



## Drug Coverage Policy

Effective Date .....05/01/2026  
Coverage Policy Number.....IP0661  
Policy Title.....Kineret Prior  
Authorization Policy

# Inflammatory Conditions – Kineret Prior Authorization Policy

- Kineret® (anakinra subcutaneous injection – Swedish Orphan Biovitrim)

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### **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 where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. 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.*

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## OVERVIEW

Kineret, an interleukin-1 (IL-1) receptor antagonist, is indicated for the following uses:<sup>1</sup>

- **Cryopyrin-associated periodic syndromes (CAPS)**, for treatment of neonatal-onset multisystem inflammatory disease (NOMID).
- **Deficiency of interleukin-1 receptor antagonist (DIRA)** treatment.
- **Rheumatoid arthritis**, to reduce the signs and symptoms and slow the progression of structural damage with moderately to severely active disease in a patient  $\geq 18$  years of age who have failed one or more disease-modifying antirheumatic drugs (DMARDs); Kineret may be used  $\pm$  DMARDs, other than tumor necrosis factor inhibitors (TNFis).

## Guidelines

Kineret is used for treatment of a variety of periodic fever syndromes and inflammatory conditions.

### *CAPS and DIRA*

The European Alliance of Associations for Rheumatology (EULAR) and American College of Rheumatology (ACR) [2021] provide treatment guidelines for IL-1 mediated autoinflammatory diseases: CAPS, tumor necrosis factor receptor-associated periodic syndrome, mevalonate kinase deficiency, and deficiency of the IL-1 receptor antagonist.<sup>2</sup> Guidelines indicate IL-blocking therapy has become the preferred treatment and a therapeutic trial with IL-1 blocking agents may be started when strong clinical suspicious of a diagnosis of CAPS, TRAPS, MKD, or DIRA is suspected. The guidelines also provide additional diagnosis-specific treatment recommendations:

- **CAPS:** CAPS encompasses three rare genetic syndromes (familial cold autoinflammatory syndrome, Muckle-Wells syndrome, and neonatal onset multisystem inflammatory disease formerly known as chronic infantile neurological cutaneous and articular syndrome) that are thought to be one condition along a spectrum of disease severity.<sup>2</sup> IL-1 blockers are recommended as standard of care across the spectrum of disease for improved symptom control and reduced systemic and tissue/organ inflammation. The dose and/or frequency of administration should be adjusted to control disease activity, normalize markers of systemic inflammation, and for appropriate weight gain and development in the growing patient. In many cases, patients with CAPS reported an immediate clinical response to Kineret with rash, fever, and arthritis disappearing within a few days and not recurring during follow-up.<sup>3</sup> Dramatic and persistent normalization of inflammatory markers and hematologic tests have also been achieved.
- **DIRA:** DIRA is caused by recessive loss-of-function pathogenic variants in the *IL1RN* gene.<sup>2</sup> Treatment with agents that block both IL- $\alpha$  and IL- $\beta$  is recommended and includes Kineret and Arcalyst® (rilonacept subcutaneous injection). Kineret approval for the treatment of DIRA was based on a natural-history study in nine patients (aged 1 month to 9 years at baseline) with genetically confirmed DIRA.<sup>1</sup> Patients were treated with Kineret for up to 10 years. All nine patients achieved remission while on Kineret for DIRA. In some patients, skin and bone manifestations resolved within days and weeks, respectively.

### *Rheumatoid Arthritis*

Current recommendations for the treatment of rheumatoid arthritis from the American College of Rheumatology (ACR) [2021] do not make a recommendation for the use of Kineret.<sup>4</sup> The recommendations also note that Kineret is used infrequently for rheumatoid arthritis and that TNFis and other non-TNFi biologics (i.e., rituximab, Actemra® [tocilizumab intravenous infusion, tocilizumab subcutaneous injection], and Orencia® [abatacept intravenous infusion, abatacept subcutaneous injection]) are appropriate initial biologic therapy for most patients with rheumatoid arthritis.

### *Still's disease [including Systemic Juvenile Idiopathic Arthritis (SJIA) and Still's Disease, Adult Onset (AOSD)]*

EULAR and Pediatric Rheumatology European Society (PREs) joint clinical guidelines for management of Still's disease (2024) indicate SJIA and AOSD are the same disease, differing in age of onset, and can collectively be referred as Still's disease.<sup>5</sup> Guidelines recommend an IL-1 or IL-6 inhibitor be initiated as early as possible after diagnosis. No preferred agent is provided. Macrophage activation syndrome (MAS), which is a life-threatening complication of Still's disease, should be treated with high dose steroids and if needed, other treatments which includes Kineret.

