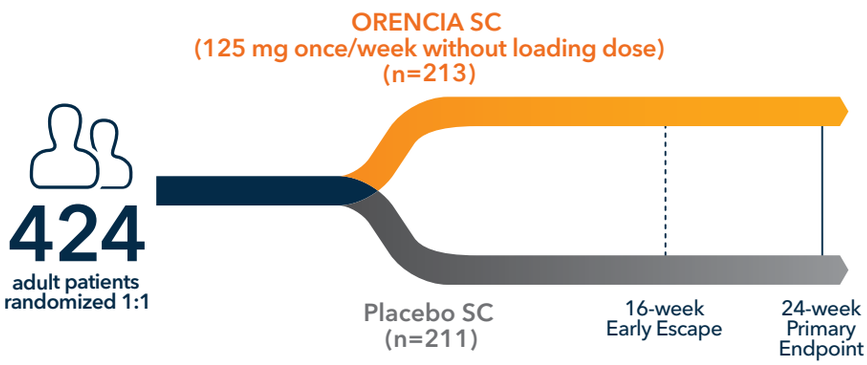
Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

For active psoriatic arthritis (PsA)

ASTRAEA SC (PsA-II): A 24-Week, Phase III, Multicenter, Double-Blind Randomized Trial[1,2]

Study design[1]

- Patients were randomized 1:1 to ORENCIA SC or placebo for 24 weeks, followed by open-label ORENCIA 125 mg SC weekly*
- Randomization was stratified by MTX use (60.4% of patients), prior TNF antagonist use (61% of patients), and skin lesions (≥3% of body surface area)



Patients not achieving ≥20% improvement in swollen and tender joint counts by Week 16 were switched to open-label ORENCIA SC 125 mg weekly.[1,2]

A total of 76 (35.7%) and 89 (42.2%) patients in the abatacept and placebo groups, respectively, were assigned to early escape and switched to open-label abatacept at Week 16. From the original abatacept and placebo arms, 197 (92.5%) and 185 (87.7%) patients, respectively, entered the open-label period.

Primary endpoint

The proportion of patients achieving ACR 20 response at Week 24 (Day 169).[1,2]

Key secondary endpoints

Key secondary endpoints at Week 24, in hierarchical order, were the proportions of patients with an HAQ-DI response (reduction from baseline, ≥0.35), and an ACR 20 response in the TNF antagonist–naïve and TNF antagonist–exposed subgroups.

Exploratory endpoints include resolution of enthesitis and dactylitis.

Key inclusion criteria[2]

- ≥18 years of age
- ≥3 tender and ≥3 swollen joints
- ≥2-cm qualifying psoriatic skin lesion
- Inadequate response or intolerance to ≥1 DMARD

Patients were allowed to receive stable doses of concomitant MTX, sulfasalazine, leflunomide, hydroxychloroquine, low-dose corticosteroids (equivalent to ≤10 mg of prednisone) and/or NSAIDs during the trial.

ACR, American College of Rheumatology; HAQ-DI, Health Assessment Questionnaire-Disability Index; MTX, methotrexate; NSAID, non-steroidal anti-inflammatory drug; SC, subcutaneous; TNF, tumor necrosis factor.

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.

ORENCIA® (abatacept)

For active PsA

ASTRAEA SC (PsA-II): A 24-Week, Phase III, Multicenter, Double-Blind Randomized Trial[1,2] (continued)

Baseline demographic and clinical characteristics

Presence of joint erosion on X-rays	84% (341/407): mean (SD) PsA-modified Sharp van der Heijde (SHS) erosion score of 10.8 (24.2)[1]
Elevated serum C-reactive protein	66% (277/421): mean (SD) of 14.1 mg/L (25.9)[1]
Polyarticular disease	98% (416/424)[1]

	ORENCIA SC 125 mg (n=213)[2]	Placebo (n=211)[2]
Age, years*	**51.0** (10.7)	**49.8** (11.3)
Female, n (%)	**121** (56.8)	**112** (53.1)
PsA disease duration, years*	**8.3** (8.1)	**8.8** (8.3)
Tender joint count*	**21.0** (13.4)	**19.3** (13.1)
Swollen joint count*	**12.1** (7.8)	**11.1** (7.2)
HAQ-DI*	**1.3** (0.7)	**1.3** (0.7)
PsA-modified total SHS	**20.0** (46.8)	**17.7** (39.6)
PASI score (range 0-72)*†‡	**7.4** (8.0)	**7.2** (7.8)
Enthesitis, n (%)	**140** (65.7)	**132** (62.6)
Dactylitis, n (%)	**61** (28.6)	**50** (23.7)
Prior TNF antagonist exposure, n (%)	**129** (60.6)	**130** (61.6)
Concomitant MTX, n (%)	**129** (60.6)	**127** (60.2)
Concomitant conventional synthetic DMARDs other than MTX, n (%)	**27** (12.7)	**25** (11.8)
Concomitant oral corticosteroids, n (%)‡	**56** (26.3)	**51** (24.2)

