

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for Kineret®

## **STATEMENT OF THE POLICY**

Health Alliance will approve Kineret® after appropriate B v D decisions have been made when the below criteria has been met:

## **PROCEDURES**

### **1. Inclusion Criteria**

- 1.1 Diagnosis of Rheumatoid Arthritis
- 1.2 Documentation of a failure to respond to a minimum of a 3month trial of 2 TNF inhibitors (Enbrel®, Humira®, or Remicade®), OR
- 1.3 One TNF inhibitor and Orencia® OR
- 1.4 An intolerance or contraindication to any TNF inhibitor AND/Or Orencia®
- 1.5 TB screening
- 1.6 Prescribed by a rheumatologist
- 1.7 Approved for 6months at a time

### **2. Exclusion Criteria:**

- 2.1 Patients w clinically important infections (eg, cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Dz, osteomyelitis)
- 2.2 Patients who are receiving other immunosuppressive agents
- 2.3 Diagnosis of COPD or CHF