ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

UNIFORM PHARMACY PRIOR AUTHORIZATION REQUEST FORM

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete this form in its entirety and send to Rocky Mountain Health Plans at 858-357-2538

☐ **Urgent**[1] ☐ **Non-Urgent**

Requested Drug Name: Kineret® (anakinra)

Patient Information:	**Prescribing Provider Information:**
Patient Name:	Prescriber Name:
Member/Subscriber Number:	Prescriber Fax:
Policy/Group Number:	Prescriber Phone:
Patient Date of Birth (MM/DD/YYYY):	Prescriber Pager:
Patient Address:	Prescriber Address:
Patient Phone:	Prescriber Office Contact:
Patient Email Address:	Prescriber NPI:
	Prescriber DEA:
Prescription Date:	Prescriber Tax ID:
	Specialty/Facility Name (If applicable):
	Prescriber Email Address:

Prior Authorization Request for Drug Benefit: ☐ New Request ☐ Reauthorization

Patient Diagnosis and ICD Diagnostic Code(s):

Drug(s) Requested (with J-Code, if applicable):

Strength/Route/Frequency:

Unit/Volume of Named Drug(s):

Start Date and Length of Therapy:

Location of Treatment: (e.g. provider office, facility, home health, etc.) including name, Type 2 NPI (if applicable), address and tax ID:

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

Kineret® (anakinra)

Diagnosis (documentation supportive of diagnosis is required for approval)

☐ Moderate to severe active Rheumatoid Arthritis

☐ Neonatal-onset multisystem inflammatory disease (NOMID) in children and adults (severe form of Cryopyrin-Associated Periodic Syndromes [CAPS])

☐ Other (please state): _____

Clinical Consideration for Rheumatoid Arthritis ONLY (for approval, please indicate and provide documentation of the following):

Patients must have tried and failed therapy with a disease modifying antirheumatic drug (DMARD).

Patient tried and failed:

- ☐ Methotrexate
- ☐ Sulfasalazine (Azulfidine)
- ☐ Hydroxychloroquine (Plaquenil)
- ☐ Azathioprine (Imuran)
- ☐ Gold salts (Ridaura, Myochrysine, Solganol)
- ☐ Cyclophosphamide (Cytoxan)
- ☐ D-penicillamine (Cuprimine)
- ☐ Cyclosporine (Sandimmune, Neoral)
- ☐ Leflunomide (Arava)

Physician Specialty

- ☐ Rheumatology
- ☐ Physician experienced with Kineret therapy
- ☐ Other (please state):_____

☐ For use in clinical trial? (If yes, provide trial name and registration number):

Drug Name (Brand Name and Scientific Name)/Strength:

Dose:	Route:	Frequency:
Quantity:	Number of Refills:	

Product will be delivered to: ☐ Patient's Home ☐ Physician Office Other:

Prescriber or Authorized Signature: Date:

Dispensing Pharmacy Name and Phone Number:

☐ **Approved** ☐ **Denied**

If denied, provide reason for denial, and include other potential alternative medications, if applicable, that are found in the formulary of the carrier:

1. A request for prior authorization that if determined in the time allowed for non-urgent requests could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function, or subject the person to severe pain that cannot be adequately managed without the drug benefit contained in the prior authorization request

RMHP Formulary Coverage Policy

THIS INFORMATION IS NOT ALL-INCLUSIVE AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY

Kineret® (anakinra)

