

Enbrel® (etanercept)

When requesting Enbrel® (etanercept), the individual requiring treatment must be diagnosed with one of the following FDA-approved indications or approved compendial uses and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

FDA-Approved Indications

- Ankylosing spondylitis (AS)
- Juvenile idiopathic arthritis (JIA)
- Plaque psoriasis (PsO)
- Psoriatic arthritis (PsA)
- Rheumatoid arthritis (RA)

Approved Off-Label Compendial Uses

- Behcet's Disease
- Graft-Versus-Host Disease (GVHD)
- Pyoderma Gangrenosum
- Still's Disease

Coverage Guidelines

Ankylosing Spondylitis

The individual must meet **all** of the following criteria for initial authorization:

- Is $\geq$ 18 years of age;
- Medication is prescribed by or in consultation with a rheumatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Meets **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; ORNote: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing

Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondyloarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

- o Experienced an improvement in at least one symptom from baseline, such as decreased pain or stiffness, or improvement in function or activities of daily living.

Juvenile Idiopathic Arthritis

Note: This includes JIA regardless of type of onset, including a patient with juvenile spondyloarthropathy/active sacroiliac arthritis.

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 2 years of age;
- Meets **one** of the following:
 - o Has tried one other systemic medication for this condition; OR
Note: Examples of other systemic therapy for JIA include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID) [e.g., ibuprofen, naproxen], adalimumab, abatacept); A previous trial of one biologic other than the requested drug also counts as a trial of one agent for JIA. A biosimilar of the requested biologic does not count.
 - o Will be starting on therapy concurrently with methotrexate, sulfasalazine, or leflunomide; OR
 - o Has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR
Note: Examples of contraindications to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias.
 - o Has aggressive disease;
- Medication is prescribed by or in consultation with a rheumatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Meets at least **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; OR
Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease

Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.

- o Experienced an improvement in at least one symptom from baseline, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.

Plaque Psoriasis

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 4 years of age;
- Meets **one** of the following conditions:
 - o Has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; OR
Note: Examples include methotrexate, cyclosporine, or acitretin. A 3-month trial of psoralen plus ultraviolet a light [PUVA] also counts, adalimumab, Cimzia, infliximab). An exception can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. A patient who has already tried a biologic for psoriasis is not required to “step back” and try a traditional systemic agent for psoriasis.
 - o Has a contraindication to methotrexate;
- Medication is prescribed by or in consultation with a dermatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 3 months;
Note: A patient who has received < 3 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Experienced a beneficial clinical response, defined as improvement from baseline in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis;
- Experienced an improvement in at least one symptom from baseline, such as decreased pain, itching, and/or burning.

Psoriatic Arthritis

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 2 years of age;
- Medication is prescribed by or in consultation with a rheumatologist or a dermatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Meets at least **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; OR
Note: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
 - o Experienced an improvement in at least one symptom from baseline, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

Rheumatoid Arthritis

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 18 years of age;
- Has tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months;

Note: Examples include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception can be made if the patient has already had a 3-month trial with at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. A patient who has already tried a biologic for rheumatoid arthritis is not required to “step back” and try a conventional synthetic DMARD.

- Medication is prescribed by or in consultation with a rheumatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.

- Meets **one** of the following:
 - o Experienced a beneficial clinical response when assessed by at least one objective measure; OR
Note: Examples of objective measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

- o Experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

Behcet's Disease.

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 2 years of age;
- Has tried at least one conventional therapy;
Note: Examples include systemic corticosteroids (e.g., methylprednisolone), immunosuppressants (e.g., azathioprine, methotrexate, mycophenolate mofetil, cyclosporine, tacrolimus, Leukeran [chlorambucil], cyclophosphamide, interferon alfa). A patient who has already tried one biologic other than the requested drug for Behcet's disease is not required to "step back" and try a conventional therapy. A biosimilar of the requested biologic does not count.
- Medication is prescribed by or in consultation with a rheumatologist, dermatologist, ophthalmologist, gastroenterologist, or neurologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 3 months;
Note: A patient who has received < 3 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Experienced a beneficial clinical response from baseline when assessed by at least one objective measure;
Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate); ulcer depth, number, and/or lesion size.
- Experienced an improvement in at least one symptom from baseline, such as decreased pain, or improved visual acuity (if ophthalmic manifestations).

