Enbrel is a tumor necrosis factor (TNF) blocker indicated for the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis.

1. **Coverage Criteria:**

   A. **Rheumatoid Arthritis (RA)**

      1. **Initial Authorization**

         a. Diagnosis of moderately to severely active RA

         -AND-

         b. History of failure to a 3 month trial of **one** non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine] at up to maximally indicated doses within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial)

         -AND-

         c. Patient is not receiving Enbrel in combination with **any** of the following:

            (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
            (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
            (3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

   Authorization will be issued for **12 months**.

   2. **Reauthorization**
a. Documentation of positive clinical response to Enbrel therapy

-AND-

b. Patient is not receiving Enbrel in combination with any of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab),
    Cimzia (certolizumab), Simponi (golimumab)]
(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

B. Juvenile Idiopathic Arthritis

1. Initial Authorization

a. Diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis

-AND-

b. Patient is not receiving Enbrel in combination with any of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab),
    Cimzia (certolizumab), Simponi (golimumab)]
(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

2. Reauthorization

a. Documentation of positive clinical response to Enbrel therapy

-AND-

b. Patient is not receiving Enbrel in combination with any of the following:

(1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab),
    Cimzia (certolizumab), Simponi (golimumab)]
(2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]
Authorization will be issued for 12 months.

C. Psoriatic Arthritis

1. Initial Authorization

   a. Diagnosis of active psoriatic arthritis

   -AND-

   b. History of failure to a 3 month trial of methotrexate at up to the maximally indicated dose within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial)

   -AND-

   c. Patient is not receiving Enbrel in combination with any of the following:

      (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
      (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
      (3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

   Authorization will be issued for 12 months.

2. Reauthorization

   a. Documentation of positive clinical response to Enbrel therapy

   -AND-

   b. Patient is not receiving Enbrel in combination with any of the following:

      (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
      (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
      (3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

   Authorization will be issued for 12 months.

D. Plaque Psoriasis

1. Initial Authorization

   Confidential and Proprietary, © 2020 UnitedHealthcare Services Inc.
a. Diagnosis of moderate to severe chronic plaque psoriasis

-AND-

b. Greater than or equal to 5% body surface area involvement, palmoplantar, facial, or genital involvement, or severe scalp psoriasis

-AND-

c. **Both** of the following:

1. History of failure to one of the following topical therapies within the last 3 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial):
   - Corticosteroids (e.g., betamethasone, clobetasol, desonide)
   - Vitamin D analogs (e.g., calcitriol, calcipotriene)
   - Tazarotene
   - Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
   - Anthralin
   - Coal tar

-AND-

2. History of failure to a 3 month trial of methotrexate at up to the maximally indicated dose within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trial)

-AND-

d. Patient is not receiving Enbrel in combination with any of the following:

1. Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
2. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
3. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

**Authorization will be issued for 12 months.**

2. **Reauthorization**

a. Documentation of positive clinical response to Enbrel therapy

-AND-
b. Patient is not receiving Enbrel in combination with any of the following:

   (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
   (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
   (3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

E. Ankylosing Spondylitis

1. Initial Authorization

   a. Diagnosis of active ankylosing spondylitis

      -AND-

   b. History of failure to two NSAIDs (e.g., ibuprofen, naproxen) at up to maximally indicated doses, each used for at least 4 weeks within the last 3 months, unless contraindicated or clinically significant adverse effects are experienced (document drug, date, and duration of trials)

      -AND-

   c. Patient is not receiving Enbrel in combination with any of the following:

      (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
      (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
      (3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

2. Reauthorization

   a. Documentation of positive clinical response to Enbrel therapy

      -AND-

   b. Patient is not receiving Enbrel in combination with any of the following:

      (1) Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
      (2) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
(3) Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

