

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

anakinra (Kineret)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **anakinra (Kineret)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
 - Patient has tried and failed/intolerant to 2 of the following:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Etanercept (criteria based)
 - Patient has tried and failed/intolerant to or has a contraindication to all of the following:
 - Tocilizumab (criteria based)
 - Abatacept (criteria based)
2. Prescriber is a rheumatologist and patient has a diagnosis of neonatal-onset multisystem inflammatory disease (NOMID) and dose does not exceed 8 mg/kg/day
3. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of deficiency of interleukin-1 receptor antagonist (DIRA) and dose does not exceed 8 mg/kg/day