Effective date: 7/15/2020
Review date: 5/2020, 9/2020, 12/2020, 5/2021 Scope: Medicaid

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) in patients aged 2 years or older
3. Active psoriatic arthritis (PsA)
4. Active ankylosing spondylitis (AS)
5. Moderate to severe chronic plaque psoriasis (PsO) in patients aged 4 years and older

B. Compendial Uses
1. Axial spondyloarthritis
2. Oligoarticular juvenile idiopathic arthritis
3. Reactive arthritis
4. Hidradenitis suppurativa, severe, refractory
5. Behcet's disease
6. Graft versus host disease

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL AND CONTINUATION OF THERAPY

For all indications:

- Prior Authorization Request is submitted by the Provider's office; AND
- Prior Authorization Request is not submitted by a pharmacy or another third party; AND
- Submission of the member's chart or medical record is required, documenting medical necessity based on the criteria corresponding to the applicable indication.

III. CRITERIA FOR INITIAL APPROVAL

A. Moderately to severely active rheumatoid arthritis (RA)

1. Authorization of 12 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 articular juvenile idiopathic arthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for moderately to severely active articular juvenile idiopathic arthritis.

2. Authorization of 12 months may be granted for the treatment of moderately to severely active articular juvenile idiopathic arthritis when any of the following criteria are met:
   a. The member has had an inadequate response to methotrexate or another non-biologic DMARD administered at an adequate dose and duration.
   b. The member has risk factors (See Appendix C) and the member also meets one of the following:
      i. High-risk joints are involved (e.g., cervical spine, wrist, or hip).
      ii. High disease activity.
      iii. Member is judged to be at high risk for disabling joint disease.

C. Active psoriatic arthritis (PsA)

Authorization of 12 months may be granted for treatment of active psoriatic arthritis (PsA).

D. Active ankylosing spondylitis (AS) and axial spondyloarthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for active ankylosing spondylitis or axial spondyloarthritis.

2. Authorization of 12 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).
   b. Member has an intolerance or contraindication to two or more NSAIDs.

E. Moderate to severe chronic plaque psoriasis

1. Authorization of 12 months may be granted for members who have previously received Otezla or a biologic indicated for the treatment of moderate to severe chronic plaque psoriasis.

2. Authorization of 12 months may be granted for treatment of moderate to severe chronic plaque psoriasis when all of the following criteria are met:
   a. At least 10 % 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 a pharmacologic treatment with methotrexate, cyclosporine or acitretin.
      ii. Member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine and acitretin (see Appendix B).
      iii. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy (i.e. at least 10% of the body surface area (BSA) or crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected).

F. Reactive arthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for reactive arthritis.

2. Authorization of 12 months may be granted for treatment of reactive arthritis 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).

G. Hidradenitis suppurativa

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for the treatment of severe, refractory hidradenitis suppurativa.

2. Authorization of 12 months may be granted for treatment of severe, refractory hidradenitis suppurativa when either of the following is met:
   a. Member has experienced an inadequate response to oral antibiotics for at least 90 days.
   b. Member has an intolerance or contraindication to oral antibiotics.

H. Graft versus host disease

Authorization of 12 months may be granted for treatment of graft versus host disease when either of the following criteria is met:

1. Member has experienced an inadequate response to topical or systemic corticosteroids or immunosuppressive therapy (e.g., cyclosporine or mycophenolate mofetil).
2. Member has an intolerance or contraindication to topical or systemic corticosteroids and immunosuppressive therapy (e.g. cyclosporine, mycophenolate mofetil).

I. **Behcet's disease**

1. Authorization of 12 months may be granted for members who have previously received Otezla or a biologic indicated for the treatment of Behcet's disease.
2. Authorization of 12 months may be granted for the treatment of Behçet's disease when the member has had an inadequate response to at least one nonbiologic medication for Behçet's disease (e.g., apremilast, colchicine, systemic glucocorticoids, or azathioprine).

IV. DOSING

a. The prescribed dose and quantity fall within the FDA-approved labeling or within compendia supported dosing guidelines.

V. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who are using Enbrel for an indication outlined in section II and who achieve or maintain positive clinical response with Enbrel as evidenced by low disease activity or improvement in signs and symptoms of the condition.

VI. QUANITY LIMIT

Medication	Standard Limit	FDA-recommended dosing
Enbrel (etanercept) 25 mg per 0.5 mL prefilled syringe	8 syringes per 28 days	**RA/PsA/AS** • 50 mg every week **PsO** • Loading dose: 50 mg twice a week for 3 months
Enbrel 25 mg vial	8 vials per 28 days	

Medication	Standard Limit	FDA-recommended dosing
Enbrel (etanercept) 50 mg per 1 mL prefilled syringe/cartridge	8 syringes per 28 days	• Maintenance dose: 50 mg every week **Pediatric PsO/PJIA** • Weight < 63 kg: 0.8 mg per kg every week • Weight ≥ 63 kg: 50 mg every week
Enbrel 50 mg SureClick Autoinjector	8 cartridges per 28 days	

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing spondylitis; PsO = plaque psoriasis; PJIA = polyarticular juvenile idiopathic arthritis

OTHER

For all indications:

- Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs (e.g., Xeljanz), and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.
- Member cannot use Enbrel concomitantly with any other biologic DMARD or targeted synthetic DMARD.

* If the screening testing for TB is positive, there must be documentation of further testing to confirm there is no active disease. Do not administer etanercept to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of etanercept.

** Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

VII. 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
10. Renal impairment
11. Significant drug interaction

Appendix B: 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
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

APPENDIX C: Risk factors for articular juvenile idiopathic arthritis

1. Positive rheumatoid factor
2. Positive anti-cyclic citrullinated peptide antibodies
3. Pre-existing joint damage

VIII. REFERENCES

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