Clinical Policy Title:	etanercept
Policy Number:	RxA.734
Drug(s) Applied:	Enbrel®
Original Policy Date:	1/1/2024
Last Review Date:	3/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Clinical Policy

I. Initial Approval Criteria

A. Rheumatoid Arthritis (must meet all):

1. Diagnosis of Rheumatoid Arthritis (RA);
2. Trial and failure of ≥ 6-weeks of at least one (1) conventional systemic therapy, unless contraindicated or clinically significant adverse effects are experienced: (e.g. Methotrexate [MTX], Leflunomide, Sulfasalazine);
3. Prescribed by or in consultation with a rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

B. Psoriatic Arthritis (must meet all)**:**

1. Diagnosis of Psoriatic Arthritis (PsA);
2. Prescribed by or in consultation with a dermatologist or a rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

C. Polyarticular Juvenile Idiopathic Arthritis (must meet all)**:**

1. Diagnosis of Polyarticular Juvenile Idiopathic Arthritis (PJIA);
2. Trial and failure of ≥ 6-weeks of at least one (1) conventional systemic therapy, unless contraindicated or clinically significant adverse effects are experienced: (e.g., methotrexate [MTX], leflunomide, sulfasalazine, hydroxychloroquine);
3. Prescribed by or in consultation with a rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

D. Active Ankylosing Spondylitis (must meet all):

1. Diagnosis of active ankylosing spondylitis (AS);
2. Trial and failure, unless contraindicated or clinically significant adverse effects are experienced, to a 30 day trial of two NSAIDs (e.g., ibuprofen, naproxen) at maximally tolerated doses;
3. Prescribed by or in consultation with a rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

E. Plaque Psoriasis (must meet all)**:**

1. Diagnosis of Plaque Psoriasis (PsO);
2. Trial and failure of ≥ 3 months of at least one (1) conventional systemic therapy, unless contraindicated or clinically significant adverse effects are experienced:
    a. Methotrexate [MTX]
    b. Cyclosporine
    c. Acitretin
    d. Phototherapy (psoralen plus ultraviolet A light [PUVA]);
3. Prescribed by or in consultation with a dermatologist or a rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All Indications:

1. Member is currently receiving medication, excluding manufacturer samples;

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Aletaha D, Neogi T, Silman AJ, et al. 2010 Rheumatoid Arthritis Classification Criteria. Arthritis and Rheumatism September 2010;62(9):2569-2581. Available at: https://pubmed.ncbi.nlm.nih.gov/20872595/. Accessed November 14, 2023.
2. Boulos P, Dougados M, MacLeod SM, et al. Pharmacological Treatment of Ankylosing Spondylitis. Drugs. 2005; 65: 2111-2127. Available at: https://pubmed.ncbi.nlm.nih.gov/16225367/. Accessed November 14, 2023.
3. Braun J, Davis J, Dougados M, et al. First update of the international ASAS consensus statement for the use of anti- TNF agents in patients with ankylosing spondylitis. Ann Rheum Dis. 2006; 65:316-320. Available at: https://pubmed.ncbi.nlm.nih.gov/16096329/. Accessed November 14, 2023.
4. Menter A, Gottlieb A, Feldman SR, et al. American Academy of Dermatology. Guidelines of care 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; 58:826-850. Available at: https://www.jaad.org/article/S0190- 9622(08)00273-9/fulltext. Accessed November 14, 2023.
5. Ward M, Deodhar A, Akl E, 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. Available at: http://www.rheumatology.org Accessed November 14, 2023.
6. van der Heijde D, Ramiro S, Landewe R, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. Ann Rheum Dis. 2017; 76:978- 991. doi:10.1136/annrheumdis-2016-210770. Available at: https://pubmed.ncbi.nlm.nih.gov/28087505/. Accessed November 14, 2023.
7. Zochling J, van der Heijde D, Burgos-Vargas, R, et al. ASAS/EULAR recommendations for the management of ankylosing spondylitis. Ann Rheum Dis. 2006; 65:442-452. Available at: https://pubmed.ncbi.nlm.nih.gov/16126791/. Accessed November 14, 2023.
8. 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 2015; 0:1-12. doi:10.1136/annrheumdis-2015-208337. Available at: https://pubmed.ncbi.nlm.nih.gov/26644232/. Accessed November 14, 2023.

9. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. American College of Rheumatology. 2019; 71(1):5-32. doi: 10.1002/art.40726. Available at: https://pubmed.ncbi.nlm.nih.gov/30499246/. Accessed November 14, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
RxA.592.Biologic_DMARDs was last reviewed and updated on 01/05/2022 and archived on 04/18/2022. For details, please refer to RxA.592.Bi0logics_DMARDs.	01/05/2022	04/18/2022
Drug specific policy for Enbrel® was created based on RxA.592.Biologic_DMARDs: 1. Initial Approval Criteria, 1.A.5: Updated to remove prior trial and failure criteria Failure of two (2) of the following: Humira®, Cimzia®, Inflectra®, Renflexis™, Simponi®, Simponi Aria®, and Taltz®; each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced. 2. Initial Approval Criteria, 1.A.5: Updated to include new trial and failure criteria Members meets both (a and b): Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®, Simponi®/Simponi Aria®, or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced; *Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required. b. Trial and failure of both Actemra® and Orencia® unless contraindicated or clinically significant adverse effects are experienced. 3. Initial Approval Criteria, 1.B.4: Updated to remove prior trial and failure criteria Failure of a trial of at least two (2) of the followings, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced: Cimzia®, Humira®, Inflectra®, Otezla®, Renflexis®, Rinvoq®, Simponi®, Simponi Aria®, Stelara®, Taltz®, or Xeljanz®/ Xeljanz XR®. 4. Initial Approval Criteria, 1.B.4: Updated to include new trial and failure criteria Members meets both (a and b): a. Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®,	02/09/2022	04/18/2022

Simponi®/Simponi Aria®, Skyrizi®, Stelara®, Tremfya® or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced;
*Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required.

b. Trial and failure of both Taltz® and Orencia® unless contraindicated or clinically significant adverse effects are experienced.

