Kineret® (anakinra)
Effective 02/20/19

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Kineret® (anakinra) is an interleukin-1 receptor antagonist indicated for Rheumatoid Arthritis (RA) to reduce signs and symptoms and slow the progression of structural damage in moderately to severely active rheumatoid arthritis, in patients 18 years of age or older who have failed 1 or more disease modifying antirheumatic drugs (DMARDs) and Cryopyrin-Associated Periodic Syndromes (CAPS) as treatment of Neonatal-Onset Multisystem Inflammatory Disease (NOMID).

Coverage Guidelines

Authorization may be granted when the following diagnosis specific criteria are met:

Rheumatoid arthritis (RA)

1. Member has a diagnosis of RA **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of ALL the following*:
    a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine) AND
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication OR a contraindication to ALL biologic DMARDs

    AND
4. Dosing is appropriate (see appendix A)

Neonatal-onset multisystem inflammatory (NOMID) /also known as chronic infantile neurological cutaneous and articular (CINCA) syndrome

1. Member has a diagnosis of NOMID/CINCA **AND**
2. Dosing is appropriate (see appendix A)

Familial cold autoinflammatory syndrome (FCAS) and Muckle-Wells syndrome (MWS)

1. The prescriber provides documentation of diagnosis and appropriate dosing

Acute gout

1. Member has a diagnosis of acute gout **AND**
2. Prescriber has provided documentation of inadequate response, adverse reaction or contraindication to ALL of the following:
    a. NSAIDs
    b. Colchicine
    c. Oral or intraarticular glucocorticoids

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Initial approvals will be varied based on the treatment:
    a. **For RA, NOMID/CINCA,** approvals will be for 6 months.
    b. **For FCAS, MWS, and acute gout,** approvals will be for 3 months.
2. Reauthorizations will be for 12 months

Appendices

Appendix A: Dosing

	Pediatric Dosing	Other Dosing
Kineret® (anakinra)	**Neonatal-onset multisystem inflammatory disease (NOMID)** Initial:1 to 2 mg/kg; maximum 8 mg/kg daily; may be given once or twice daily **Muckle-Wells syndrome (MWS)** Initial: 4-5mg/kg per day	**Rheumatoid Arthritis (mod-severe):** 100 mg subcutaneously daily

References

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12. Lazaros G, Imazio M, Brucato A, et al. Anakinra: an emerging option for refractory idiopathic recurrent pericarditis: a systematic review of published evidence. J Cardiovasc Med (Hagerstown) 2016; 17:256.

Review History

03/21/05 – Reviewed
05/15/05 – Effective
02/27/06 – Reviewed
02/25/08 – Reviewed
02/23/09 – Reviewed
02/22/10 – Reviewed
02/28/11 – Reviewed
02/27/12 – Reviewed
02/25/13 – Reviewed
02/24/14 – Reviewed
02/23/15 – Reviewed
02/22/16 – Reviewed
02/27/17 – Reviewed and revised (adopted SGM &ST)
03/01/18 – Reviewed and revised (adopted MH RS)
02/20/19 – Reviewed in P&T Meeting

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