

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

etanercept (Enbrel)

Notes:

- QL: Yes

Initiation (new start) criteria: Non-formulary **etanercept (Enbrel)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
 - Patient has failed an adequate trial of phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Methotrexate
 - Cyclosporine
 - Acitretin
 - Patient has tried and failed/intolerant to adalimumab (criteria based)
2. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
 - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Tofacitinib (criteria based)
 - Patient has tried and failed/intolerant to adalimumab (criteria based)

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3. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe] and/or enthesitis [inflammation of the entheses])
 - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Tofacitinib (criteria based) (unless documented by prescriber that patient has active psoriasis requiring biologic treatment)
 - Patient has tried and failed/intolerant to adalimumab (criteria based)
4. Prescriber is a rheumatologist and patient has a diagnosis of juvenile idiopathic arthritis
 - Patient is 2 years of age or older
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate
 - Patient has tried and failed/intolerant to adalimumab (criteria based)
5. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
 - Patient has tried and failed/intolerant to adalimumab (criteria based)

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

1. Prescriber is a dermatologist or a rheumatologist