ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

Age 2 years of age or older

1. Moderately to severely active Polyarticular Juvenile Idiopathic Arthritis (pJIA)
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix
    b. Prescriber will not exceed the FDA labeled maintenance dose of the following:
        i. Age 18 and older: 50 mg weekly
        ii. Age 2 – 17 and weight ≥63kg: 50 mg weekly
        iii. Age 2 – 17 and weight<63kg: 0.8 mg/kg weekly

2. Active Juvenile Psoriatic Arthritis
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
    b. Prescriber will not exceed the FDA labeled maintenance dose of the following:
        i. Age 18 and older: 50 mg weekly
        ii. Age 2 – 17 and weight ≥63kg: 50 mg weekly
        iii. Age 2 – 17 and weight<63kg: 0.8 mg/kg weekly

Age 4 years of age or older

1. Chronic moderate to severe Plaque Psoriasis (PsO)

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

a. Inadequate treatment response, intolerance, or contraindication to either conventional systemic therapy (see Appendix 1) or phototherapy
    i. If the patient is intolerant or contraindicated to one therapy then the patient must have an inadequate treatment response to the other treatment option
b. Prescriber will not exceed the FDA labeled maintenance dose of the following:
    i. Age 18 and older: 50 mg weekly
    ii. Age 4 – 17 and weight ≥63kg: 50 mg weekly
    iii. Age 4 – 17 and weight <63kg: 0.8 mg/kg weekly

Age 12 years of age or older

1. Moderately to severely active Rheumatoid Arthritis (RA)
    a. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly

2. Active Psoriatic Arthritis (PsA)
    a. Inadequate treatment response, intolerance or contraindication to a 3-month trial of at least **ONE** conventional DMARD (see Appendix 1)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly

3. Active Ankylosing Spondylitis (AS)
    a. Inadequate treatment response, intolerance, or contraindication to **TWO** non-steroidal anti-inflammatory drugs (NSAIDs)
    b. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly

AND ALL of the following:

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

1. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
2. Patient is not at risk for HBV infection **OR** patient is at risk for HBV infection and HBV infection has been ruled out or treatment for HBV infection has been initiated.
3. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
4. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
5. **NOT** given concurrently with live vaccines

Prior - Approval Limits

Quantity

Diagnosis	Strength	Quantity
Rheumatoid Arthritis	25mg, 50mg	12 x 50mg units per 84 days **OR** 24 x 25mg units per 84 days
Psoriatic Arthritis		
Ankylosing Spondylitis		
Plaque Psoriasis, Age 18+	25mg, 50mg	*(50 mg twice weekly for 3 months, then 50 mg once a week)* 64 x 50mg units per 365 days **OR** 128 x 25mg units per 365 days
Plaque Psoriasis, Age 4-17	25mg, 50mg	12 x 50mg units per 84 days **OR** 24 x 25mg units per 84 days
Polyarticular Juvenile Idiopathic Arthritis		
Juvenile Psoriatic Arthritis		

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

Patient must have **ONE** of the following:

Age 2 years of age or older

1. Polyarticular Juvenile Idiopathic Arthritis (pJIA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of the following:
        i. Age 18 and older: 50 mg weekly
        ii. Age 2 – 17 and weight ≥63kg: 50 mg weekly
        iii. Age 2 – 17 and weight <63kg: 0.8 mg/kg weekly

2. Juvenile Psoriatic Arthritis (JPsA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of the following:
        i. Age 18 and older: 50 mg weekly
        ii. Age 2 – 17 and weight ≥63kg: 50 mg weekly
        iii. Age 2 – 17 and weight <63kg: 0.8 mg/kg weekly

Age 4 years of age or older

1. Plaque Psoriasis (PsO)
    a. Prescriber will not exceed the FDA labeled maintenance dose of the following:
        i. Age 18 and older: 50 mg weekly
        ii. Age 4 – 17 and weight ≥63kg: 50 mg weekly
        iii. Age 4 – 17 and weight <63kg: 0.8 mg/kg weekly

Age 12 years of age or older

1. Rheumatoid Arthritis (RA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly
2. Psoriatic Arthritis (PsA)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly
3. Ankylosing Spondylitis (AS)
    a. Prescriber will not exceed the FDA labeled maintenance dose of 50 mg weekly

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

AND ALL of the following:

1. Condition has improved or stabilized with Enbrel or biosimilar
2. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
3. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (see Appendix 1)
4. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Limits

Quantity

Diagnosis	Strength	Quantity
Rheumatoid Arthritis	25mg, 50mg	12 x 50mg units per 84 days **OR** 24 x 25mg units per 84 days
Psoriatic Arthritis		
Ankylosing Spondylitis		
Plaque Psoriasis, Age 18+		
Plaque Psoriasis, Age 4-17	25mg, 50mg	12 x 50mg units per 84 days **OR** 24 x 25mg units per 84 days
Polyarticular Juvenile Idiopathic Arthritis		
Juvenile Psoriatic Arthritis		

Duration 18 months

Appendix 1 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
azathioprine	Azasan, Imuran
cyclophosphamide	Cytoxan
cyclosporine	Neoral, Gengraf, Sandimmune
hydroxychloroquine	Plaquenil
leflunomide	Arava
methotrexate	Rheumatrex, Trexall
mycophenolate	Cellcept
sulfasalazine	Azulfidine, Sulfazine

Biological disease-modifying antirheumatic drugs (DMARDs)

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)
*These medications are included in this policy but are not available on the market as of yet

Generic Name	Brand Name
abatacept	Orencia
adalimumab	Humira
anakinra	Kineret
bimekizumab-bkzx	Bimzelx
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla
baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
upadactinib	Rinvoq

Appendix 2 – Examples of Contraindications to Methotrexate

Contraindications to Methotrexate
1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment

ENBREL (etanercept) / ERELZI* (etanercept – szzs) / ETICOVO* (etanercept-ykro)

*These medications are included in this policy but are not available on the market as of yet

11. Significant drug interaction