*Mean (SD).
†Measured only for patients with psoriasis covering ≥3% of body surface area.
‡Mean (SD) oral daily steroid dose at baseline (prednisone equivalent): abatacept, 6.8 (2.68); placebo, 6.3 (2.56).
DMARD, disease-modifying antirheumatic drug; IV, intravenous; PASI, Psoriasis Area and Severity Index; SD, standard deviation.

PsA patients were also tested with intravenous (IV) ORENCIA in a separate trial, PsA-I.[1]

- **PsA-I (IV):** A dose-ranging trial; 170 patients received trial drug IV at Day 1, 15, 29, and then every 28 days thereafter in a double-blind manner for 24 weeks, followed by open-label ORENCIA IV every 28 days

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. 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 permanently discontinued, with appropriate therapy instituted.

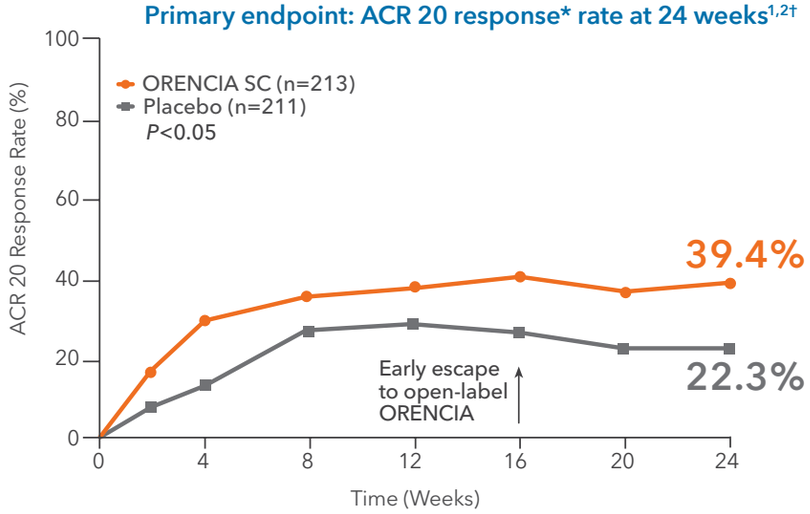
Please see additional Important Safety Information throughout and click here for Full Prescribing Information.

ORENCIA® (abatacept)

ORENCIA SC Responses Regardless of Prior TNF Antagonist Use[2]

ORENCIA SC improved signs and symptoms in patients with active PsA[1,2]

Primary endpoint: ACR 20 response* rate at 24 weeks[1,2†]



With ORENCIA, significantly more patients (estimated difference of 17.2% [8.7% to 25.6%]; 95% CI) achieved the primary endpoint of an ACR 20 response compared to placebo.[1,2]

*Nonresponder imputation for early escape subjects at Day 141 and 169.
†Patients who had <20% improvement in tender or swollen joint counts at Week 16 met escape criteria and were considered nonresponders.[1,2]

Secondary endpoint: HAQ-DI results[1]

- The proportion of patients with at least a 0.35 decrease from baseline in HAQ-DI was 31% on ORENCIA vs 24% on placebo (estimated difference: 7%; 95% CI: –1%, 16%)
- There was a higher adjusted mean change from baseline in HAQ-DI on ORENCIA (–0.33) vs placebo (–0.20) at Week 24, with an estimated difference of –0.13 (95% CI: –0.25, –0.01)

Select secondary endpoint: ACR 20 subgroup analysis[2]

- ACR 20 response rate in the TNF antagonist–exposed patients on ORENCIA (n=129) was 36.4% vs 22.3% on placebo (n=130) (estimated difference of 14% [3.3% to 24.8%]; 95% CI)
- ACR 20 response rates in the TNF antagonist–naïve patients were 44% in the ORENCIA SC group (n=84) and 22.2% in the placebo group (n=81)

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.

Immunizations: Prior to initiating ORENCIA in 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.

