

**Etanercept (Enbrel)**

JCODE: J1438

OFFICE / HOME HEALTH / SELF ADMIN

**Indications for Prior Authorization**

Moderate to Severe active Rheumatoid Arthritis

Juvenile Polyarticular Arthritis (age 4-17)

Psoriatic Arthritis

Ankylosing Spondylitis

Plaque Psoriasis

**Patients must meet the following criteria for the indications above:**

**Rheumatoid Arthritis**

1. Diagnosis of moderate to severe active rheumatoid arthritis by Rheumatologist (the prescribing MD does not have to be a rheumatologist)

**and**

2. Inadequate response to one or more Disease Modifying Anti-Rheumatic Drugs (DMARDs): Auranofin (Ridaura), Azathioprine (Imuran), Gold sodium thiomalate (Aurolate), Hydroxychloroquine (Plaquenil, Methotrexate (Rheumatrex), D-penicillamine (Cuprimine), Sulfasalazine (Azulfidine).

**Psoriatic Arthritis**

1. Diagnosis of active psoriatic arthritis made at baseline prior to initiation of DMARD therapy confirmed by rheumatologist or dermatologist.

    need copy of ESR or CRP labs

    number of swollen joints

    number of painful/tender joints

    duration of morning stiffness

**and**

2. Patient has failed to respond, or had clinically significant adverse effects to methotrexate unless contraindicated.

**Juvenile Polyarticular Arthritis**

1. Diagnosis of active Juvenile Polyarticular Arthritis in patients 4-17 years old confirmed by a rheumatologist

**and**

2. Patient has tried and failed or had clinically significant adverse effects to methotrexate at doses of at least 10 mg/m<sup>2</sup> per week for 3 months.

**Psoriasis**

1. Diagnosis of chronic moderate to severe plaque psoriasis confirmed by dermatologist or rheumatologist

psoriasis affects 10% or more of the body

psoriasis involves hands, feet, head, and neck or genitalia

**and**

2. Prescribed by dermatologist or rheumatologist

**and**

3. Patient has tried and failed topical therapy (e.g. Dovenox, Tazorac, other topical steroids)

**and**

4. Documented failure or clinically significant adverse effects to one of the following therapies alone or in combination, unless contraindicated

methotrexate (doses up to 15-20 mg per week)

**or (if methotrexate is contraindicated)**

cyclosporine, acitretin, or a trial with PUVA or UVB

**Ankylosing Spondylitis**

1. Diagnosis of moderate to severe ankylosing spondylitis

**and**

2. Patient has tried and failed or had clinically significant adverse reactions to at least two NSAIDs for at least three months at maximal recommended doses.

**The following indications do not meet the criteria for use established by the Western Health Advantage Pharmacy and Therapeutics Committee.**

CHF

Multiple Sclerosis

Recurrent miscarriage

Infertility

Crohn's Disease

Graft vs. Host Disease

Interleukin-2 Toxicity

Cachexia

Nephrotic Syndrome

Prevention of Muromonab-CD3-Associated Acute Clinical Syndrome

### **Dosing**

#### **Recommended dose for ADULTS with Rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis:**

- 50 mg per week.
- Doses HIGHER than 50 mg per week are NOT recommended (per manufacturer)

#### **Recommended dose for PEDIATRIC PATIENTS with JRA (4-17 years):**

- 0.8 mg/kg per week (up to a maximum of 50 mg per week).
- For pediatric patients weight more than 31 kg, the total weekly dose should be administered as two SC injections, either on the same day or 2 or 4 days apart.
- For pediatric patients weight less than 31 kg, the dose administered should be a single SC injection weekly.

#### **Recommended dose for ADULTS with plaque psoriasis:**

- 50 mg twice a week (3 or 4 days apart) for 3 months.
- Then 50 mg once a week for maintenance.

**NOTE: Enbrel should not be started in a patient with an active infection. Verify with the MD that they are aware of the “Dear Doctor” letter from the manufacturer regarding this warning.**

#### **Approval Period**

One year to assess patient's response.