# Kineret®

## Covered Medication

- Anakinra injection (Kineret®)

## What it does and how it is used

- Rheumatoid arthritis (RA) is a progressive chronic inflammatory disease that primarily affects large and small joints.
- The disease is characterized by joint and organ deformities that can lead to neuropathy, cardiac abnormalities, pulmonary fibrosis, and corneal defects. RA is associated with a significant amount of morbidity. These morbidities may increase the risk of mortality in RA patients.
- The inflammatory manifestations of RA usually present as synovitis (inflammation of the synovial fluid between the joints), swollen or tender joints, and daily severe pain.
- Inflammatory mediators released during active RA secrete enzymes that are involved in joint and cartilage destruction. Mediators may include prostaglandins and cytokines, such as tumor necrosis factor-alpha (TNF-α) and interleukin-1 (IL-1).
- Treatment is aggressive soon after diagnosis with the goals of reducing symptoms and future damage caused by RA.
- Initial treatment is usually with a conventional Disease Modifying Antirheumatic Therapy (DMARD) (e.g., methotrexate) and/or a biologic agent (e.g., Enbrel®). DMARDs decrease pain, slow disease progression, and retard development of joint erosions.
- Kineret®, a biologic agent, is a DMARD that specifically blocks the human interleukin-1 receptor. It exerts its action by decreasing inflammation and disease mediators.
- Kineret® is used as monotherapy or in combination with methotrexate for the reduction in signs and symptoms of active rheumatoid arthritis.

## Rationale for coverage authorization

To reduce the costs associated with using Kineret® in situations where the use of other DMARDs may be warranted (e.g., in situations where methotrexate has not been tried).

## Benefit design

- Coverage is provided immediately (without generating a prior authorization) in situations where the patient is currently receiving Kineret and a prescription for at least one other DMARD or biological exists in claim history during the previous 18 months.
- A prior authorization will be generated for Kineret® in the presence of an active claim for Enbrel®, Humira®, Remicade®, Ocrecia® or Rituxan®.
- In situations where no drugs exist in prescription claim history, coverage is determined through a coverage authorization process in accord with the criteria listed below.

## Coverage authorization criteria

Coverage is provided for the treatment of moderate to severe rheumatoid arthritis:

- In situations where the patients ≥ 18 years of age AND
- In situations where the patient is using Kineret® in combination with methotrexate OR
- In situations where the patient has experienced an inadequate response or is not a candidate for treatment with methotrexate OR
- In situations where the patient has experienced an inadequate response or an intolerance to treatment with at least TWO non-biologic DMARDS (eg, hydroxychloroquine, leflunomide, minocycline, or sulfasalazine)

Coverage is not provided for use of Kineret® in combination with another biologic agent (eg. Enbrel®, Humira®, Remicade®)

Coverage is not provided unless the patient has been evaluated for the presence of latent TB infection.

### Coverage duration:

Coverage is provided for 2 years. Coverage may be renewed in situations where the patient has experienced significant improvement in their condition.

## References
