

SPECIALTY GUIDELINE MANAGEMENT

ENBREL (etanercept)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Moderately to severely active rheumatoid arthritis (RA)
2. Moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)
3. Active psoriatic arthritis (PsA)
4. Active ankylosing spondylitis (AS)
5. Moderate to severe chronic plaque psoriasis (PsO)

B. Compendial Uses

1. Axial spondyloarthritis
2. Reactive arthritis

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. **Moderately to severely active rheumatoid arthritis (RA)**

1. Authorization of 24 months may be granted for members who have received Enbrel or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) indicated for moderately to severely active rheumatoid arthritis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Enbrel.
2. Authorization of 24 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
 - b. Member has an intolerance or contraindication to methotrexate (see Appendix A).

B. **Moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)**

1. Authorization of 24 months may be granted for members who have received Enbrel or any other biologic DMARD indicated for active polyarticular juvenile idiopathic arthritis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Enbrel.
2. Authorization of 24 months may be granted for treatment of active pJIA when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate.
 - b. Member has intolerance or contraindication to methotrexate (see Appendix A).

C. **Active psoriatic arthritis (PsA)**

Authorization of 24 months may be granted for treatment of active psoriatic arthritis (PsA).

D. **Active ankylosing spondylitis (AS) and axial spondyloarthritis**

1. Authorization of 24 months may be granted for members who have received Enbrel or any other biologic DMARD indicated for active ankylosing spondylitis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Enbrel.
2. Authorizations of 24 months may be granted for treatment of active ankylosing spondylitis and axial spondyloarthritis when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs) over a 4-week period in total at maximum recommended or tolerated anti-inflammatory dose.
 - b. Member has an intolerance and/or contraindication to two or more NSAIDs (see Appendix B).

E. Moderate to severe chronic plaque psoriasis

1. Authorization of 24 months may be granted for members who have received Enbrel, Otezla, or any other biologic DMARD indicated for the treatment of moderate to severe chronic plaque psoriasis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Enbrel.
2. Authorization of 24 months may be granted for treatment of moderate to severe chronic plaque psoriasis when all of the following criteria are met:
 - a. At least 5% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
 - b. Member meets any of the following criteria:
 - i. Member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or pharmacologic treatment with methotrexate, cyclosporine or acitretin.
 - ii. Member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine or acitretin (see Appendix C).
 - iii. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.

F. Reactive arthritis

Authorization of 24 months may be granted for treatment of reactive arthritis.

III. CONTINUATION OF THERAPY

Authorization of 24 months may be granted for all members (including new members) who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 3 months of therapy with Enbrel as evidenced by low disease activity or improvement in signs and symptoms of the condition.

IV. OTHER

For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).

Note: Members who have received Enbrel or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) in a paid claim through a pharmacy or medical benefit within the previous 120 days of the continuation request are exempt from all requirements related to TB screening in this Policy.

V. APPENDICES

Appendix A: Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event

6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction

Appendix B: Examples of Contraindications to the Use of NSAIDs

1. Allergic-type reaction following aspirin or other NSAID administration
2. Asthma
3. Gastrointestinal bleeding
4. History of intolerance or adverse event
5. Significant drug interaction
6. Urticaria

Appendix C: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin.

1. Alcoholism, alcoholic liver disease, or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or planning pregnancy (male or female)
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

VI. REFERENCES

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