### *Pericarditis*

The American College of Cardiology (ACC) concise clinical guidance statement on the management of pericarditis (2025) supports the use of IL-1 inhibitors, specifically Kineret and Arcalyst® (rilonacept subcutaneous injection), for patients with recurrent or refractory pericarditis who exhibit an inflammatory phenotype based on multiple randomized trials.<sup>17</sup> These agents are recommended when first-line therapies such as nonsteroidal anti-inflammatory drugs (NSAIDs), aspirin, and colchicine have failed or are contraindicated, and when corticosteroids are either ineffective or pose long-term risks. Anti-IL-1 therapy is preferred in cases with elevated inflammatory markers or imaging evidence of pericardial inflammation. ACC uses C-reactive protein (CRP) > 1 mg/dL as a marker of inflammatory phenotype. The ACC does not have a preference for one drug over the other, and the selection may depend upon individual patient factors, availability, and prescriber clinical experience.

The National Comprehensive Cancer Network (NCCN) recommends Kineret for treatment or supportive care for the following uses (all recommendations listed are Category 2A):

- **Castleman Disease:** Guidelines (version 1.2026 – November 24, 2025) list Kineret as an alternative regimen for subsequent therapy as a single agent for multicentric Castleman disease that has progressed following treatment of relapsed/refractory or progressive disease.<sup>13</sup>
- **Histiocytic Neoplasms:** Guidelines (version 2.2025 – November 21, 2025) provide recommendations for Kineret as first-line or subsequent treatment for Erdheim-Chester disease regardless of mutation.<sup>14</sup>
- **Chimeric Antigen Receptor T-Cell and Lymphocyte Engager Therapy Related Toxicities Management:** Guidelines (version 2.2026 – November 11, 2025) provide recommendations for use of Kineret as a treatment option in the management chimeric antigen receptor (CAR) T-cell-related toxicities, including prophylaxis of immune effector cell-associated neurotoxicity syndrome (ICANS), and treatment of cytokine release syndrome (CRS) in certain patients.<sup>15</sup>

## Coverage Policy

### **POLICY STATEMENT**

Prior Authorization is required for benefit coverage of Kineret. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kineret as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Kineret to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, prescription receipts and/or other information. All documentation must include patient-specific identifying information.

**NOTE:** This product also requires the use of preferred products before approval of the requested product. Refer to the respective *Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Standard/Performance, Value/Advantage, Total Savings Prescription Drug Lists (PSM001); Individual and Family Plans (PSM002); or Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists (PSM017)* for additional preferred product criteria requirements and exceptions.

**Kineret is considered medically necessary when ONE of the following is met (1, 2, 3, 4, 5, 6, 7, 8 or 9):**

### **FDA-Approved Indications**

- 1. Cryopyrin-Associated Periodic Syndromes (CAPS).** Approve for the duration noted if the patient meets ONE of the following (A or B):  
Note: This includes familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and/or neonatal onset multisystem inflammatory disease (NOMID) formerly known as chronic infantile neurological cutaneous and articular syndrome (CINCA).  
**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):
    - i. The patient has a confirmed diagnosis of Cryopyrin-Associated Periodic Syndromes **[documentation required]**; AND
    - ii. The medication is prescribed by or in consultation with a rheumatologist, geneticist, allergist/immunologist or a dermatologist; OR**B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
    - i. Patient has been established on this medication for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
    - ii. Patient meets at least ONE of the following (a or b):
      - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, amyloid A), reduction in proteinuria, and/or stabilization of serum creatinine.
      - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.  
Note: Examples of improvement in symptoms include fewer cold-induced attacks; less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.
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- 2. Deficiency of Interleukin-1 Receptor Antagonist (DIRA).** Approve for the duration noted if the patient meets ONE of the following (A or B):  
**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):
  - i. Genetic testing has confirmed biallelic pathogenic variants in the *IL1RN* gene **[documentation required]**; AND
  - ii. The medication is prescribed by or in consultation with a rheumatologist, geneticist, dermatologist, or a physician specializing in the treatment of autoinflammatory disorders; OR**B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on this medication for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least ONE of the following (a or b):
  - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), reduction in proteinuria, and/or stabilization of serum creatinine.
  - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.  
Note: Examples of improvement of symptoms include improvement of skin or bone symptoms; less joint pain/tenderness, stiffness, or swelling.

