

anakinra (KINERET)

Diagnoses Considered for Coverage:

- Rheumatoid Arthritis (RA)
- Neonatal Multisystem Inflammatory Disease (NOMID)/ Chronic Infantile Neurological Cutaneous Articular syndrome (CINCA)
- Deficiency of Interleukin-1 receptor antagonist (DIRA)
- Systemic Onset Juvenile Idiopathic Arthritis (SOJIA, aka Still's Disease)
- Multicentric Castleman's disease (MCD) refractory, relapsed
- Histiocytic neoplasm: Erdheim-Chester disease

Coverage Criteria:

1. For moderate to severe rheumatoid arthritis:

- Being prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to methotrexate, **and**
- Not being used in combination with another targeted immunomodulator (i.e. anti-TNFs, IL-6 inhibitors, JAK inhibitors), **and**
- Inadequate response or intolerable side effect with TWO BSC-preferred agents (e.g. Enbrel, Humira, Rinvoq ER, and Xeljanz/Xeljanz XR) OR contraindication to ALL preferred agents, **and**
- Dose does not exceed 100 mg SQ per day.

Coverage Duration: one year

2. For neonatal-onset multisystem inflammatory disease:

- Not being used together with other targeted immunotherapies (i.e. anti-TNF drugs, interleukin inhibitors), **and**
- Dose does not exceed 8 mg/kg per day.

Coverage Duration: one year

3. For Deficiency of Interleukin-1 receptor antagonist (DIRA):

- Dose does not exceed 8 mg/kg per day.

Coverage Duration: one year

4. For Systemic Onset Juvenile Idiopathic Arthritis (SOJIA):

- Not being used together with other targeted, **and**
- Dose does not exceed 100 mg SQ per day.

Coverage Duration: one year

5. For diagnosis of Multicentric Castleman's disease (MCD), approve if:

- Dose does not exceed 100 mg SQ given once per day, **and**
- Being used as a single agent, **and**
- Patient has received at least two prior therapies for MCD.

Coverage Duration: 12-31-2039

6. For diagnosis of histiocytic neoplasm: Erdheim-Chester disease:

- Being used as a single agent, **and**
- Dose does not exceed 100 mg SQ given once per day.

Coverage Duration: one year

Coverage Duration: see coverage criteria

Effective Date: 11/02/2023