

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Enbrel (etanercept)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Enbrel is a tumor necrosis factor (TNF) alpha-inhibitor initially approved by the FDA in 1998 for Rheumatoid Arthritis. Since that time, Enbrel has been approved for four additional indications: polyarticular juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis and ankylosing spondylitis.

Enbrel (etanercept) will be considered for coverage when the following criteria are met:

Ankylosing Spondylitis

For **initial** authorization:

1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of active ankylosing spondylitis (AS); AND
4. Member has had a negative tuberculosis test within the past 12 months; AND
5. Member has had back pain for 3 months or more that began before the age of 50; AND
6. Current imaging results show an inflammation of one or both of the sacroiliac joints (sacroiliitis); AND
7. Member has tried and failed to respond to treatment with at least **two** NSAIDs taken at the maximum recommended dosages. Treatment failure requires at least 4 weeks of therapy with each NSAID without an adequate response
8. **Dosage allowed/Quantity limit:** 50 mg subcutaneously once weekly (4 syringes/autoinjectors per 28 days).

If

18. Menter A, Cordoro KM, Davis DM, et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis in pediatric patients. *J Am Acad Dermatol* 2020;82:161-201.
19. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
20. Smolen JS, Landewé RBM, Bijlsma JWW, et al. EULAR recommendations for the management of rheumatoid