CLASSIFICATION

- Immune suppressant, Interleukin-1 Inhibitor

DESCRIPTION

- Anakinra blocks the biologic activity of IL-1 by competitively inhibiting IL-1 binding to the interleukin-1 type I receptor (IL-1RI), which is expressed in a wide variety of tissues and organs.
- Anakinra is a recombinant form of nonglycosylated human interleukin-1 receptor antagonist expressed in Escherichia coli. The recombinant compound differs from naturally-occurring nonglycosylated human interleukin-1 receptor antagonist by addition of one N-terminal methionine.
- Interleukin-1 (IL-1) is produced in response to inflammatory stimuli, and mediates various inflammatory and immunological responses, and is involved with cartilage degradation and stimulation of bone resorption. In rheumatoid arthritis patients, the levels of endogenous IL-1 receptor antagonist in synovium and synovial fluid are insufficient to compete with the elevated amount of locally produced IL-1.
- Spontaneous mutations in the CIAS1/NLRP3 gene have been identified in patients with cryopyrin-associated periodic syndromes such as neonatal-onset multisystem inflammatory disease (NOMID). CIAS1/NLRP3 encodes for cryopyrin, a component of the inflammasome. The activated inflammasome results in proteolytic maturation and secretion of IL-1-beta, which has an important role in the systemic inflammation and manifestations of NOMID.
- Natural interleukin-1 receptor antagonist is produced primarily by macrophages and activated monocytes in response to various stimuli (e.g., endotoxin, interleukin-1). It competitively binds to both type I and type II interleukin-1 receptors, at least partially blocking cellular responses mediated by interleukin-1-alpha and interleukin-1-beta; although the binding affinity of natural interleukin-1 receptor antagonist is similar to that of interleukin-1, it lacks interleukin-1 agonist activity. However, in animal and in vitro studies, substantially higher concentrations of interleukin-1 receptor antagonist relative to interleukin-1 (up to 10,000-fold) have been required to completely inhibit cellular/hemodynamic effects of interleukin-1. As only 5% receptor availability for interleukin-1 can initiate inflammatory responses, virtually all cellular receptors must be blocked for sufficient inhibition to systemic effects.

Rheumatoid Arthritis:

- Anakinra is indicated for adults with active rheumatoid arthritis who have failed at least 1 disease modifying antirheumatic drug. Anakinra is indicated as monotherapy or in combination with disease modifying antirheumatic drugs except tumor necrosis factor (TNF) blocking agents.
- In a randomized, double-blind, placebo-controlled trial of patients with active rheumatoid arthritis (n=419) receiving methotrexate (MTX), the addition of anakinra 1 mg/kg daily produced an American College of Rheumatology 20% improvement of 46% at 12 weeks compared with 19% with placebo (p=0.007); however, in a 2-year prospective, and in part retrospective cohort study, RA patients with moderate or high disease activity despite treatment with MTX and one other disease modifying antirheumatic drug (DMARD) treated with anakinra (n=150) failed to demonstrate long-term drug-survival due to a lack of efficacy and adverse effects.
- Anakinra was not effective in improving American College of Rheumatology (ACR) 20 response after 12 weeks of therapy in patients who previously failed two disease modifying antirheumatic drugs (DMARDs), including etanercept and/or infliximab.

- The requirement of daily subQ doses of anakinra is a disadvantage (inconvenience and side effects). Daily subQ doses may also not provide high enough plasma levels for continuous and full saturation of interleukin-1 receptors.
- At present, clinical data for anakinra are insufficient to recommend it over other agents for symptomatic benefit or as disease-modifying therapy in patients with severe disease, or as early therapy to prevent bone erosions. Methotrexate remains the disease-modifying agent of choice.
- In general, antagonism of interleukin-1 receptors appears less effective than blockade of tumor necrosis factor-alpha in rheumatoid arthritis
- Anakinra is not for children with Juvenile Rheumatoid Arthritis.

Neonatal-Onset Multisystem Inflammatory Disease

- In December 2012, anakinra was approved by the FDA for treatment of neonatal-onset multisystem inflammatory disease (NOMID) in children and adults. In a prospective, long-term, open-label, uncontrolled study, anakinra reduced prominent symptoms and decreased serum levels of inflammation markers in pediatric and adult patients with NOMID (n=43)
- Neonatal-Onset Multisystem Inflammatory Disease (NOMID) is a severe form of Cryopyrin-Associated Periodic Syndromes (CAPS).

