Reference number
1802-A

SPECIALTY GUIDELINE MANAGEMENT

KINERET (anakinra)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
   1. Moderately to severely active rheumatoid arthritis (RA)
   2. Cryopyrin-Associated Periodic Syndromes (CAPS), including Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
   3. Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

B. Compendial Uses
   1. Systemic juvenile idiopathic arthritis (sJIA)
   2. Adult-onset Still's disease
   3. Multicentric Castleman's disease
   4. Recurrent pericarditis
   5. Hyperimmunoglobulin D syndrome (HIDS) [Mevalonate Kinase Deficiency (MKD)]
   6. Schnitzler's syndrome
   7. Gout and pseudogout (calcium pyrophosphate deposition)

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

A. Rheumatoid arthritis (RA)
   1. For initial requests:
      i. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
      ii. Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).
   2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response.

B. Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (sJIA):
   1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

C. Neonatal-onset multisystem inflammatory disease (NOMID): For continuation requests: Chart notes, medical record documentation, or laboratory results supporting positive clinical response.

D. Deficiency of interleukin-1 receptor antagonist (DIRA): For initial requests: *IL1RN* mutation status.

E. Recurrent pericarditis:
1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

F. Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD): For initial requests: Chart notes, medical record documentation, or laboratory result (if applicable) indicating number of active flares within the last 6 months and Physician's Global Assessment score or C-reactive protein (CRP) level.

G. Gout and pseudogout flares: For initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

III. CRITERIA FOR INITIAL APPROVAL

A. Moderately to Severely Active Rheumatoid Arthritis (RA)

1. Authorization of 12 months may be granted for members who have previously received a biologic or targeted synthetic DMARD (e.g., Rinvoq, Xeljanz) indicated for moderately to severely active rheumatoid arthritis.

2. Authorization of 12 months may be granted for treatment of moderately to severely active RA when all of the following criteria are met:
   i. Member meets either of the following criteria:
      a. Member has been tested for either of the following biomarkers and the test was positive:
         1. Rheumatoid factor (RF)
         2. Anti-cyclic citrullinated peptide (anti-CCP)
      b. Member has been tested for ALL of the following biomarkers:
         1. RF
         2. Anti-CCP
         3. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
   ii. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated at least 15 mg/week), or the member has an intolerance or contraindication to methotrexate (see Appendix).
   iii. Member has experienced an inadequate response to at least a 3-month trial of a biologic or a targeted synthetic DMARD (e.g., Rinvoq, Xeljanz) or has intolerance to a biologic or targeted synthetic DMARD.

B. Adult-onset Still's disease (AOSD)

Authorization of 12 months may be granted for treatment of adult-onset Still's disease when all of the following criteria are met:

1. Member has had an inadequate response to a 3-month trial of methotrexate or corticosteroids or has intolerance or contraindication to methotrexate (see Appendix) and low dose corticosteroids.
2. Member will receive the requested medication concurrently with methotrexate or corticosteroids or has intolerance or contraindication to methotrexate (see Appendix) and low dose corticosteroids.

C. Active systemic juvenile idiopathic arthritis (sJIA)

1. Authorization of 12 months may be granted for treatment of active sJIA for members who have previously received a biologic indicated for active sJIA.

2. Authorization of 12 months may be granted for the treatment of active sJIA when any of the following criteria is met:
   i. Member has had an inadequate response to a 1-month trial of nonsteroidal anti-inflammatory drugs (NSAIDs).
   ii. Member has had an inadequate response to a 2-week trial of corticosteroids.
   iii. Member has had an inadequate response to a 3-month trial of methotrexate or leflunomide.

D. Neonatal-onset multisystem inflammatory disease (NOMID)

Authorization of 12 months may be granted for treatment of cryopyrin-associated periodic syndromes (CAPS), including NOMID (also known as chronic infantile neurologic cutaneous and articular syndrome [CINCA]).