**3. Rheumatoid Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i. Patient is  $\geq$  18 years of age; AND
- ii. Patient has had a 3-month trial of a biologic OR targeted synthetic disease-modifying antirheumatic drug (DMARD) for this condition, unless intolerant; AND  
Note: This is a 3-month trial of at least one biologic other than the requested drug. A biosimilar of the requested biologic does not count. Refer to [Appendix](#) for examples of biologics and targeted synthetic DMARDs used for rheumatoid arthritis. Conventional synthetic DMARDs such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine do not count.
- iii. The medication is prescribed by or in consultation with a rheumatologist; OR

**B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
- ii. Patient meets at least ONE of the following (a or b):
  - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).
  - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

**Other Uses with Supportive Evidence**

**4. Castleman Disease.** Approve for the duration noted if the patient meets ONE of the following (A or B):

**A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i. Patient is  $\geq$  18 years of age; AND

- ii. The medication is being used for multicentric disease that is relapsed/refractory or progressive; AND
  - iii. The medication is prescribed by or in consultation with an oncologist or hematologist; OR
- B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least ONE of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate, fibrinogen, albumin, and/or hemoglobin), increased body mass index, and/or reduction in lymphadenopathy.
    - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.  
Note: Examples of symptoms include constitutional symptoms such as fatigue, physical function.
- 5. Erdheim-Chester Disease.** Approve for 1 year if the patient meets BOTH of the following (A and B):
- A)** Patient is  $\geq 18$  years of age; AND
  - B)** The medication is prescribed by or in consultation with an oncologist or hematologist.
- 6. Immunotherapy-Related Toxicities associated with Chimeric Antigen Receptor (CAR) T-cell Therapy.** Approve for 1 month if the patient has been or will be treated with a CAR T-cell therapy.  
Note: Examples of immunotherapy-related toxicities associated with CAR T-cell therapy include Cytokine Release Syndrome (CRS), Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS), and other toxicities.
- 7. Pericarditis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy.** Approve for 3 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
- i. Patient is  $\geq 18$  years of age; AND
  - ii. Patient has recurrent pericarditis; AND
  - iii. Prior to starting treatment with Kineret, the patient had a history of at least three episodes of pericarditis [**documentation required**]; AND
  - iv. Patient has C-reactive protein (CRP) level > 1 mg/dL; AND
  - v. Patient meets ONE of the following (a or b):
    - a) For the current episode, the patient is receiving standard treatment; OR
    - b) Standard treatment is contraindicated; AND  
Note: Standard treatments for pericarditis include nonsteroidal anti-inflammatory drug(s) [NSAIDs], colchicine, and/or systemic corticosteroids.
  - vi. The medication is prescribed by or in consultation with a cardiologist or rheumatologist; OR
- B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on this medication for at least 3 months; AND

Note: A patient who has received < 3 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least ONE of the following (a or b):
  - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include normalization of inflammatory biomarkers such as erythrocyte sedimentation rate and/or C-reactive protein, continued resolution of fever.
  - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom.  
Note: Examples of improvement of symptoms include resolution of chest pain or pericarditis pain.

**8. Still's Disease, Adult Onset (AOSD).** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient < 18 years of age, refer to the SJIA indication below.

**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i, and ii):

- i. Patient is  $\geq$  18 years of age; AND
- ii. The medication is prescribed by or in consultation with a rheumatologist; OR

**B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- ii. Patient has been established on this medication for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

iii. Patient meets at least ONE of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
- b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

**9. Systemic Juvenile Idiopathic Arthritis (SJIA).** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient  $\geq$  18 years of age, refer to AOSD indication above.

