

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for Enbrel

## **STATEMENT OF THE POLICY**

Health Alliance will cover Enbrel for new starts only when the below criteria has been met:

## **PROCEDURES**

### **1. Exclusion Criteria**

- 1.1 Patients with clinically important infections e.g., cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Disease, osteomyelitis
- 1.2 Patients receiving other immunosuppressive agents
- 1.3 Diagnosis of Congestive Heart Failure

### **2. Authorized Prescribers**

- 2.1 Rheumatologist
- 2.2 Gastroenterologist
- 2.3 Dermatologist