Enbrel® (etanercept)
Effective 02/20/19

Plan	☒ MassHealth ☐ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
N/A

Coverage Guidelines

Rheumatoid arthritis (RA), polyarticular Juvenile idiopathic arthritis (pJIA), Ankylosing spondylitis (AS)/Psoriatic arthritis (PsA)

- Member has a diagnosis of RA, pJIA, AS, or PsA **AND**
- Prescriber has provided documentation of ONE of the following*:
    a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

  AND
- Dosing is appropriate (see appendix)

**DMARD trial is not required in members with documented active ankylosing spondylitis or psoriatic arthritis with axial (spine) involvement (including sacroiliitis) whose condition is not sufficiently controlled with NSAIDs*

Moderate-severe plaque psoriasis

1. Member has a diagnosis of RA or ankylosing spondylitis/psoriatic arthritis **AND**
2. Prescriber has provided documentation of ONE of the following:
    a. Inadequate response, adverse reaction, or contraindication to at least TWO conventional therapies in any one of the following combinations (combinations DO NOT have to be

used concurrently):
    i. 1 topical agent + 1 systemic agent
    ii. 1 topical agent + 1 phototherapy (required for diagnosis of guttate psoriasis)
    iii. 1 systemic agent + 1 phototherapy
    iv. 2 systemic agents
c. Contraindication to ALL conventional therapies
    i. Topical agents
    ii. Phototherapy
    iii. Systemic agents
d. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for plaque psoriasis

AND

3. Dosing is appropriate (see appendix)

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Initial approvals will be varied based on the treatment:
    a. **For RA, pJIA, AS, or PsA,** approvals will be for 6 months.
    b. **For plaque posiriasis,** approvals will be for 3 months.
2. Reauthorizations will be for 12 months

Appendix

	Pediatric Dosing	Other Dosing
Enbrel® (etanercept)	**Juvenile Idiopathic Arthritis (≥ 2 years old, weight < 63 kg):** 0.8 mg/kg SQ weekly **Juvenile Idiopathic Arthritis (≥ 2 years old, weight ≥ 63 kg):** 50 mg SQ weekly; maximum, 50 mg/week	**Ankylosing spondylitis, psoriatic arthritis rheumatoid arthritis (moderate-severe):** 50 mg SQ weekly (given as one 50 mg injection or two 25 mg injections in one day, or one 25 mg injection given twice weekly 72-96 hours apart) **Plaque psoriasis (mod-severe) chronic:** Initial: 50 mg SQ twice weekly 72-96 hours apart for 3 months Maintenance: 50 mg SQ weekly given as one 50 mg injection or two 25 mg injections in one day, or one 25 mg injection given twice weekly 72-96 hours apart)

References

1. Enbrel (etanercept) [prescribing information]. Thousand Oaks, CA: Immunex Corp; May 2018
2. van der Heijde D, Ramiro S, Landewe R, et al. 2016 Update of the international ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis.* 2017; 0:1-14.
3. Flagg SD, Meador R, Hsia E, et al. Decreased pain and synovial inflammation after etanercept therapy in patients with reactive and undifferentiated arthritis: an open-label trial. Arthritis Rheum. 2005;53(4):613-617.

4. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis*. 2017*; 0:1*-18.
5. 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.
6. Saag KG, Teng GG, Patkar NM, et al. American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis Rheum*. 2008;59(6):762-784.
7. Beukelman T, Patkar NM, Saag KG, et al. 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: initiation and safety monitoring of therapeutic agents for the treatment of arthritis and systemic features. *Arthritis Care Res*. 2011;63(4):465-482.
8. Menter A, Gottlieb A, Feldman SR, et al. Guidelines for the management of psoriasis and psoriatic arthritis. Section 1: Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2008;58(5):826-850.
9. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 6: Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. *J Am Acad Dermatol*. 2011;65(1):137-174.
10. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies; 2015 update. *Ann Rheum Dis*. 2016;75(3):499-510.
11. Peluso R, Lervolino S, Vitiello M, et al. Extra-articular manifestations in psoriatic arthritis patients. [Published online ahead of print May 8, 2014]. *Clin Rheumatol*. 2014.Accessed August 22, 2014.
12. Ward MM, Deodhar A, Akl EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2015: 10.1002/art.39298. [Epub ahead of print].
13. Signorovitch JE, Betts KA, Yan YS, et al. Comparative efficacy of biological treatments for moderate-to-severe psoriasis: a network meta-analysis adjusting for cross-trial differences in reference arm response. *Br J Dermatol*. 2015;172(2):504-512.[PubMed 25288183]

Review History

03/21/05 – Reviewed
05/15/05 – Effective
02/27/06 – Reviewed
02/25/08 – Reviewed
02/23/09 – Reviewed
02/22/10 – Reviewed
02/28/11 – Reviewed
02/27/12 – Reviewed
02/25/13 – Reviewed
02/24/14 – Reviewed
02/23/15 – Reviewed
02/2016 – Reviewed
02/2017 – Reviewed and revised (adopted SGM)

03/01/18 – Reviewed and revised (adopted MH RS)
02/20/19 – Reviewed in P&T Meeting

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