

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

etanercept (Enbrel)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

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 secukinumab (criteria based)
 - Patient has tried and failed/intolerant to adalimumab product (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 all of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
3. Prescriber is a dermatologist or rheumatologist 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 all of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)

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All plans offered and underwritten by
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- Adalimumab product (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 product (criteria based)
- 5. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
 - Patient has tried and failed/intolerant to all of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)

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

1. Prescriber is a dermatologist
 - Patient has tried and failed/intolerant to or has a contraindication to adalimumab product (criteria based)
2. Prescriber is a rheumatologist