

Anakinra (Kineret)

Prior Authorization Criteria for the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy (TRRx) Program

Anakinra (Kineret) is indicated for the reduction in signs and symptoms of moderately to severely active rheumatoid arthritis, in patients 18 years of age or older who have failed 1 or more disease modifying antirheumatic drugs (DMARDs).

The use of anakinra in conditions other than rheumatoid arthritis is not well-supported by the clinical literature. The use of anakinra in combination with other medications that work through the same or a similar mechanism of action, such as adalimumab (Humira), etanercept (Enbrel), and infliximab (Remicade), is not well-supported by the clinical literature and may be associated with increased adverse events.

To limit wastage, the maximum quantity of anakinra (Kineret) that will be dispensed at any one time is 8 weeks supply (2 packages of 28 syringes) from the TRICARE Mail Order Pharmacy (TMOP) or 4 weeks supply (1 package of 28 syringes) from retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The TMOP contractor, Express-Scripts, has established procedures for working with patients to facilitate ordering and delivery of anakinra (Kineret).

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for anakinra (Kineret) obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for anakinra (Kineret) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

SPECIAL NOTE: Kineret and Enbrel are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira, Raptiva, and Amevive, which are formulary (Tier 2). TRICARE does not cover Kineret or Enbrel for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary instead of a formulary agent.

Medical necessity forms are available on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The PA form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Kineret or Enbrel require both forms

Prior Authorization Criteria for Anakinra (Kineret)

- Coverage provided for the treatment of moderately to severely active rheumatoid arthritis in patients 18 years of age or older when the patient has had an inadequate response to at least one disease-modifying antirheumatic drug (DMARD).
- Coverage NOT provided for concomitant use with adalimumab (Humira), etanercept (Enbrel) or infliximab (Remicade).

The following are examples of DMARDs:

- adalimumab
- anakinra
- etanercept
- infliximab
- azathioprine
- hydroxychloroquine

- gold compounds, oral/injectable (e.g., auranofin, aurothioglucose, gold sodium thiomalate)
- leflunomide
- methotrexate
- d-penicillamine
- sulfasalazine

Criteria last revised by the DoD Pharmacy & Therapeutics Committee in March 2003; page modified February 2008 to add SPECIAL NOTES section