Kineret® (anakinra)
Effective 02/20/19

<table>
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<tr>
<th>Plan</th>
<th>☒ MassHealth</th>
<th>☐ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
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<td>Specialty Limitations</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
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### Contact Information

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<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<tr>
<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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### 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

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<th>Pediatric Dosing</th>
<th>Other Dosing</th>
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| **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


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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