

Etanercept (Enbrel)

Prior Authorization Criteria for the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy (TRRx) Program

Etanercept (Enbrel) is indicated for reducing signs and symptoms and delaying structural damage in patients with moderately to severely active rheumatoid arthritis (RA), reducing signs and symptoms of active arthritis in patients with psoriatic arthritis, reducing signs and symptoms in patients with active ankylosing spondylitis, and treatment of chronic moderate to severe plaque psoriasis in patients who are candidates for systemic therapy or phototherapy.

Etanercept is also indicated for reducing signs and symptoms of moderately to severely active polyarticular-course juvenile idiopathic arthritis (JIA).

The use of etanercept in conditions other than RA, psoriatic arthritis, ankylosing spondylitis, JIA, or plaque psoriasis is not well-supported by the clinical literature. The use of etanercept in combination with other medications that work through the same or a similar mechanism of action, such as adalimumab (Humira), anakinra (Kineret), and infliximab (Remicade), is not well-supported by the clinical literature and may be associated with increased adverse events.

To limit wastage, the maximum supply of etanercept that will be dispensed at any one time is an 8 weeks supply from the TRICARE Mail Order Pharmacy (TMOP) or a 4 weeks supply from retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The TMOP contractor, Express-Scripts, has established procedures for working with patients to facilitate ordering and delivery of etanercept (Enbrel).

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for etanercept (Enbrel) obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for etanercept (Enbrel) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

SPECIAL NOTE: Enbrel and Kineret are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira, Raptiva, and Amevive, which are formulary (Tier 2). TRICARE does not cover Enbrel or Kineret for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary instead of a formulary agent.

Medical necessity forms are available on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The PA form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Enbrel or Kineret require both forms.

Prior Authorization Criteria for Etanercept (Enbrel)

Coverage provided for the treatment of:

- Moderately to severely active rheumatoid arthritis
- Active psoriatic arthritis
- Active ankylosing spondylitis

- Juvenile idiopathic arthritis
- Chronic moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.
- Coverage NOT provided for concomitant use with adalimumab (Humira), anakinra (Kineret), or infliximab (Remicade).

Note: Etanercept is subject to a quantity limit of a 4-week supply in retail and an 8-week supply in mail order (based on instructions for use on the prescription).

The following are examples of DMARDs:

- adalimumab
- anakinra
- etanercept
- infliximab
- azathioprine
- hydroxychloroquine
- gold compounds, oral/injectable (e.g., auranofin, aurothioglucose, gold sodium thiomalate)
- leflunomide
- methotrexate
- d-penicillamine
- sulfasalazine

Criteria last revised by the DoD Pharmacy & Therapeutics Committee in July 2004; page modified February 2008 to add SPECIAL NOTES section