



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret

Page: 1 of 11

Effective Date: 10/25/2023

Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Kineret under the patient's prescription drug benefit.

Description:

A. FDA-Approved Indications

1. Moderately to severely active rheumatoid arthritis (RA), in patients 18 years of age or older who have failed 1 or more disease modifying antirheumatic drugs (DMARDs)
2. Cryopyrin-Associated Periodic Syndromes (CAPS), including Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
3. Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

B. Compendial Uses

1. Systemic juvenile idiopathic arthritis (sJIA)
2. Adult-onset Still's disease
3. Multicentric Castleman disease
4. Recurrent pericarditis
5. Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)
6. Schnitzler syndrome
7. Gout and pseudogout (calcium pyrophosphate deposition)
8. CAR T-Cell-Related Toxicities – Cytokine release syndrome (CRS)
9. Erdheim-Chester Disease

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Kineret

Policy/Guideline:

Documentation for all indications:

The patient is unable to take THREE preferred products, where indicated, for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Documentation:

A. Rheumatoid arthritis (RA)

1. For initial requests:



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret

Page: 2 of 11

Effective Date: 10/25/2023

Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

- a. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
 - b. Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).
2. For continuation requests: Chart notes or medical record documentation supporting positive clinical response.

B. Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (sJIA)

1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy (if applicable).
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

C. Neonatal-onset multisystem inflammatory disease (NOMID): For continuation requests: Chart notes, medical record documentation, or laboratory results supporting positive clinical response.

D. Deficiency of interleukin-1 receptor antagonist (DIRA): For initial requests: *IL1RN* mutation status.

E. Recurrent pericarditis

1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

F. Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD): For initial requests: Chart notes, medical record documentation, or laboratory result (if applicable) indicating number of active flares within the last 6 months and Physician's Global Assessment (PGA) score or C-reactive protein (CRP) level.

G. Gout and pseudogout flares and CAR T-Cell-related toxicities: For initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 3 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

Prescriber Specialty:

This medication must be prescribed by or in consultation with one of the following:

- A. Rheumatoid arthritis, adult-onset Still's disease, systemic juvenile idiopathic arthritis, gout, and pseudogout: rheumatologist
- B. Cryopyrin-associated periodic syndromes (CAPS), including neonatal-onset multisystem inflammatory disease (NOMID), deficiency of interleukin-1 receptor antagonist (DIRA), and hyperimmunoglobulin D syndrome (HIDS)/mevalonate kinase deficiency (MKD): rheumatologist or immunologist
- C. Recurrent pericarditis: cardiologist, rheumatologist, or immunologist
- D. Schnitzler syndrome: rheumatologist, dermatologist, or immunologist
- E. Multicentric Castleman disease, CAR T-cell-related toxicities, and Erdheim-Chester disease: oncologist or hematologist

Criteria for Initial Approval:

A. Rheumatoid arthritis (RA)

1. Authorization of 12 months may be granted for adult members who have previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for moderately to severely active rheumatoid arthritis.
2. Authorization of 12 months may be granted for adult members for treatment of moderately to severely active RA when all of the following criteria are met:
 - i. Member meets either of the following criteria:
 - a. Member has been tested for either of the following biomarkers and the test was positive:
 1. Rheumatoid factor (RF)
 2. Anti-cyclic citrullinated peptide (anti-CCP)
 - b. Member has been tested for ALL of the following biomarkers:
 1. RF
 2. Anti-CCP
 3. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
 - ii. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to at least 15 mg/week), or the member has an intolerance or contraindication to methotrexate (see Appendix).
 - iii. Member has experienced an inadequate response to at least a 3-month trial of a biologic or a targeted synthetic drug (e.g., Rinvoq, Xeljanz) or has an intolerance to a biologic or targeted synthetic drug.

B. Adult-onset Still's disease (AOSD)



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 4 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

1. Authorization of 12 months may be granted for members who have received a biologic indicated for active adult-onset Still's disease.
2. Authorization of 12 months may be granted for treatment of active adult-onset Still's disease when both of the following criteria are met:
 - i. Member has active systemic features (e.g., fever, arthralgia/arthritis, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, sore throat).
 - ii. Member meets any of the following:
 - a. Member has had an inadequate response to a trial of nonsteroidal anti-inflammatory drugs (NSAIDs).
 - b. Member has had an inadequate response to a trial of corticosteroids.
 - c. Member has had an inadequate response to a trial of a conventional synthetic drug (e.g., methotrexate).