**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following (i and ii):

- i. Patient is  $\geq$  2 years of age; AND
- ii. The medication is prescribed by or in consultation with a rheumatologist; OR

**B) Patient is Currently Receiving Kineret.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on this medication for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- ii. Patient meets at least ONE of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR  
**Note:** Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement, or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
- b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

## Conditions Not Covered

**Kineret for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

- 1. Ankylosing Spondylitis.** Kineret has been beneficial in a few patients with ankylosing spondylitis, but results are not consistent.<sup>6,7</sup> In a small open-label study, patients with active ankylosing spondylitis who were refractory to NSAIDs (n = 20) received Kineret 100 mg daily. The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score decreased over a 6-month period but was not significant (5.8 at baseline vs. 5.0 at Week 12, and 4.8 at Week 24). No significant change was found in Bath Ankylosing Spondylitis Functional Index (BASFI) and patients' and physicians' global assessment of general pain during the study. After 12 weeks, both the assessment in ankylosing spondylitis (ASAS) 20 and 40 responses improved in 10.5% of patients (intention-to-treat analysis). After 24 weeks, ASAS 20 was attained in 26% of patients, ASAS 40 in 21% of patients, and ASAS 70 in 10.5% of patients. Guidelines for axial spondyloarthritis from the Assessment of SpondyloArthritis International Society (ASAS)/European Union Against Rheumatism (EULAR) [2016] do not mention Kineret as a treatment option.<sup>8</sup>
- 2. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.<sup>9</sup>  
**Note:** This does NOT exclude the use of conventional synthetic disease-modifying antirheumatic drugs (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with this medication.
- 3. Lupus Arthritis.** The effectiveness and safety of Kineret were evaluated in an open 3-month pilot trial in patients (n = 4) with systemic lupus erythematosus (SLE) and severe, therapy-refractory non-erosive polyarthritis (three patients had deforming Jaccoud's arthropathy) and no other uncontrolled major organ involvement.<sup>10</sup> Patients were refractory to NSAIDs, antimalarials, corticosteroids, methotrexate, cyclophosphamide, and azathioprine. SLE was controlled with stable doses of corticosteroids and/or antirheumatic or immunosuppressive agents; pain was managed with NSAIDs and/or other medications. Patients had improved clinically after 4 weeks on Kineret, but after 12 weeks, the clinical activity parameters tended to increase again. The results from this study are preliminary and a larger controlled study is needed.

**4. Osteoarthritis.** In a Phase II study in patients with painful osteoarthritis of the knee, Kineret 150 mg administered by intraarticular injection was well tolerated.<sup>11</sup> The study was not designed to assess the analgesic efficacy of Kineret. Patients with osteoarthritis of the knee were enrolled in a multicenter, double-blind, placebo-controlled study and randomized to Kineret 50 mg, Kineret 150 mg, or placebo for intraarticular injection.<sup>12</sup> Although the injections were well tolerated, there were no significant differences in improvement in knee pain, stiffness, function or cartilage turnover between Kineret doses and placebo. Similar to other studies in this population, there was a significant placebo effect noted.

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## Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	11/01/2024
Annual Revision	<p><b>Cryopyrin-Associated Periodic Syndromes:</b> An “allergist/immunologist” was added to the existing requirement that the medication is being prescribed by or in consultation with a rheumatologist, geneticist, or dermatologist. For a patient currently receiving Kineret, the examples of improvements in symptoms were moved from the criteria to a Note.</p> <p><b>Deficiency of Interleukin-1 Receptor Antagonist:</b> The term “mutation” was rephrased to “biallelic pathogenic variants”. For a patient currently receiving Kineret, the examples of improvements in symptoms were moved from the criteria to a Note.</p> <p><b>Rheumatoid Arthritis:</b> The previous requirement “Patient experienced a beneficial clinical response when assessed by at least one objective measure” was reworded to “When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug)”. The previous requirement “Patient experienced an improvement in at least one symptom...” was updated add “Compared with baseline (prior to initiating the requested drug)”.</p> <p><b>Still’s Disease, Adult-Onset:</b> The following Note was added “Adult-onset Still’s disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still’s disease) but differ in age of onset. For a patient &lt; 18 years of age, refer to the SIJA indication below.”</p> <p><b>Systemic Juvenile Idiopathic Arthritis:</b> The following Note was added “Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still’s disease (AOSD) are considered the same disease</p>	05/01/2025