Graft-Versus-Host Disease

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 6 years of age;
- Has tried at least one conventional systemic treatment for graft-versus-host disease;
Note: Examples of conventional systemic treatments include systemic corticosteroids (e.g., methylprednisolone), antithymocyte globulin, cyclosporine, tacrolimus, and mycophenolate mofetil.
- Medication is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 1 month;
Note: A patient who has received < 1 month of therapy or who is restarting therapy is reviewed under initial therapy.
- Meets at least **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; OR
Note: Examples of objective measures are normalization of liver function tests, red blood cell count, or platelet count; or resolution of fever or rash.
 - o Experienced an improvement in at least one symptom from baseline, such as improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms (e.g., nausea, vomiting, anorexia).

Pyoderma Gangrenosum.

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 18 years of age;
- Meets **one** of the following:
 - o Has tried one systemic corticosteroid (e.g., prednisone); OR
 - o Has tried one other immunosuppressant (e.g., mycophenolate mofetil, cyclosporine) for at least 2 months or was intolerant to one of these medications;
- Medication is prescribed by or in consultation with a dermatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 4 months;
Note: A patient who has received < 4 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Experienced a beneficial clinical response from baseline, defined as improvement in at least one of the following: size, depth, and/or number of lesions;
- Experienced an improvement in at least one symptom from baseline, such as decreased pain and/or tenderness of affected lesion(s).

Spondyloarthritis, Other Subtypes:

Note: This includes undifferentiated arthritis, non-radiographic axial spondyloarthritis, reactive arthritis (Reiter's Disease)

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 18 years of age;
- Meets **one** of the following conditions:

- o Has arthritis primarily in the knees, ankles, elbows, wrists, hands, and/or feet and has tried at least one conventional synthetic disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine); OR
- o Has axial spondyloarthritis and has objective signs of inflammation, defined as one of the following:
 - C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory; OR
 - Sacroiliitis reported on magnetic resonance imaging (MRI);
- Medication is prescribed by or in consultation with a rheumatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.
- Meets **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; OR
Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS) and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
 - o Experienced an improvement in at least one symptom from baseline, such as decreased pain or stiffness, or improvement in function or activities of daily living.

Still's Disease.

The individual must meet **all** of the following criteria for initial authorization:

- Is ≥ 18 years of age;
- Has tried one corticosteroid;
- Has tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) given for at least 2 months or was intolerant;
Note: An example of a conventional synthetic DMARD is methotrexate. A previous trial of one biologic other than the requested drug (e.g., Actemra [tocilizumab intravenous injection, tocilizumab subcutaneous injection], Arcalyst [rilonacept subcutaneous injection], Ilaris [canakinumab subcutaneous injection]) also counts towards a trial of one other systemic agent for Still's disease. A biosimilar of the requested biologic does not count.
- Medication is prescribed by or in consultation with a rheumatologist.

The individual must meet **all** of the following criteria for reauthorization:

- Has been established on therapy for at least 6 months;

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an etanercept product is reviewed under initial therapy.

- Meets **one** of the following:
 - o Experienced a beneficial clinical response from baseline when assessed by at least one objective measure; OR
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
 - o Experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Approval duration (initial):

- Plaque psoriasis/Behcet's Disease 3 months
- GVHD 1 month
- Pyoderma Gangrenosum 4 months
- All others 6 months

Approval duration (renewal):

- GVHD 3 months
- All others 12 months

Dosing Recommendations

Enbrel is administered via subcutaneous injection.

Patient Population	Recommended Dose and Frequency
Adult RA and PsA	50 mg once weekly
AS	50 mg once weekly
Adult PsO	50 mg twice weekly for 3 months, followed by 50 mg once weekly
JIA, Pediatric PsO and Juvenile PsA	0.8 mg/kg weekly, with a maximum of 50 mg per week
Behcet's disease	50 mg once weekly
Graft-versus-host disease	50 mg twice weekly
Pyoderma gangrenosum	25-50 mg twice weekly
Still's disease	25 mg once biweekly to 25 mg 3x per week

References

1. Enbrel® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Immunex/Amgen; October 2024.
2. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol.* 2021;73(7):1108-1123.

3. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Rheumatol*. 2019;71(6):846-863.
4. Ringold S, Weiss PF, Beukelman T, et al. 2013 update of the 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: recommendations for the medical therapy of children with systemic juvenile idiopathic arthritis and tuberculosis screening among children receiving biologic medications. *Arthritis Rheum*. 2013;65(10):2499-2512.
5. Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2019;71(10):1599-1613.
6. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2019;80(4):1029-1072.
7. Singh JA, Guyatt G, Ogdie A, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the treatment of psoriatic arthritis. *Arthritis Care Res (Hoboken)*. 2019;71(1):2-29.
8. Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of anti-tumor necrosis factor biologic agents in patients with ocular inflammatory disorders. *Ophthalmology*. 2014;121(3):785-796.
9. Hatemi G, Silman A, Bang, D, et al. EULAR recommendations for the management of Behcet disease. *Ann Rheum Dis*. 2008;67:1656-1662.
10. Dabade TS, Davis MD. Diagnosis and treatment of the neutrophilic dermatoses (pyoderma gangrenosum, Sweet's syndrome). *Dermatol Ther*. 2011;24(2):273-284.
11. Charles CA, Leon A, Banta MR, et al. Etanercept for the treatment of refractory pyoderma gangrenosum: a brief series. *Int J Dermatol*. 2007;46:1095-1099.
12. Roy DB, Conte ET, Cohen DJ. The treatment of pyoderma gangrenosum using etanercept. *J Am Acad Dermatol*. 2006;54(3 Suppl 2):S128-134.
13. Reichrath J, Bens G, Bonowitz A, et al. Treatment recommendations for pyoderma gangrenosum: an evidence-based review of the literature based on more than 350 patients. *J Am Acad Dermatol*. 2005;53:273-283.
14. Dignan FL, Clark A, Amrolia P, et al. Diagnosis and management of acute graft-versus-host disease. *Br J Haematol*. 2012;158(1):30-45.
15. Dignan FL, Amrolia P, Clark A, et al. Diagnosis and management of chronic graft-versus-host disease. *Br J Haematol*. 2012;158(1):46-61.
16. Wolff D, Roessler V, Steiner B, et al. Treatment of steroid-resistant acute graft-versus-host disease with daclizumab and etanercept. *Bone Marrow Transplant*. 2005;35:1003-1010.
17. Choi SW, Stiff P, Cooke K, et al. TNF-inhibition with etanercept for graft-versus-host disease prevention in high-risk HCT: lower TNFR1 levels correlate with better outcomes. *Biol Blood Marrow Transplant*. 2012;18(10):1525-1532.
18. Levine JE, Paczesny S, Mineishi S, et al. Etanercept plus methylprednisolone as initial therapy for acute graft-versus-host disease. *Blood*. 2008;111:2470-2475.
19. Alousi AM, Weisdorf DJ, Logan BR, et al. Etanercept, mycophenolate, denileukin, or pentostatin plus corticosteroid in acute graft-versus-host disease: a randomized phase 2 trial from the Blood Marrow Transplant Clinical Trials Network. *Blood*. 2009;114(3):511-517.
20. Busca A, Locatelli F, Marmont F, et al. Recombinant human soluble tumor necrosis factor receptor fusion protein as treatment for steroid refractory graft-versus-host disease following allogeneic hematopoietic stem cell transplantation. *Am J Hematol*. 2007;82:45-52.
21. Kennedy GA, Butler J, Western R, et al. Combination antithymocyte globulin and soluble TNF alpha inhibitor (etanercept) +/- mycophenolate mofetil for treatment of steroid refractory acute graft-versus-host disease. *Bone Marrow Transplant*. 2006;37:1143-1147.
22. Chiang KY, Abhyankar S, Bridges K, et al. Recombinant human tumor necrosis factor receptor fusion protein as complementary treatment for chronic graft-versus-host disease. *Transplantation*. 2002;73:665-667.
23. Gatz E, Braun T, Levine JE, et al. Etanercept plus topical corticosteroids as initial therapy for grade one acute graft-versus-host disease after allogeneic hematopoietic cell transplantation. *Biol Blood Marrow Transplant*. 2014;20(9):1426-1434.
24. Riera E, Olivé A, Narváez J, et al. Adult onset Still's disease: review of 41 cases. *Clin Exp Rheumatol*. 2011;29(2):331-336.
25. Sandborn WJ, Hanauer SB, Katz S, et al. Etanercept for active Crohn's disease: a randomized, double-blind, placebo-controlled trial. *Gastroenterology*. 2001;121:1088-1094.
26. Marzo-Ortega H, McGonagle D, O'Connor P, et al. Efficacy of etanercept for treatment of Crohn's related spondyloarthritis but not colitis. *Ann Rheum Dis*. 2003;62:74-76.