C. Systemic juvenile idiopathic arthritis (sJIA)

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for active systemic juvenile idiopathic arthritis.
2. Authorization of 12 months may be granted for treatment of active systemic juvenile idiopathic arthritis when both of the following criteria are met:
 - i. Member has active systemic features (e.g., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, serositis).
 - ii. Member has had an inadequate response to non-steroidal anti-inflammatory drugs (NSAIDs) or systemic glucocorticoids.

D. Neonatal-onset multisystem inflammatory disease (NOMID)

Authorization of 12 months may be granted for treatment of cryopyrin-associated periodic syndromes (CAPS), including NOMID (also known as chronic infantile neurologic cutaneous and articular [CINCA] syndrome).

E. Deficiency of interleukin-1 receptor antagonist (DIRA)

Authorization of 12 months may be granted for treatment of genetically confirmed deficiency of interleukin-1 receptor antagonist (DIRA) due to *IL1RN* mutations.

F. Recurrent pericarditis

Authorization of 12 months may be granted for treatment of recurrent pericarditis when both of the following criteria are met:

1. Member has had at least two episodes of pericarditis.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret

Page: 5 of 11

Effective Date: 10/25/2023

Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

2. Member has failed at least 2 agents of standard therapy (e.g., colchicine, non-steroidal anti-inflammatory drugs [NSAIDs], corticosteroids).

G. Multicentric Castleman disease

Authorization of 12 months may be granted for treatment of multicentric Castleman disease when both of the following criteria are met:

1. The requested medication will be used as a single agent.
2. The disease has progressed following treatment of relapsed/refractory or progressive disease.

H. Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)

Authorization of 12 months may be granted for treatment of HIDS/MKD when both of the following criteria are met:

1. Member has had active flares within the last 6 months.
2. Physician's Global Assessment (PGA) score greater than or equal to 2 or C-reactive protein (CRP) greater than 10 mg/L.

I. Schnitzler syndrome

Authorization of 12 months may be granted for treatment of Schnitzler syndrome when both of the following criteria are met:

1. Member has an urticarial rash, monoclonal IgM (or IgG) gammopathy, and at least two of the following signs and symptoms: fever, joint pain or inflammation, bone pain, lymphadenopathy, hepatomegaly, splenomegaly, leukocytosis, elevated erythrocyte sedimentation rate (ESR), or abnormalities on bone morphological study (e.g., increased bone density).
2. Other possible causes of the signs and symptoms have been ruled out, including but not limited to: hyperimmunoglobulin D syndrome, adult-onset Still's disease, urticarial hypocomplementemic vasculitis, acquired C1 inhibitor deficiency, and cryoglobulinemia.

J. Management of gout and pseudogout flares

Authorization of 6 months may be granted for management of flares for gout or pseudogout (also known as calcium pyrophosphate deposition disease) when either of the following criteria is met:

1. Member has had an inadequate response or intolerance to maximum tolerated doses of non-steroidal anti-inflammatory drugs (NSAIDs), colchicine, and oral and injectable corticosteroids.
2. Member has a contraindication to NSAIDs and colchicine and has a clinical reason to avoid repeated courses of corticosteroids.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret

Page: 6 of 11

Effective Date: 10/25/2023

Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

K. Cytokine release syndrome

Authorization of 1 month may be granted for the management of chimeric antigen receptor (CAR) T-cell-induced cytokine release syndrome when either of the following criteria is met:

1. Cytokine release syndrome is refractory to high-dose corticosteroids and anti-IL-6 therapy.
2. Kineret will be used as a replacement for the second dose of tocilizumab when supplies are limited or unavailable.

L. Erdheim-Chester Disease

Authorization of 12 months may be granted for the treatment of Erdheim-Chester disease.

Continuation of Therapy:

A. Rheumatoid arthritis (RA)

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active rheumatoid arthritis and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

B. Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (sJIA)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for adult-onset Still's disease or systemic juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

1. Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
2. Number of joints with limitation of movement
3. Functional ability
4. Systemic features (e.g., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, serositis)

C. Neonatal-onset multisystem inflammatory disease (NOMID)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for CAPS, including NOMID (also known as



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret

Page: 7 of 11

Effective Date: 10/25/2023

Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

CINCA), and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

1. Fever
2. Skin rash
3. Joint pain and/or inflammation
4. Central nervous system (CNS) symptoms (e.g., meningitis, headache, cerebral atrophy, uveitis, hearing loss)
5. Inflammatory markers (e.g., serum amyloid A [SAA], C-reactive protein [CRP], erythrocyte sedimentation rate [ESR])

D. Recurrent pericarditis

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for recurrent pericarditis and who achieve or maintain a positive clinical response as evidenced by decreased recurrence of pericarditis or improvement in signs and symptoms of the condition when there is improvement in any of the following:

1. Pericarditic chest pain
2. Pericardial rubs
3. Electrocardiogram (ECG)
4. Pericardial effusion
5. C-reactive protein (CRP)

E. Multicentric Castleman disease

Authorization of 12 months may be granted for continued treatment of multicentric Castleman disease in members requesting reauthorization who have not experienced disease progression or an unacceptable toxicity.

