UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3040-13
Program	Step Therapy
Medications	Enbrel® (etanercept)
P&T Approval Date	10/2014, 2/2015, 3/2016, 1/2017, 3/2017, 12/2017, 2/2018, 2/2019, 9/2019, 11/2020
Effective Date	1/1/2021; Oxford only: N/A

1. Background:

Step therapy programs are utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires a member to try preferred products before providing coverage for Enbrel (etanercept). Infused medications for any of the conditions referenced in this document are not part of the criteria.

Enbrel and Humira® (adalimumab) are indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis.[2,3] Cimzia® (certolizumab) and Simponi® (golimumab) are indicated for the treatment of adults with moderately to severely active rheumatoid arthritis.[1,4] Actemra® (tocilizumab) is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs).[5] Xeljanz®/Xeljanz® XR (tofacitinib) is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate.[6] Humira, Cimzia, Actemra, Xeljanz, and Enbrel may be used alone or in combination with a DMARD.[1-3,5,6] Simponi is FDA approved for use with methotrexate in these patients.[4] Olumiant (baricitinib) is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.[12] Rinvoq (upadacitinib) is indicated for the treatment of adults with moderately to severely active rheumatoid arthritis (RA) who have had an adequate response or intolerance to methotrexate.[13] Orencia (abatacept) is indicated for moderately to severely active RA in adults and may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists.[11]

Enbrel and Humira are indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.[2,3] Simponi, Cimzia, and Cosentyx (secukinumab) are indicated for the treatment of adult patients with active ankylosing spondylitis.[1,4,9]

Enbrel is indicated for reducing signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in patients with psoriatic arthritis.[2] Humira is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function of adult patients with active psoriatic arthritis.[3] Simponi, Cimzia, Cosentyx, Tremfya (guselkumab) and

Orencia (abatacept) are indicated for the treatment of adult patients with active psoriatic arthritis.[1,4,9,11] Stelara® (ustekinumab) is indicated for the treatment of adult patients with active psoriatic arthritis.[5] It can be used alone or in combination with methotrexate (MTX). Humira, Enbrel, and Simponi may be used alone or in combination with a DMARD. Xeljanz/Xeljanz XR is indicated for the treatment of adult patients with active psoriatic arthritis who have had an inadequate response or intolerance to methotrexate or other DMARDs.[6]

Enbrel is indicated for the treatment of patients 4 years or older with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.[2] Humira is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate.[3] Cimzia is indicated for the treatment of adult patients with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy.[1] Stelara is indicated for the treatment of patients 6 years and older with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy. Tremfya® (guselkumab) is indicated for the treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.[8] Cosentyx® (secukinumab) and Skyrizi (risankizumab) are indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.[9,10]

Although Humira and Enbrel are also indicated for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis (JIA), patients with JIA will not be subject to the step therapy criteria.[2,3]

2. Coverage Criteria[a]:

A. <u>Rheumatoid Arthritis</u>

1. Enbrel will be approved based on **<u>both</u>** of the following criteria:

a. Diagnosis of moderately to severely active rheumatoid arthritis

-AND-

b. **<u>Both</u>** of the following:

(a) History of failure, contraindication, or intolerance to **<u>two</u>** of the following preferred biologic products (Document drug, date, and duration of trial):

i. Cimzia (certolizumab)
ii. Humira (adalimumab)
iii. Simponi (golimumab)

iv. Olumiant (baricitinib)
v. Rinvoq (upadacitinib)
vi. Xeljanz/Xeljanz XR (tofacitinib)

-AND-

(b) History of failure, contraindication, or intolerance to **both** of the following preferred products (Document drug, date, and duration of trial):

i. Actemra (tocilizumab)
ii. Orencia (abatacept)

Authorization will be issued for 12 months.

B. Ankylosing Spondylitis

1. Enbrel will be approved based on **both** of the following criteria:

a. Diagnosis of active ankylosing spondylitis

-AND-

b. **Both** of the following:

(a) History of failure, contraindication, or intolerance to **two** of the following preferred biologic products (Document drug, date, and duration of trial):

i. Cimzia (certolizumab)
ii. Humira (adalimumab)
iii. Simponi (golimumab)

-AND-

(b) History of failure, contraindication, or intolerance to Cosentyx (secukinumab) (Document date and duration of trial)

Authorization will be issued for 12 months.

