DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Inflammatory Conditions – Kineret Drug Quantity Management Policy – Per Days
- Kineret® (anakinra subcutaneous injection – Biovitrim)

REVIEW DATE: 02/05/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Indication

Kineret, an interleukin-1 (IL-1) receptor antagonist, indicated for the following uses:[1]

- **Cryopyrin-associated periodic syndromes** (CAPS) for treatment of neonatal-onset multisystem inflammatory disease (NOMID).
- **Deficiency of interleukin-1 receptor antagonist** (DIRA).
- **Rheumatoid arthritis**, to reduce the signs and symptoms and slow the progression of structural damage in adults with moderately to severely active disease who have failed one or more disease-modifying antirheumatic drugs (DMARDs) given ± DMARDs other than tumor necrosis factor inhibitors (TNFis).

Dosing

Kineret is administered by subcutaneous (SC) injection.[1] A new syringe must be used for each dose. The graduated syringes allow for partial doses between 20 mg and 100 mg to be given. Any unused portion after each dose should be discarded. Regardless of indication, consider administration of the prescribed dose every other

day for patients who have severe renal insufficiency or end stage renal disease (defined as creatinine clearance < 30 mL/min, as estimated from serum creatinine levels).

- CAPS: 1 to 2 mg per kg once daily (QD) for patients with NOMID. The dose may be individually adjusted to a maximum of 8 mg per kg daily to control active inflammation. Adjust doses in 0.5 to 1 mg per kg increments. QD dosing is generally recommended, but dose may be split into twice daily administration.
- **DIRA:** 1 to 2 mg per kg QD. The dose may be individually adjusted to a maximum of 8 mg per kg QD to control active inflammation. Adjust doses in 0.5 to 1 mg per kg increments.
- **Rheumatoid arthritis:** 100 mg QD at approximately the same time every day. Higher doses did not result in a higher response.

Off-Label Use

In addition to the FDA-approved uses, guidelines support the use of Kineret for the treatment of systemic juvenile idiopathic arthritis (SJIA) and Still's disease.[2-9] Dosing of Kineret for the treatment of SJIA and Still's disease varies based on reference, but guidelines support a dose of 4 mg per kg per day. However, higher doses may be needed. Kineret has also been granted Emergency Use Authorization for treatment of Coronavirus disease 2019 (COVID-19) in hospitalized adults with positive viral testing with pneumonia requiring supplemental oxygen (low- or high-flow oxygen) who are at risk of progressing to severe respiratory failure and likely to have an elevated plasma soluble urokinase plasminogen activator receptor (suPAR).[10] The FDA recommends a dose of 100 mg SC QD for 10 days. In patients with a creatinine clearance < 30 mL consider a dose of 100 mg SC every other day for 5 total doses over 10 days.

Availability

Kineret is available as a 100 mg/0.67 mL prefilled syringes.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Kineret and to manage potential premature dose escalation. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Drug Quantity Limit

Product	Strength and Form	Retail Maximum Quantity per 28 Days	Home Delivery Maximum Quantity per 84 Days
Kineret® (anakinra subcutaneous injection)	100 mg/0.67 mL prefilled syringe	28 syringes	84 syringes

Inflammatory Conditions – Kineret Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has cryopyrin-associated periodic syndromes (CAPS) or deficiency of interleukin-1 receptor antagonist (DIRA), approve a quantity sufficient to allow for a dose of up to 8 mg per kg per day for 28 days at retail or for 84 days at home delivery.
Note: CAPS encompasses three rare genetic syndromes: familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and neonatal-onset multisystem inflammatory disease (NOMID) or chronic infantile neurological cutaneous and articular syndrome (CINCA). Refer to the table below for the maximum quantities that may be approved based on the patient's weight. When the patient is in between two weights provided, use the higher weight to ensure an adequate quantity is approved.

Table 1. Kineret Syringe Approval Quantity for CAPS or DIRA.

Patient Weight	Maximum Dose per Day (8 mg/kg/day)	# of syringes per day	Approve the requested quantity, not to exceed the following number of syringes	
			Retail	Home Delivery
≤ 10 kg	≤ 80 mg	1	No override needed. Base limits provide a quantity sufficient.	
15 kg	120 mg	2	56 syringes per 28 days	168 syringes per 84 days
20 kg	160 mg	2	56 syringes per 28 days	168 syringes per 84 days
25 kg	200 mg	2	56 syringes per 28 days	168 syringes per 84 days
30 kg	240 mg	3	84 syringes per 28 days	252 syringes per 84 days
35 kg	280 mg	3	84 syringes per 28 days	252 syringes per 84 days
40 kg	320 mg	4	112 syringes per 28 days	336 syringes per 84 days
45 kg	360 mg	4	112 syringes per 28 days	336 syringes per 84 days
50 kg	400 mg	4	112 syringes per 28 days	336 syringes per 84 days
55 kg	440 mg	5	140 syringes per 28 days	420 syringes per 84 days
60 kg	480 mg	5	140 syringes per 28 days	420 syringes per 84 days
65 kg	520 mg	6	168 syringes per 28 days	504 syringes per 84 days
70 kg	560 mg	6	168 syringes per 28 days	504 syringes per 84 days
75 kg	600 mg	6	168 syringes per 28 days	504 syringes per 84 days
80 kg	640 mg	7	196 syringes per 28 days	588 syringes per 84 days