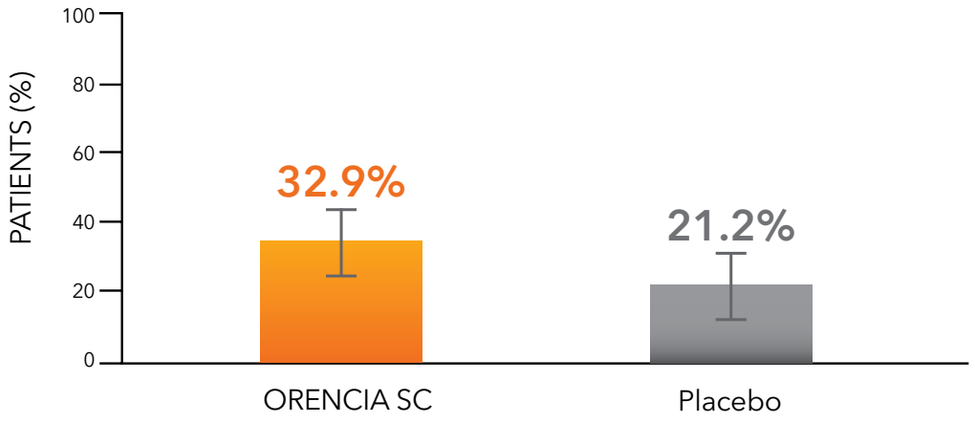
ORENCIA® (abatacept)

ORENCIA SC Proportion of Active PsA Patients With Complete Resolution of Enthesitis and Dactylitis[2]

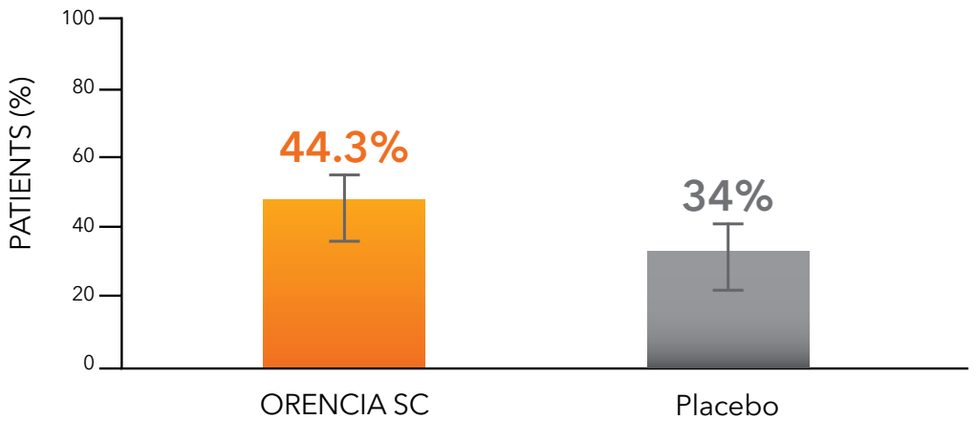
Exploratory endpoints

Enthesitis at 6 locations was evaluated using the Leeds Enthesitis Index (range 0–6) and dactylitis by the number of tender and swollen digits with a circumference ≥10% greater than the contralateral digit according to the Leeds Dactylitis Index basic score.

At 24 weeks, 32.9% of patients treated with ORENCIA SC experienced resolution of enthesitis.[2]



At 24 weeks, 44.3% of patients treated with ORENCIA SC experienced resolution of dactylitis.[2]



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)

Comparable Safety Between ASTRAEA (PsA-II) (SC) and PsA-I (IV), Consistent With the ORENCIA Moderate to Severe RA Safety Profile[1]

Safety summary for ORENCIA SC in ASTRAEA[2]

	Double-blind period*	
	ORENCIA (n=213)	Placebo (n=211)
Deaths	0	0
SAEs	6 (2.8)	9 (4.3)
Leading to discontinuation	3 (1.4)	3 (1.4)
AEs	116 (54.5)	112 (53.1)
Leading to discontinuation	3 (1.4)	4 (1.9)
Nasopharyngitis	9 (4.2)	11 (5.2)
Upper RTI	6 (2.8)	14 (6.6)
Bronchitis	7 (3.3)	5 (2.4)
Infections	57 (26.8)	63 (29.9)
Malignancies	0	2 (0.9)
Autoimmune events	0	0
Local ISRs	1 (0.5)	1 (0.5)

Data are presented as n (%) of patients. Investigators were instructed not to report psoriasis or PsA as AEs unless they were new forms of psoriasis or SAEs.
*Includes data up to 56 days after the last dose in the double-blind period or the first dose in the open-label period, whichever occurred first.[2]
AE, adverse event; ISR, injection-site reaction; IV, intravenous; RA, rheumatoid arthritis; RTI, respiratory tract infection; SAE, serious adverse event.