C. Psoriatic Arthritis (PsA)

1. Enbrel will be approved based on **both** of the following criteria:

a. Diagnosis of active psoriatic arthritis

-AND-

b. **Both** of the following:

(a) History of failure, contraindication, or intolerance to **two** of the following preferred biologic products (Document drug, date, and duration of trial):

i. Cimzia (certolizumab)
ii. Humira (adalimumab)
iii. Simponi (golimumab)
iv. Stelara (ustekinumab)
v. Tremfya (guselkumab)

-AND-

(b) History of failure, contraindication, or intolerance to **two** of the following (Document drug, date, and duration of trial):

i. Cosentyx (secukinumab)
ii. Orencia (abatacept)
iii. Xeljanz/Xeljanz XR (tofacitinib)

Authorization will be issued for 12 months.

D. Plaque Psoriasis

1. Enbrel will be approved based on **both** of the following criteria:

a. Diagnosis of chronic moderate to severe plaque psoriasis

-AND-

b. **One** of the following:

(1) History of failure, contraindication, or intolerance to **three** of the following preferred biologic products (Document drug, date, and duration of trial):

(a) Humira (adalimumab)
(b) Stelara (ustekinumab)
(c) Tremfya (guselkumab)
(d) Cosentyx (secukinumab)

(e) Cimzia (certolizumab)
(f) Skyrizi (risankizumab)

-OR-

(2) Patient is 4 years to less than 6 years of age

-OR-

(3) **Both** of the following:

(a) Patient is 6 years to less than 18 years of age

-AND-

(b) History of failure, contraindication, or intolerance to Stelara (ustekinumab) (Document date and duration of trial)

Authorization will be issued for 12 months.

E. Other Diagnoses

1. Enbrel will be approved

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Notification may be in place.

4. References:

1. Cimzia [package Insert]. Smyrna, GA: UCB, Inc.; April 2019.
2. Enbrel [package Insert]. Thousand Oaks, CA: Immunex Corp.; June 2019.
3. Humira [package insert]. North Chicago, IL: AbbVie Inc.; January 2019.
4. Simponi [package Insert]. Horsham, PA: Janssen Biotech Inc.; May 2018.
5. Actemra [package insert]. South San Francisco, CA: Genentech, Inc.; June 2019.

6. Xeljanz/Xeljanz XR/Xeljanz Oral Solution [package insert]. New York, NY: Pfizer Labs; September 2020.
7. Stelara [package insert]. Horsham, PA: Janssen Biotech Inc.; July 2020.
8. Tremfya [package insert]. Horsham, PA: Janssen Biotech Inc.; July 2020.
9. Cosentyx [package insert]. East Hanover, NJ. Novartis Pharmaceuticals Corp.; June 2018.
10. Skyrizi [package insert]. North Chicago, IL: AbbVie Inc.; April 2019.
11. Orencia [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2019.
12. Olumiant [package insert]. Indianapolis, IN: Lilly USA, LLC; May 2018.
13. Rinvoq [package insert]. North Chicago, IL: AbbVie Inc.; August 2019.

Program	Step Therapy - Enbrel (etanercept)
Change Control	
10/2014	New step therapy program.
2/2015	Reformatted to clarify intent. Updated sample pack language.
3/2016	Annual review. Changed the authorization period from 60 months to 12 months. Added Maryland Continuation of Care. Updated references.
7/2016	Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
1/2017	Updated background to reflect new indication for Enbrel in patients age 4 and above with plaque psoriasis. Update PA criteria for plaque psoriasis to allow patients between 4 and 17 years of age to bypass the step therapy requirement.
3/2017	Annual review. Updated coverage criteria to include manufacturer sample language (i.e., Enbrel Support™ program); added verbiage to simplify initial authorization criteria. Updated coverage criteria to add documentation language of failure of preferred products (i.e., document drug, date and duration of trial). Updated formatting, background and references. State mandate reference language updated.
12/2017	Updated background and clinical criteria for RA requiring trials of, or contraindications to, Actemra and Xeljanz prior to Enbrel approval for RA.
2/2018	Updated criteria requiring trials of, or contraindications to 3 of 4 preferred agents for plaque psoriasis. Added Tremfya and Cosentyx as additional agents for plaque psoriasis
2/2019	Annual review. Updated background and criteria adding Cimzia to list of preferred products for the treatment of plaque psoriasis. Updated references.
9/2019	Revised step therapy medications. Updated background and references.
11/2020	Revised step therapy medications for psoriatic arthritis and

	psoriasis due to expanded indications. Modified diagnosis language to match other programs. Removed continuation of therapy allowance. Updated background and references.
1/2021	Administrative change to modify effective date year (from 2020 to 2021).