85 kg	680 mg	7	196 syringes per 28 days	588 syringes per 84 days
90 kg	720 mg	8	224 syringes per 28 days	672 syringes per 84 days
95 kg	760 mg	8	224 syringes per 28 days	672 syringes per 84 days
100 kg	800 mg	8	224 syringes per 28 days	672 syringes per 84 days
> 100 kg	Consult Utilization Management Pharmacist to assist with quantity calculation.			

CAPS – Cryopyrin-associated periodic syndromes; DIRA – Deficiency of interleukin-1 receptor antagonist.

2. If the patient has systemic juvenile idiopathic arthritis (SJIA) or Still's disease, approve a quantity sufficient to allow for a dose of up to 4 mg per kg per day for 28 days at retail or for 84 days at home delivery.
Note: Refer to the table below for the maximum quantities approved based on the patient's weight. When the patient is in between two weights provided, use the higher weight to ensure an adequate quantity is approved.

Table 2. Kineret Syringe Approval Quantity for SJIA or Still's Disease.

Patient Weight	Maximum Dose per Day (4 mg/kg/day)	# of syringes per day	Approve the requested quantity, not to exceed the following number of syringes	
			Retail	Home Delivery
≤ 25 kg	≤ 100 mg	1	No override needed. Base limits provide a quantity sufficient.	
30 kg	120 mg	2	56 syringes per 28 days	168 syringes per 84 days
35 kg	140 mg	2	56 syringes per 28 days	168 syringes per 84 days
40 kg	160 mg	2	56 syringes per 28 days	168 syringes per 84 days
45 kg	180 mg	2	56 syringes per 28 days	168 syringes per 84 days
50 kg	200 mg	2	56 syringes per 28 days	168 syringes per 84 days
55 kg	220 mg	3	84 syringes per 28 days	252 syringes per 84 days
60 kg	240 mg	3	84 syringes per 28 days	252 syringes per 84 days
65 kg	260 mg	3	84 syringes per 28 days	252 syringes per 84 days
70 kg	280 mg	3	84 syringes per 28 days	252 syringes per 84 days
75 kg	300 mg	3	84 syringes per 28 days	252 syringes per 84 days
80 kg	320 mg	4	112 syringes per 28 days	336 syringes per 84 days
85 kg	340 mg	4	112 syringes per 28 days	336 syringes per 84 days
90 kg	360 mg	4	112 syringes per 28 days	336 syringes per 84 days
95 kg	380 mg	4	112 syringes per 28 days	336 syringes per 84 days

100 kg	400 mg	4	112 syringes per 28 days	336 syringes per 84 days
> 100 kg	Consult Utilization Management Pharmacist to assist with quantity calculation.			

SJIA - Systemic juvenile idiopathic arthritis.

REFERENCES

1. Kineret® subcutaneous injection [prescribing information]. Stockholm, Sweden: Biovitrum; September 2024.
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9. Ortiz-Sanjuán F1, Blanco R, Riancho-Zarrabeitia L, et al. Efficacy of anakinra in refractory adult-onset Still's disease: multicenter study of 41 patients and literature review. *Medicine (Baltimore).* 2015;94(39):e1554.
10. US Food and Drug Administration. Fact Sheet for Healthcare Providers: Emergency Use Authorization for Kineret. November 2022. Available at: https://www.fda.gov/media/163075/download. Accessed on January 27, 2025.

History

Type of Revision	Summary of Changes	Review Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. **Kineret 100 mg/0.67 mL prefilled syringe:** New override criteria added to approve for a quantity sufficient for up to 4 mg per kg per day for 28 days at retail or 84 days at home delivery for a patient with systemic juvenile idiopathic arthritis or Still's Disease.	01/04/2023
Annual Revision	No criteria changes.	01/04/2024
Annual Revision	**Kineret 100 mg/0.67 mL prefilled syringe**: Criteria Note updated to add "Refer to the table for the maximum quantities that may be approved based on the patient's weight. When the patient is in between two weights provided, use the higher weight to ensure an adequate quantity is approved." Tables were added to indicate the appropriate approval quantity based on the patient's weight.	02/05/2025