F. Cytokine release syndrome

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

G. All other indications

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for an indication outlined in criteria for initial approval and who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 8 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

Other Criteria:

Member has had a documented negative tuberculosis (TB) test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB.

*If the screening testing for TB is positive, there must be further testing to confirm there is no active disease. Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug.

APPENDIX: Examples of clinical reasons to avoid pharmacologic treatment with methotrexate

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease
2. Drug interaction
3. Risk of treatment-related toxicity
4. Pregnancy or currently planning pregnancy
5. Breastfeeding
6. Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension)
7. Hypersensitivity
8. History of intolerance or adverse event

Approval Duration and Quantity Restrictions:

Approval:

Initial Approval: Gout and pseudogout flares = 6 months; cytokine release syndrome = 1 month; all others = 12 months

Renewal Approval: Gout and pseudogout flares = 6 months; cytokine release syndrome = 1 month; all others = 12 months



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 9 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

Applies to: Illinois Florida Florida Kids
 New Jersey Maryland Michigan
 Pennsylvania Kids Virginia Kentucky PRMD

Quantity Level Limit:

| Medication | Standard Limit | Exception Limit* |
|--|-------------------------|--------------------------|
| Kineret (anakinra) injection 100 mg/0.67 mL single-use prefilled syringe | 30 syringes per 30 days | 360 syringes per 30 days |

*Exception limits apply to loading doses.

References:

1. Kineret [package insert]. Stockholm, Sweden: Swedish Orphan Biovitrum AB (publ); December 2020.
2. Micromedex® [electronic version]. Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/>. Accessed April 7, 2023.
3. Ringold S, Weiss PF, Beukelman T, et al. 2013 Update of the 2011 American College of Rheumatology Recommendations for the Treatment of Juvenile Idiopathic Arthritis: Recommendations for the Medical Therapy of Children With Systemic Juvenile Idiopathic Arthritis and Tuberculosis Screening Among Children Receiving Biologic Medications. *Arthritis & Rheumatism*. 2013;65:2499-2512.
4. Laskari K, Tzioufas AG, Moutsopoulos HM. Efficacy and long-term follow-up of IL-1R inhibitor anakinra in adults with Still's disease: a case-series study. *Arthritis Res Ther*. 2011;13(3):R91.
5. Lequerre T, Quartier P, Rosellini D, et al. Interleukin-1 receptor antagonist (anakinra) treatment in patients with systemic-onset juvenile idiopathic arthritis or adult onset Still disease: preliminary experience in France. *Ann Rheum Dis*. 2008;67:302-308.
6. The NCCN Drugs & Biologics Compendium™. National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed April 6, 2023.
7. Smolen JS, Landewé R, Billsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis*. 2020;79(6):685-699.
8. Singh JA, Furst DE, Bharat A, et al. 2012 Update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. *Arthritis Care Res*. 2012;64(5):625-639.
9. Saag KG, Teng GG, Patkar NM, et al. American College of Rheumatology 2008 recommendations for the use of nonbiologic and biologic disease-modifying antirheumatic drugs in rheumatoid arthritis. *Arthritis Rheum*. 2008;59(6):762-784.
10. Aletaha D, Neogi T, Silman AJ, et al. 2010 Rheumatoid Arthritis Classification Criteria. An American College of Rheumatology/European League Against Rheumatism Collaborative Initiative. *Arthritis Rheum*. 2010;62:2569-2581.
11. Anderson J, Caplan L, Yazdany J, et al. Rheumatoid Arthritis Disease Activity Measures: American College of Rheumatology Recommendations for Use in Clinical Practice. *Arthritis Rheum*. 2010;64:640-647.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 10 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