5. Initial Approval Criteria, 1.C.4: Updated to remove prior trial and failure criteria Failure of a trial of ≥ 3 months of MTX at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced.
   a. Initial Approval Criteria, 1.C.4: Updated to include new trial and failure criteria Trial and failure of a ≥ 3 months trial of at least one (1) conventional systemic therapy (methotrexate [MTX] or leflunomide or sulfasalazine) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;

   *Exception: If one biologic DMARD that is FDA-approved for rheumatoid arthritis has been previously tried, then trial of a conventional systemic agent is not required.
6. Initial Approval Criteria, 1.C.5: Updated to remove prior trial and failure criteria Failure of at least two (2) of the followings, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced: Humira®, Simponi Aria®, or Xeljanz®/ Xeljanz XR®.
7. Initial Approval Criteria, 1.C.5: Updated to include new trial and failure criteria Trial and failure of all of the following agents unless contraindicated or clinically significant adverse effects are experienced for all: Humira®, Actemra®, Orencia®, Xeljanz®.
8. Initial Approval Criteria, 1.D.5: Updated to remove prior trial and failure criteria Failure of two (2) of the following: Humira®, Cimzia®, Inflectra®, Renflexis®, Simponi®, Simponi Aria®, Xeljanz®, Xeljanz® XR and Taltz®; each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects

are experienced. 9. Initial Approval Criteria, 1.D.5: Updated to include new trial and failure criteria Members meets both (a and b): a. Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Simponi®/Simponi Aria®, unless contraindicated or clinically significant adverse effects are experienced; Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required. 10. Trial and failure of at least one (1) of the following agents: Taltz® or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced; 11. Initial Approval Criteria, 1.E.4: Updated trial and failure criteria to rephrase and include phototherapy (psoralen plus ultraviolet A light [PUVA]). a. Initial Approval Criteria, 1.E.5: Updated to remove prior trial and failure criteria Failure of two of the following, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects. are experienced: Cimzia®, Humira®, Inflectra®, Otezla®, Renflexis®, Skyrizi®, Stelara®, Taltz®. 12. Initial Approval Criteria, 1.E.5: Updated to include new trial and failure criteria Members meets both (a and b): a. Trial and failure of at least three (3) of the following agents: Humira®, Cimzia®, Skyrizi®, Stelara® or Tremfya® unless contraindicated or clinically significant adverse effects are experienced; *Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required. b. Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced; 13. References were reviewed and updated.		

Policy was reviewed: 1. Initial Approval Criteria, I.A.5.a: Updated to remove prior trial and failure criteria "Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®, Simponi®/Simponi Aria®, or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced. Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required". 2. Initial Approval Criteria, I.A.5.b: Updated to remove prior trial and failure criteria "Trial and failure of both Actemra® and Orencia® unless contraindicated or clinically significant adverse effects are experienced". 3. Initial Approval Criteria, I.B.4.a: Updated to remove prior trial and failure criteria "Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®, Simponi®/Simponi Aria®, Skyrizi®, Stelara®, Tremfya® or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced. Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required." 4. Initial Approval Criteria, I.B.4.b: Updated to remove prior trial and failure criteria "Trial and failure of both Taltz® and Orencia® unless contraindicated or clinically significant adverse effects are experienced". 5. Initial Approval Criteria, I.C.5: Updated to remove prior trial and failure criteria "Trial and failure of all of the following agents unless contraindicated or clinically significant adverse effects are experienced for all: Humira®, Actemra®, Orencia®, Xeljanz®". 6. Initial Approval Criteria, I.D.5.a: Updated to remove prior trial and failure criteria "Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Simponi®/Simponi Aria®, unless contraindicated or clinically significant adverse effects are experienced. Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required." 7. Initial Approval Criteria, I.D.5.b: Updated to remove prior trial and failure criteria "Trial and failure of at least one (1) of the following agents: Taltz® or Xeljanz®/XR unless contraindicated or clinically significant adverse effects are experienced".	10/03/2022	10/19/2022

8. Initial Approval Criteria, I.E.5.a: Updated to remove prior trial and failure criteria "Trial and failure of at least three (3) of the following agents: Humira®, Cimzia®, Skyrizi®, Stelara® or Tremfya® unless contraindicated or clinically significant adverse effects. are experienced. Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®, Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required." 9. Initial Approval Criteria, I.E.5.b: Updated to remove prior trial and failure criteria "Trial and failure of Taltz® unless contraindicated or clinically significant adverse effects are experienced". 10. References were reviewed and updated.		
Policy was reviewed: 1. Removed prior age criteria for RA and PsA.. 2. Removed prior dosing criteria. 3. Updated approval duration. 4. Removed reauthorization requirement for positive response to therapy. 5. References were reviewed and updated.	11/14/2023	1/1/2024
Policy review: 1. Removed age; 2. Removed clause of using bypassing conventional tx if prior DMARD use 3. Removed "at maximally tolerated doses"	3/1/2024	3/1/2024