Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

**Intent:**

Etanercept (Enbrel®) is indicated for the treatment of moderate to severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and moderate to severe juvenile idiopathic arthritis (JIA) and moderate to severe plaque psoriasis.

The use of etanercept (Enbrel®) requires prior authorization (i.e. clinical pharmacist and/or Medical Director review).

**Description:**

Etanercept (Enbrel®) is a biologic agent, a dimeric fusion protein that consists of the extracellular ligand-binding portion of the human tumor necrosis factor (TNF) receptor linked to human immunoglobulin G1 (IgG1). TNF is a naturally occurring protein in the human body that is involved in normal inflammatory and immune responses. Etanercept (Enbrel®) reduces disease activity by binding specifically to TNF and limiting its inflammatory activity in the body. By reducing TNF to normal levels, etanercept (Enbrel®) has been shown to produce symptomatic relief in individuals.

**Black Box Warning:**

Serious infections: Patients treated with etanercept are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants, such as methotrexate or corticosteroids. Discontinue etanercept if a patient develops a serious infection or sepsis. Reported infections include the following:

- Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before etanercept use and during therapy. Initiate treatment for latent infection prior to etanercept use.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric antifungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral, and other infections caused by opportunistic pathogens, including Legionella and
Listeria.

Carefully consider the risks and benefits of treatment with etanercept prior to initiating therapy in patients with long-term or recurrent infections. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with etanercept, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

Malignancies: Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with tumor necrosis factor (TNF) blockers, including etanercept.

Policy:
Etanercept (Enbrel®) is approved when any of the following inclusion criteria are met:

1) Documentation of a diagnosis of moderate to severe rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis and ALL of the following:
   a) Patient is an adult (≥ 18 years)
   b) Medication is being recommended by a rheumatologist
   c) Patient had an inadequate response or inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDs): Methotrexate, Hydroxychloroquine, Leflunomide, Azathioprine, Sulfasalazine, Adalimumab (Humira®)
   d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

2) Documentation of a diagnosis of moderate to severe juvenile idiopathic arthritis (JIA) and ALL of the following:
   a) Patient is ≥ 2 years old
   b) Medication is being recommended by a rheumatologist
   c) Patient had inadequate response or inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDs: Methotrexate, Hydroxychloroquine, Leflunomide, Azathioprine, SulfaSalazine, Adalimumab (Humira®)
   d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

3) Documentation of a diagnosis of moderate to severe chronic plaque psoriasis and ALL of the following:
   a) Patient is an adult (≥ 18 years)
   b) Medication is being recommended by a dermatologist
   c) Patient had inadequate response or inability to tolerate ONE of the following drugs: Topical Calcipotriene containing products, Topical Anthralin, Topical Steroids, Topical immunomodulators (Elidel®, Protopic®), Topical retinoids, Adalimumab (Humira®)
   d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists
Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tr>
<td>Enbrel</td>
<td>Etanercept</td>
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