27. Efthimiou P, Schwartzman S, Kagen LJ. Possible role for tumour necrosis factor inhibitors in the treatment of resistant dermatomyositis and polymyositis: a retrospective study of eight patients. *Ann Rheum Dis*. 2006;65:1233-1236.
28. Iannone F, Scioscia C, Falappone PC, et al. Use of etanercept in the treatment of dermatomyositis: a case series. *J Rheumatol*. 2006;33:1802-1804.
29. Amato AA, Tawil R, Kissel J, et al. A randomized, pilot trial of etanercept in dermatomyositis. *Ann Neurol*. 2011;70(3):427-436.
30. Iorizzo LJ 3rd, Iorizzo JL. The treatment and prognosis of dermatomyositis: an updated review. *J Am Acad Dermatol*. 2008;59:99-112.
31. Rouster-Stevens KA, Ferguson L, Morgan G, et al. Pilot study of etanercept in patients with refractory juvenile dermatomyositis. *Arthritis Care Res (Hoboken)*. 2014;66(5):783-787.
32. Adams DR, Yankura JA, Fogelberg AC, et al. Treatment of hidradenitis suppurativa with etanercept injection. *Arch Dermatol*. 2010;146(5):501-504.
33. van Rappard DC, Limpens J, Mekkes JR. The off-label treatment of severe hidradenitis suppurativa with TNF- α inhibitors: a systematic review. *J Dermatolog Treat*. 2013;24(5):392-404.
34. Dejaco C, Singh YP, Perel P, et al. 2015 Recommendations for the management of polymyalgia rheumatica: a European League Against Rheumatism/American College of Rheumatology Collaborative Initiative. *Arthritis Rheumatol*. 2015;67(10):2569-2580.
35. Corrao S, Pistone G, Scaglione R, et al. Fast recovery with etanercept in patients affected by polymyalgia rheumatica and decompensated diabetes: a case-series study. *Clin Rheumatol*. 2009;28:89-92.
36. Catanoso MG, Macchioni P, Boiardi L, et al. Treatment of refractory polymyalgia rheumatica with etanercept: an open pilot study. *Arthritis Rheum*. 2007;57:1514-1519.
37. Kreiner F, Galbo H. Effect of etanercept in polymyalgia rheumatica: a randomized controlled trial. *Arthritis Res Ther*. 2010;12(5):R176.
38. Baughman RP, Lower EE, Bradley DA, et al. Etanercept for refractory ocular sarcoidosis: results of a double-blind randomized trial. *Chest*. 2005;128:1062-1047.
39. Utz JP, Limper AH, Kalra S, et al. Etanercept for the treatment of state II and III progressive pulmonary sarcoidosis. *Chest*. 2003;124:177-185.
40. Amin EN, Closser DR, Crouser ED. Current best practice in the management of pulmonary and systemic sarcoidosis. *Ther Adv Respir Dis*. 2014;8(4):111-132.
41. Mukhtyar C, Guillevin L, Cid MC, et al. EULAR recommendations for the management of large vessel vasculitis. *Ann Rheum Dis*. 2009;68(3):318-323.
42. Osman M1, Pagnoux C2, Dryden DM, et al. The role of biological agents in the management of large vessel vasculitis (LVV): a systematic review and meta-analysis. *PLoS One*. 2014 Dec 17;9(12):e115026.
43. Martínez-Taboada VM, Rodríguez-Valverde V, Carreño L, et al. A double-blind placebo controlled trial of etanercept in patients with giant cell arteritis and corticosteroid side effects. *Ann Rheum Dis*. 2008;67:625-630.
44. Molloy ES, Langford CA, Clark TM, et al. Anti-tumour necrosis factor therapy in patients with refractory Takayasu arteritis: long-term follow-up. *Ann Rheum Dis*. 2008;67:1567-1569.
45. Wegener's Granulomatosis Etanercept Trial (WGET) Research Group. Etanercept plus standard therapy for Wegener's granulomatosis. *N Engl J Med*. 2005;352:351-361.
46. The NCCN Hematopoietic Cell Transplantation (HCT) (Version 2.2022 – September 28, 2022). © 2022 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on October 16, 2022.
47. Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis. *Arthritis Rheumatol*. 2022;74(4):553-569.