

Priority Health Medicare Prior Authorization Criteria (Part D)

Enbrel®

Products affected

- Enbrel®
- Enbrel® Sureclick

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Negative TB test (must be done yearly). For diagnosis of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4. For diagnosis of moderate to severe plaque psoriasis, must have involvement of greater than 5% of body surface area (unless hands, feet, head, neck, or genitalia are involved).
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnoses of RA, Juvenile RA, and Psoriatic Arthritis, must first try one non-biologic DMARD. For diagnosis of Ankylosing Spondylitis, must first try one NSAID. For diagnosis of moderate to severe plaque psoriasis, must first try one of the following: cyclosporine, cyclosporine modified, methotrexate, methylprednisolone, prednisone, or Soriatane.