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.

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)

ORENCIA Offers Flexibility With 3 Administration Options for Active PsA[1]

ORENCIA may be used with or without non-biologic DMARDs.

30-Minute IV infusion

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.

- Administered under the supervision of a healthcare professional
  - Offers an option for patients who do not want to self-inject

Adult Weight-based Dosing

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 (1000 mg)

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 new vial.

National Drug Code (NDC) 0003-2187-10: in a clamshell presentation
NDC 0003-2187-13: in a carton presentation

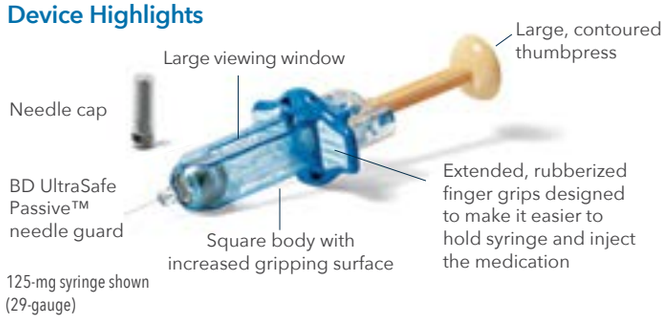
Once-weekly SC injection via prefilled syringe

Dosing Regimen

Once-weekly 125-mg SC injection is supplied in a prefilled syringe with BD UltraSafe Passive™ needle guard.

- pH range of 6.8 to 7.4

Device Highlights



125-mg syringe shown (29-gauge)

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

Once-weekly ClickJect™ Autoinjector

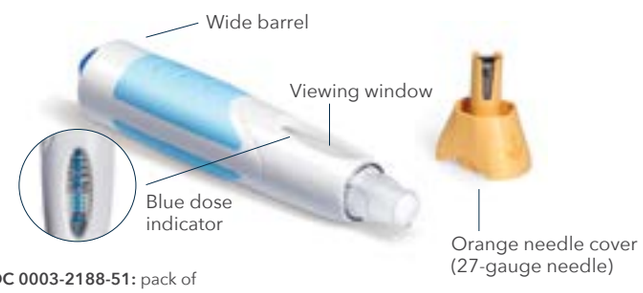
Dosing regimen

Once-weekly 125-mg SC injection is supplied in the ClickJect™ Autoinjector.

- pH range of 6.8 to 7.4

Device highlights

Accurate dose self-injection comes with push-button operation and confirmation that the full dose has been injected.[3]



NDC 0003-2188-51: pack of 4 ClickJect autoinjectors

For patients with active PsA

ORENCIA SC should be administered once weekly without the need for an IV loading dose.

- Patients switching from ORENCIA IV to ORENCIA SC administration should take their first SC dose instead of their next scheduled IV dose

Recommendations for Subcutaneous Administration

- ORENCIA prefilled syringes and ORENCIA ClickJect™ autoinjectors are intended for:
  - Subcutaneous use only and are not intended for intravenous infusion
  - Use under the guidance of a physician or 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 physician/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 patients 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 or ORENCIA ClickJect autoinjectors exhibiting particulate matter or discoloration. ORENCIA should be clear to slightly opalescent and colorless to pale yellow

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).

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

ORENCIA® (abatacept)

Choose ORENCIA for Your Adult Active PsA Patients

Selected Important Safety Information

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.

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. In general, the adverse events in adult PsA patients were similar in frequency and type to those seen in adult RA patients.

Please click here for Full Prescribing Information.

References: 1. ORENCIA [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. **2.** Mease PJ, Gottlieb AB, van der Heijde D, et al. Efficacy and safety of abatacept, a T-cell modulator, in a randomised, double-blind, placebo-controlled, phase III study in psoriatic arthritis. *Ann Rheum Dis*. 2017;76(9):1550-1558. **3.** Schiff M, Koo J, Jin E, et al. Usability and acceptability of the abatacept pre-filled autoinjector for the subcutaneous treatment of rheumatoid arthritis. *Adv Ther*. 2016;33(2):199-213. doi:10.1007/S12325-016-0286-9.

Bristol Myers Squibb™

ORENCIA® (abatacept)

427-US-2100976 Dec/21