E. Deficiency of interleukin-1 receptor antagonist (DIRA)

Authorization of 12 months may be granted for treatment of genetically confirmed deficiency of interleukin-1 receptor antagonist (DIRA) due to *IL1RN* mutations.

F. Recurrent pericarditis

Authorization of 12 months may be granted for the treatment of recurrent pericarditis for members who have failed a first-line therapy agent (i.e., colchicine).

G. Multicentric Castleman's disease

Authorization of 12 months may be granted for the treatment of multicentric Castleman's disease when both of the following criteria are met:

1. The requested medication will be used as a single-agent.
2. The disease has progressed following treatment of relapsed/refractory or progressive disease.

H. Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)

Authorization of 12 months may be granted for the treatment of HIDS/MKD when all of the following criteria are met:

1. Member has had active flares within the last 6 months.
2. Physician's Global Assessment greater than or equal to 2 or C-reactive protein (CRP) greater than 10 mg/L.

I. Schnitzler's syndrome

Authorization of 12 months may be granted for treatment of Schnitzler's syndrome when all of the following criteria are met:

1. Member has an urticarial rash, monoclonal IgM (or IgG) gammopathy and at least two of the following signs and symptoms: fever, joint pain or inflammation, bone pain, palpable lymph nodes, enlargement of the liver or spleen, elevated numbers of white blood cells (leukocytosis), elevated red blood cell (erythrocyte) sedimentation rate or abnormalities on bone morphological study (e.g., increased bone density).

2. Other possible causes of the signs and symptoms have been ruled out, including but not limited to: hyperimmunoglobulin D syndrome, adult-onset Still disease, urticarial hypocomplementemic vasculitis, acquired C1 inhibitor deficiency and cryoglobulinemia.

J. Management of gout and pseudogout flares

Authorization of 6 months may be granted for management of flares for gout or pseudogout (also known as calcium pyrophosphate deposition disease) when any of the following criteria is met:

1. Member has had an inadequate response or intolerance to maximum tolerated doses of non-steroidal anti-inflammatory drugs (NSAIDs), colchicine and oral and injectable corticosteroid.
2. Member has a contraindication to NSAIDs and colchicine, and has a clinical reason to avoid repeated courses of corticosteroids.

IV. CONTINUATION OF THERAPY

A. Moderately to severely active rheumatoid arthritis (RA)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active rheumatoid arthritis and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

B. Adult-onset Still's disease (AOSD) and active systemic juvenile idiopathic arthritis (sJIA)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for adult-onset Still's disease or active systemic juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

1. Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
2. Number of joints with limitation of movement
3. Functional ability
4. Systemic symptoms (e.g., fevers, evanescent skin rashes)

C. Neonatal-onset multisystem inflammatory disease (NOMID)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for CAPS, including NOMID (also known as CINCA), and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

1. Fever
2. Skin rash
3. Joint pain and/or inflammation
4. Central nervous system (CNS) symptoms (e.g., meningitis, headache, cerebral atrophy, uveitis, hearing loss)
5. Inflammatory markers (e.g., serum amyloid A [SAA], C-reactive protein [CRP], erythrocyte sedimentation rate [ESR])

D. Recurrent pericarditis

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for recurrent pericarditis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following:

1. Pericarditic chest pain
2. Pericardial rubs

3. Electrocardiogram (ECG)
4. Pericardial effusion
5. C-reactive protein (CRP)

E. Multicentric Castleman's disease
Authorization of 12 months may be granted for continued treatment of multicentric Castleman's disease in members requesting reauthorization who have not experienced disease progression or an unacceptable toxicity.

F. All other indications
Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for an indication outlined in Section III and who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

V. OTHER

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs associated with an increased risk of TB, and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.

* If the screening testing for TB is positive, there must be further testing to confirm there is no active disease. Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

** Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Member cannot use the requested medication concomitantly with any other biologic DMARD or targeted synthetic DMARD.

VI. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

VII. APPENDIX: Examples of contraindications to methotrexate

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity

7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or currently planning pregnancy
10. Renal impairment
11. Significant drug interaction

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