

POLICY NAME	Kineret (anakinra)	POLICY #	1844P
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Criteria

Coverage Criteria for Rheumatoid Arthritis

- ☐ 1.1 See Rheumatoid Arthritis Immunomodulator Therapies policy

Coverage Criteria for Juvenile Idiopathic Arthritis

- ☐ 2.1 See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy

Coverage Criteria for Cryopyrin-Associated Periodic Syndromes (CAPS)

- ☐ 3.1 Diagnosis of CAPS, including Familial Cold Auto-inflammatory Syndrome, Muckle-Wells Syndrome, or Neonatal-Onset Multisystem Inflammatory Disease/Chronic Infantile Neurologic Cutaneous or Articular Syndrome
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- ☐ 3.2 Ordered by a specialist

Coverage Criteria for Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

- ☐ 4.1 Diagnosis of Deficiency of Interleukin-1 Receptor Antagonist (DIRA)
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- ☐ 4.2 Ordered by a Specialist

Coverage Criteria for Adult-Onset Still's Disease (AOSD)

- ☐ 5.1 Diagnosis of Adult-Onset Still's Disease (AOSD) that is considered to be moderate to severe in nature
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- ☐ 5.2 Documentation the patient has moderate-to-severe disease including any one of the following systemic manifestations:
- Fever
 - Rash
 - Arthritis or arthralgia (joint aches or inflammation)
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- ☐ 5.3 Ordered by a Rheumatologist (musculoskeletal doctor)
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5.4 For patients with moderate disease that has primarily systemic symptoms with no joint erosions:

- Documented failure to respond, intolerance, or contraindication to non-steroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen or naproxen)
- Documented failure to respond, intolerance, or contraindication to glucocorticoids

- ☐ **5.5** For patients with severe disease such as life-threatening organ involvement and/or conditions such as severe hepatic (liver) involvement, cardiac tamponade (serious medical condition in which blood or fluids fill the space between the sac that encases the heart and the heart muscle), and/or disseminated intravascular coagulation (condition in which blood clots form throughout the body, blocking small blood vessels):

- Documented failure to respond, intolerance, or contraindication to glucocorticoids

Exclusion Criteria – Any of the following prevents coverage

- ☐ **6.1** Hypersensitivity to E. coli-derived proteins, anakinra, or any component in Kineret
- ☐ **6.2** Inadequate response to initial or previous anakinra therapy
- ☐ **6.3** Health Alliance does not cover concurrent therapy with other immunomodulators based upon the possible increased risk for infections and other potential pharmacological interactions