

PURPOSE OF THE POLICY

To provide prior authorization criteria for Kineret®.

STATEMENT OF THE POLICY

Health Alliance will approve Kineret® after the appropriate B versus D decisions has been made when the below criteria has been met for new starts only:

PROCEDURES

1. Inclusion Criteria

- 1.1 All approved FDA indications, not otherwise excluded from Part D.
- 1.2 Diagnosis of Rheumatoid Arthritis-requires:
 - Documentation of a failure to respond to a minimum of a 2 month trial of 1 TNF inhibitors (Enbrel®, Humira®, or Remicade®), OR
 - One TNF inhibitor and Orencia® OR
 - An intolerance or contraindication to any TNF inhibitor.
 - Prescribed by a rheumatologist.
- 1.3 Approved for six (6) months at a time.

2. Exclusion Criteria

- 2.1 Patients with clinically important infections (eg, cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Disease, osteomyelitis).

HISTORY

- 1.1.09-Thowerton-created for Medicare D 2009
- 1.1.2010 THowerton-P&T no changes
- 1.1.2011-Thowerton- due to CMS Nov 2010 Outlier Justification kick outs, chngd 3mo trial to 2mo, and 3 TNF inhib to 1, also removed exclu crit of use of immunosuppressives and COPD, CHF
- 1.1.2012-Thowerton-P&T no chngs to policy, but made sure that the CMS required verbiage "for new starts only" was included