	(Still's disease) but differ in age of onset. For a patient $\geq 18$ years of age, refer to AOSD indication above."	
Selected Revision	<b>COVID-19 (Coronavirus Disease 2019):</b> Removed from Other Uses with Supportive Evidence.	06/01/2025
Selected Revision	<b>Still's Disease, Adult Onset:</b> For initial therapy, the following requirements were removed: "Patient has tried one corticosteroid and had an inadequate response to one conventional synthetic disease-modifying antirheumatic drug" and "According to the prescriber, patient has at least moderate to severe active systemic features of this condition or active systemic features with concerns of progression to macrophage activation syndrome."	07/15/2025
Selected Revision	<b>Castleman Disease:</b> This condition was added to Other Uses with Supportive Evidence. <b>Erdheim-Chester Disease:</b> This condition was added to Other Uses with Supportive Evidence. <b>Immunotherapy-Related Toxicities associated with Chimeric Antigen Receptor T-cell Therapy:</b> This condition was added to Other Uses with Supportive Evidence.	10/15/2025
Selected Revision	<b>Immunotherapy-Related Toxicities associated with Chimeric Antigen Receptor (CAR) T-cell Therapy:</b> The following note was added "Examples of immunotherapy-related toxicities associated with CAR T-cell therapy include cytokine release syndrome, Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS), and other toxicities." <b>Pericarditis:</b> This condition was added to Other Uses with Supportive Evidence.	01/01/2026
Annual Revision	<b>Cryopyrin-Associated Periodic Syndromes (CAPS).</b> Removed "The medication is being used for treatment of familial cold autoinflammatory syndrome (FCAS), Muckle-Wells Syndrome (MWS), and/or neonatal onset multisystem inflammatory disease (NOMID) formerly known as chronic infantile neurological cutaneous and articular (CINCA) syndrome" and relocated examples of CAPS to a Note. Added The patient has a confirmed diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS) with documentation requirements. <b>Castleman Disease:</b> Approval condition was updated to include progressive disease. <b>Deficiency of Interleukin-1 Receptor Antagonist (DIRA):</b> Added documentation requirements to the criterion "Genetic testing has confirmed biallelic pathogenic variants in the <i>IL1RN</i> gene"	05/01/2026

	<p><b>Immunotherapy-Related Toxicities Associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy:</b> The Note providing examples of CAR T-cell therapy was removed.</p> <p><b>Pericarditis:</b> For a patient currently receiving Kineret, the Note was updated from "For a patient who has received &lt; 3 months of therapy or who is restarting therapy with this medication, refer to Initial Therapy criteria above." to "A patient who has received &lt; 3 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy)." Added documentation requirements to the criterion "Prior to starting treatment with Kineret, the patient had a history of at least three episodes of pericarditis".</p>	
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The policy effective date is in force until updated or retired.

## APPENDIX

	Mechanism of Action	Examples of Indications*
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia</b> ® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
<b>Infliximab IV Products</b> (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Zymfentra</b> ® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Simponi</b> ®, <b>Simponi Aria</b> ® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
<b>Tocilizumab Products</b> (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
<b>Kevzara</b> ® (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia</b> ® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret</b> ® (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Omvoh</b> ® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
<b>Ustekinumab Products</b> (Stelara® SC, biosimilars; ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
<b>Siliq</b> ® (brodalumab SC injection)	Inhibition of IL-17	PsO

<b>Cosentyx</b> <sup>®</sup> (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz</b> <sup>®</sup> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Bimzelx</b> <sup>®</sup> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
<b>Ilumya</b> <sup>®</sup> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi</b> <sup>®</sup> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC
		IV formulation: CD, UC
<b>Tremfya</b> <sup>®</sup> (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC
		IV formulation: CD, UC
<b>Entyvio</b> <sup>®</sup> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs</b>		
<b>Otezla</b> <sup>®</sup> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Otezla XR</b> <sup>™</sup> (apremilast extended-release tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo</b> <sup>™</sup> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant</b> <sup>®</sup> (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
<b>Litfulo</b> <sup>®</sup> (ritlecitinib capsules)	Inhibition of JAK pathways	AA
<b>Leqselvi</b> <sup>®</sup> (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
<b>Rinvoq</b> <sup>®</sup> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, CD, UC
<b>Rinvoq</b> <sup>®</sup> LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
<b>Sotyktu</b> <sup>®</sup> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz</b> <sup>®</sup> (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz</b> <sup>®</sup> XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
<b>Zeposia</b> <sup>®</sup> (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
<b>Velsipity</b> <sup>®</sup> (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

\* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.

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