2. References:


<table>
<thead>
<tr>
<th>Program</th>
<th>Program type – Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change Control</strong></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Change</td>
</tr>
<tr>
<td>9/2009</td>
<td>Guidelines taken from previously approved AmeriChoice and Unison policies and updated based upon evidence in the literature.</td>
</tr>
<tr>
<td>12/2009</td>
<td>Guidelines revised to remove criteria for Ulcerative Colitis.</td>
</tr>
<tr>
<td>12/2010</td>
<td>Annual Review</td>
</tr>
<tr>
<td>12/2011</td>
<td>Annual Review</td>
</tr>
<tr>
<td></td>
<td>• Changed requirement of history of failure of 2 DMARDs to history of failure of 1 DMARD for rheumatoid arthritis and psoriatic arthritis</td>
</tr>
<tr>
<td></td>
<td>• Created Humira once weekly dosing criteria for rheumatoid arthritis</td>
</tr>
<tr>
<td></td>
<td>• Specified “moderate to severe” for the severity of disease required for polyarticular JIA</td>
</tr>
<tr>
<td></td>
<td>• Changed prerequisite medication requirements for polyarticular JIA and psoriatic arthritis</td>
</tr>
<tr>
<td></td>
<td>• Specified severity of disease for plaque psoriasis</td>
</tr>
<tr>
<td></td>
<td>• Changed prerequisite therapy to one phototherapy and one systemic therapy</td>
</tr>
<tr>
<td></td>
<td>• Specified severity of disease for Crohn’s disease</td>
</tr>
<tr>
<td></td>
<td>• Combined fistulizing and nonfistulizing Crohn’s disease to have the same prerequisite requirements.</td>
</tr>
<tr>
<td>6/2012</td>
<td>Cimzia added to policy for rheumatoid arthritis (III.A.) and Crohn’s disease (III.F.)</td>
</tr>
<tr>
<td>9/2012</td>
<td>Added option of additional alternative therapy failure of infliximab for initial therapy of Humira.</td>
</tr>
<tr>
<td></td>
<td>No change to Cimzia for Crohn’s disease.</td>
</tr>
<tr>
<td>2/2015</td>
<td>Converted existing multidrug policy to an Enbrel specific policy.</td>
</tr>
<tr>
<td></td>
<td>Updated criteria to align with current UHC clinical criteria</td>
</tr>
</tbody>
</table>
template.
 Removed age requirement for all indications.
 Removed prescriber requirement for all reauthorization criteria sections.
 JIA, initial therapy: Removed the requirement of trial of NDAIDs or corticosteroids, now only requires trial of methotrexate.
 Added “Janus kinase inhibitor” to all areas noting that the patient should not receive Cimzia in combination with other immunomodulator/biologic DMARDs.
 Added new requirement requiring trials of preferred alternatives to all sections: history of failure, contraindication, or intolerance to both* of the following: Cimzia and Humira (where indicated for the specific diagnosis) or Continuation of prior Enbrel therapy.

*Both Cimzia and Humira are required only when both drugs indicated for the diagnosis. If only one preferred drugs is indicated for a specific diagnosis, then only a trial of the one drug is required (eg, Humira for JIA).

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2016</td>
<td>Removed prerequisite therapy requirements throughout policy that required other biologic DMARD trials before Enbrel. Updated Juvenile Idiopathic Arthritis (JIA) initial therapy to include leflunomide as a part of the DMARD requirement. Annual Review- Updated policy template.</td>
</tr>
<tr>
<td>10/2016</td>
<td>Updated background with expanded age for plaque psoriasis.</td>
</tr>
<tr>
<td>3/2017</td>
<td>Added Otezla to list of medications not to be used with Enbrel. Updated policy template.</td>
</tr>
<tr>
<td>4/2017</td>
<td>Added hydroxychloroquine to example list of non-biologic DMARDs.</td>
</tr>
<tr>
<td>8/2018</td>
<td>Annual review. Updated references.</td>
</tr>
<tr>
<td>3/2019</td>
<td>Removed prescriber check and prerequisite medications to align with other programs. Updated background and references.</td>
</tr>
<tr>
<td>12/2019</td>
<td>Revised additional prerequisite therapies and added documentation of drug, date, and duration of trials.</td>
</tr>
</tbody>
</table>