FORMULARY COVERAGE

Prior authorization: Required
Good Health Formulary: Tier 5
Commercial Formulary: Tier 6
Medicare Part D coverage: Tier 5

COVERAGE CRITERIA

Kineret (anakinra) meets the definition of **medical necessity** for the following:

- Moderate to severe rheumatoid arthritis in adults as monotherapy or in combination with disease modifying antirheumatic drugs except TNF blocking agents.
    - *Documentation of failure of at least one DMARD is required.*
- Neonatal-onset multisystem inflammatory disease (NOMID) in adults or children.

Kineret (anakinra) is considered **experimental** for the following:

- Any condition or diagnosis not FDA approved or Compendia supported.

Required Provider Specialty:

- Approval is limited to Rheumatology

DOSAGE/ADMINISTRATION:

Adult Dosing (safety and efficacy has not been determined for children):

- Rheumatoid arthritis: 100 mg SUBCUTANEOUS once daily at the same time each day.
    - Higher doses have NOT produced better responses.
- NOMID: The recommended starting dose of is 1-2 mg/kg. The dose can be individually adjusted to a maximum of 8 mg/kg daily to control active inflammation. Adjust doses in 0.5 to 1.0 mg/kg increments. Once daily administration is generally recommended, but the dose may be split into twice daily administrations. Each syringe is intended for a single use. A new syringe must be used for each dose. Any unused portion after each dose should be discarded.

Pediatric Dosing:

- Safety and efficacy has not been established in patients with juvenile rheumatoid arthritis.

- NOMID: The recommended starting dose of is 1-2 mg/kg. The dose can be individually adjusted to a maximum of 8 mg/kg daily to control active inflammation. Adjust doses in 0.5 to 1.0 mg/kg increments. Once daily administration is generally recommended, but the dose may be split into twice daily administrations. Each syringe is intended for a single use. A new syringe must be used for each dose. Any unused portion after each dose should be discarded.

Renal Dosing:

- In patients with severe renal insufficiency or end-stage renal disease, defined as CrCl < 30 mL/min, consider administration of the prescribed anakinra dose every other day instead of every day.

PRECAUTIONS:

- Contraindicated if hypersensitivity to anakinra or E-coli derived proteins.
- Concomitant use of tumor necrosis factor (TNF) blocking agents, including etanercept, infliximab, or adalimumab, is NOT recommended due to increased risk for serious infections.
- Live vaccines should NOT be administered concurrently.
- Therapy should NOT be initiated in patients with active infection. If serious infection occurs during treatment, discontinue anakinra.
- Patients with pre-existing neutropenia have increased potential for exacerbation. Neutropenia has been reported and monitoring is recommended.
- Increased risk of new onset or reactivation of latent TB
- Patients who are immunosuppressed or have chronic infections.
- Patients with renal impairment have a potential increased risk of toxicity.
- Latex sensitivity; needle cover of prefilled syringe contains dry natural rubber (latex derivative).

Billing/Coding information

CPT Coding:

96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

HCPCS Coding:

J3590	Unclassified biologics

COST

- AWP (April 2010): Kineret 100mg/0.67ml syringe for subQ injection (28): $1,634.37
- AWP (September 2012): Kineret 100mg/0.67ml syringe for subQ injection (28): $2,275.21
- AWP (December 2013): Kineret 100mg/0.67ml syringe for subQ injection (28): $3,374.36

COMMITTEE APPROVAL:

- January 2002

GUIDELINE UPDATE INFORMATION:

April 2010	Medical Policy created
September 2012	Coverage Policy updated
May 2014	Coverage Policy updated

REFERENCES:

- DRUGDEX®, accessed 04/05/2010, 09/05/2012, 5/17/2014
- Product Information: KINERET® subcutaneous injection, anakinra subcutaneous injection. Amgen Inc., Thousand Oaks, CA, 2006, 2013.