12. Beukelman T, Patkar NM, Saag KG, et al. 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: initiation and safety monitoring of therapeutic agents for the treatment of arthritis and systemic features. *Arthritis Care Res.* 2011;63(4):465-482.
13. Quartier P, Allantaz F, Cimaz R, et al. A multicentre, randomized, double-blind, placebo-controlled trial with the interleukin-1 receptor antagonist anakinra in patients with systemic-onset juvenile idiopathic arthritis (ANAJIS trial). *Ann Rheum Dis.* 2011;70:747-754.
14. Efthimiou P, Paik P K, Bielory L. Diagnosis and Management of Adult-Onset Still's Disease. *Ann Rheum Dis.* 2006;65(5):564-72. Epub 2005 Oct 11.
15. National Organization for Rare Disorders. Adult-Onset Still's Disease. URL: <https://www.rarediseases.org/rare-disease-information/rare-diseases/byID/1210/viewFullReport>. Accessed November 7, 2022.
16. Adler Y, Charron P, Imazio M, et al. 2015 ESC Guidelines for the diagnosis and management of pericardial diseases: The Task Force for the Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC) Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J.* 2015;36(42):2921-64.
17. Kostjukovits S, Kalliokoski L, Antila K, et al. Treatment of hyperimmunoglobulinemia D Syndrome with biologics in children: review of the literature and Finnish experience. *Eur J Pediatr.* 2015;174(6):707-14.
18. National Organization for Rare Disorders. Mevalonate Kinase Deficiency. <http://rarediseases.org/rare-diseases/hyper-igd-syndrome>. Accessed November 7, 2022.
19. American College of Rheumatology. Hyperimmunoglobulin D Syndrome. <http://www.rheumatology.org/I-AM-A/Patient-Caregiver/Diseases-Conditions/Hyperimmunoglobulin-D-Syndrome-Juvenile>. Accessed November 7, 2022.
20. Simon A, Asli B, Braun-Falco M, et al. Schnitzler's syndrome: diagnosis, treatment, and follow-up. *Allergy.* 2013;68:562-568.
21. Lipsker D. The Schnitzler syndrome. *Orphanet J Rare Dis.* 2010;5:38.
22. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on April 10, 2023 from: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>.
23. Lyseng-Williamson KA. Anakinra in Still's disease: A profile of its use. *Drugs Ther Perspect.* 2018;34(12):543-553.
24. Yoo DH. Biologics for the treatment of adult-onset still's disease. *Expert Opin Biol Ther.* 2019;19(11):1173-1190.
25. Richette P, Doherty M, Pascual E, et al. 2016 updated EULAR evidence-based recommendations for the management of gout. *Ann Rheum Dis.* 2017;76:29-42.
26. Zhang W, Doherty M, Pascual E, et al. EULAR recommendations for calcium pyrophosphate deposition. Part II: Management. *Ann Rheum Dis.* 2011;70:571-575.
27. Ottaviani S., Brunier L, Sibilia J, et al. Efficacy of anakinra in calcium pyrophosphate crystal-induced arthritis: A report of 16 cases and review of the literature. *Joint Bone Spine.* 2013;80:178-182.
28. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology Guideline for the Management of Gout [published correction appears in *Arthritis Care Res (Hoboken)*. 2020;72(8):1187]. *Arthritis Care Res (Hoboken)*. 2020;72(6):744-760.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Kineret Page: 11 of 11

Effective Date: 10/25/2023 Last Review Date: 10/2023

| | | | |
|-------------|--|-----------------------------------|--|
| Applies to: | <input checked="" type="checkbox"/> Illinois | <input type="checkbox"/> Florida | <input type="checkbox"/> Florida Kids |
| | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Maryland | <input type="checkbox"/> Michigan |
| | <input type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Virginia | <input type="checkbox"/> Kentucky PRMD |

29. Aksentijevich I, Masters SL, Ferguson PJ, et al. An autoinflammatory disease with deficiency of the interleukin-1-receptor antagonist. *N Engl J Med.* 2009;360(23):2426-37.
30. Bonilla FA, Khan DA, Ballas ZK, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. *J Allergy Clin Immunol.* 2015;136(5):1186-205.
31. Smolen JS, Aletaha D. Assessment of rheumatoid arthritis disease activity and physical function. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Available with subscription. URL: www.uptodate.com. Accessed November 8, 2022.
32. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Care Res.* 2021;73(7):924-939.
33. Chiabrando JG, Bonaventura A, Vecchié, et al. Management of acute and recurrent pericarditis: JACC State-of-the-art review. *J Am Coll Cardiol.* 2020;75(1):76-92.
34. Efthimiou P, Kontzias A, Hur P, et al. Adult-onset Still's disease in focus: Clinical manifestations, diagnosis, treatment, and unmet needs in the era of targeted therapies. *Semin Arthritis Rheum.* 2021;51(4):858-874.
35. Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for oligoarthritis, temporomandibular joint arthritis, and systemic juvenile idiopathic arthritis. *Arthritis Rheumatol.* 2022;74(4):553-569.
36. Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management of psoriasis wit