CareSource

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Enbrel (etanercept)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT— 8 per 28 days
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Enbrel (etanercept) is a **preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

ANKYLOSING SPONDYLITIS (AS)

For **initial** authorization:

1. Diagnosis of Ankylosing Spondylitis.
2. **Dosage allowed:** Inject 50 mg subcutaneously once weekly.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member has claim for requested product in the past 90 days

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS (pJIA)

For **initial** authorization:

1. Diagnosis of Polyarticular Juvenile Idiopathic Arthritis (pJIA)
2. **Dosage allowed:** weight < 63 kg (138 lbs): 0.8 mg/kg once weekly; weight 63 kg (138 lbs) or more: 50 mg once weekly.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

2. Member has claim for requested product in the past 90 days

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

PLAQUE PSORIASIS (PsO)

For **initial** authorization:

1. Member has diagnosis of Plaque Psoriasis (PsO); AND
2. Member has tried and failed to respond to treatment with at least **one** of the following:
   a) At least 12 weeks of photochemotherapy (i.e., psoralen plus ultraviolet A therapy);
   b) At least 12 weeks of phototherapy (i.e., UVB light therapy, Excimer laser treatments);
   c) At least a 4-week trial with topical antipsoriatic agents (i.e., anthralin, calcipotriene, coal tar, corticosteroids, tazarotene, tacrolimus, pimecrolimus); AND
3. Member has tried and failed, or unable to tolerate a systemic non-biologic DMARD (i.e., cyclosporine, methotrexate, acitretin) for at least 12 weeks.
4. **Dosage allowed:**
   a) Adults: 50 mg twice weekly for 3 months then once weekly thereafter.
   b) Pediatrics: weight < 63 kg (138 lbs): 0.8 mg/kg once weekly; weight 63 kg (138 lbs) or more: 50 mg once weekly.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

3. Member has claim for requested product in the past 90 days

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

PSORIATIC ARTHRITIS (PsA)

For **initial** authorization:

1. Diagnosis of Psoriatic Arthritis (PsA).
2. **Dosage allowed:** 50 mg once weekly.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

4. Member has claim for requested product in the past 90 days

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

RHEUMATOID ARTHRITIS (RA)

For **initial** authorization:

1. Member has diagnosis of Rheumatoid Arthritis (RA); AND
2. Member must have a trial and failure of, or intolerance to methotrexate and **one** other non-biologic DMARD (i.e., hydroxychloroquine, sulfasalazine, and leflunomide) for 3 months per trial, either together or separately.
   Note: only one non-biologic DMARD is required if member has a poor prognostic factor such as high swollen joint count, presence of early joint erosions, presence of autoantibodies (RF and/or ACPA).
3. **Dosage allowed:** 50 mg once weekly.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

5. Member has claim for requested product in the past 90 days

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Enbrel (etanercept) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
05/08/2017	New policy for Enbrel created. Policies SRx-0042 and SRx-00423 achieved. For diagnosis of PsO: immunosuppressive drug criterion was separated from phototherapies and topical agents' trials; Psoriasis Area and Severity Index (PASI) score requirement was added; age was adjusted for pediatric indication. For RA: non-biologic DMARDS were listed. List of diagnoses considered not medically necessary was added.
02/26/2019	Pediatric dosing added to PsO indication. Clarifications entered for AS and PsA on NSAIDs trial length. References added. TB test allowed to be done within 12 months prior to initiation of therapy; chest x-ray option removed. Symptoms of back pain for AS extended till before age of 50. Other drugs options allowed for PsA if there is an intolerance or contraindication to methotrexate. "Immunosuppressant therapies" changed to "treatment of traditional first-line oral/systemic" therapies. Reauthorization criteria on documented member's PASI score improvement incorporated into general chart noted documentation requirements.
11/22/2020	Replaced list of excluded diagnoses with the generic statement. Updated references. For all diagnoses: Removed repeat TB in reauth for all diagnoses. AS: Removed list of symptoms of spondyloarthritis because imaging result should be sufficient. Removed peripheral arthritis requirement – not relevant for this diagnosis. JIA: Changed trials to require one non-biologic DMARD. Renamed diagnosis to be polyarticular JIA. PsA: Added requirement of diagnosis of PsA. Changed the trial section to be 4 weeks of an NSAID AND 3 months of a DMARD unless other circumstances apply (e.g., concomitant axial disease, severe PsA, etc.). PsO: Removed rheumatologist from prescriber. Changed BSA to 3% or sensitive area involvement. Removed PASI score requirement. RA: Changed the trials to require methotrexate as one of the non-biologic DMARD trials; only one trial is needed if member has poor prognostic factors.
10/1/2021	Update criteria to align with Indiana Medicaid Fee for Service.

References:

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