

Drug Policy

Policy:	201603	Initial Effective Date: 4/1/2016
Code(s):	HCPCS J3490, J3590	Annual Review Date: 01/16/2025
SUBJECT:	Kineret (anakinra) subcutaneous injection	Last Revised Date: 01/16/2025

Subject to Site of Care

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

Initial and renewal requests for the medication(s) listed in this policy are subject to site of care management. When billed under the medical benefit, administration of the medication will be restricted to a non-hospital facility-based location (i.e., home infusion provider, provider’s office, free-standing ambulatory infusion center) unless the member meets the site of care exception criteria. To view the exception criteria and a list of medications subject to site of care management please [click here](#).

OVERVIEW

Kineret is an interleukin-1 (IL-1) receptor antagonist. IL-1 production is induced in response to inflammation and mediates various physiologic responses including inflammatory and immunological responses. Kineret is indicated to reduce the signs and symptoms and slow the progression of structural damage in adult patients with moderately to severely active rheumatoid arthritis (RA) who have failed one or more disease-modifying antirheumatic drugs (DMARDs). Kineret is also indicated in Cryopyrin-Associated Periodic Syndromes (CAPS) for treatment of Neonatal-Onset Multisystem Inflammatory Disease (NOMID). In RA, Kineret can be used alone or in combination with DMARDs other than tumor necrosis factor (TNF) blocking agents .

Policy Statement

This policy involves the use of Kineret. Prior authorization is recommended for pharmacy benefit coverage of Kineret. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

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 be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below. The Site of Care Medical Necessity Criteria applies to initial therapy and reauthorizations. **Kineret is subject to the Inflammatory Conditions Care Value Program for pharmacy benefits.**

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx> and is subject to change. Always verify with the most current version at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>

Drug Policy

All reviews for use of Kineret for COVID-19 and/or cytokine release syndrome associated with COVID-19 will be forwarded to the Medical Director.

Food and Drug Administration (FDA)-Approved Indications

1. Rheumatoid Arthritis (RA). The Company considers Kineret injection **medically necessary** and eligible for reimbursement providing that the following medical criteria are met:

A) Initial Therapy. Approve if the following criteria is met (i, ii and iii):

- i. The patient has had a 3-month trial of a biologic disease-modifying antirheumatic drug (DMARD) OR targeted synthetic DMARD for this condition, unless intolerant [See Appendix A for examples] NOTE: Conventional synthetic DMARDs such as methotrexate {MTX}, leflunomide, hydroxychloroquine, and sulfasalazine do not count.]; AND
- ii. Kineret is prescribed by or in consultation with a rheumatologist; AND
- iii. Site of care medical necessity is met *.

B) Patients Currently Receiving Kineret. Approve if the patient has had a response (e.g., less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Kineret. And Site of care medical necessity is met *.

Initial Approval/ Extended Approval.

A) *Initial Approval*: 6 months (180 days)

B) *Extended Approval*: 1 year (365 days)

2. Cryopyrin-Associated Periodic Syndromes (CAPS). The Company considers Kineret injection **medically necessary** and eligible for reimbursement providing the following medical criteria are met:

A) Initial Therapy. Approve if the following criteria are met (i, ii and iii):

- i. Kineret is being used for treatment of Cryopyrin-Associated Periodic Syndromes (CAPS): Neonatal Onset Multisystem Inflammatory Disease (NOMID), also called chronic infantile neurological cutaneous and articular (CINCA) syndrome, Familial Cold Autoinflammatory Syndrome (FCAS), Muckle-Wells Syndrome (MWS); AND
- ii. Kineret is prescribed by or in consultation with a rheumatologist, geneticist, or a dermatologist; AND
- iii. Site of care medical necessity is met*.

Drug Policy

- B) Patients Currently Receiving Kineret. Approve if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Kineret. And Site of care medical necessity is met *.

Initial Approval/ Extended Approval.

- A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

3. Deficiency of Interleukin-1 Receptor Antagonist (DIRA). The Company considers Kineret injection medically necessary and eligible for reimbursement providing the following medical criteria are met:

- A) Initial Therapy. Approve if the following criteria are met (i, ii and iii):
- i. DIRA is genetically confirmed by an FDA approved genetic test; AND
 - ii. Kineret is prescribed by or in consultation with a rheumatologist, geneticist, or a physician who specializes in inflammatory conditions; AND
 - iii. Site of care medical necessity is met*.
- B) Patients Currently Receiving Kineret. Approve if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Kineret. And Site of care medical necessity is met *.

Initial Approval/ Extended Approval.

- A) *Initial Approval:* 6 months (180 days)
B) *Extended Approval:* 1 year (365 days)

Other Uses with Supportive Evidence

4. Systemic Juvenile Idiopathic Arthritis (SJIA). The Company considers Kineret injection medically necessary and eligible for reimbursement providing the following medical criteria are met:

- A) Initial Therapy. Approve if the following criteria are met (i and ii):
- i. Patient meets ONE of the following conditions (1, 2, 3, 4 or 5):
 1. The patient has tried ONE systemic agent for this condition (e.g., a corticosteroid; a conventional synthetic disease-modifying antirheumatic drug [DMARD; e.g., methotrexate {MTX}, leflunomide, sulfasalazine]; OR
 2. The patient has tried ONE biologic DMARD or a tumor necrosis factor [TNF] inhibitor or Ilaris [See Appendix A for examples]; OR
 3. The patient has tried a 1-month trial of a nonsteroidal anti-inflammatory drug [NSAID]; OR
 4. The patient has at least moderate to severe active systemic features of this condition (e.g., fever, rash, lymphadenopathy, hepatomegaly, splenomegaly, serositis) OR the patient has active

Drug Policy

systemic features with an active joint count of one joint or greater, according to the prescribing physician; OR

5. The patient has active systemic features with concerns of progression to macrophage activation syndrome (MAS), as determined by the prescribing physician; AND
 - ii. Kineret is prescribed by or in consultation with a rheumatologist; AND
 - iii. Site of care medical necessity is met *.

B) Patients Currently Receiving Kineret. Approve if the patient has responded (e.g., has improvement in limitation of motion; less joint pain or tenderness; decreased duration of morning stiffness or fatigue; improved function or activities of daily living; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Kineret. And Site of care medical necessity is met *.

Initial Approval/ Extended Approval.

A) *Initial Approval:* 6 months (180 days)

B) *Extended Approval:* 1 year (365 days)

5. Still's Disease. The Company considers Kineret injection (HCPCS Code) medically necessary and eligible for reimbursement providing that the following medical criteria are met:

A) Initial Therapy. Approve if the following criteria are met (i, ii, and iii)

- i. The Patient meets ONE of the following (1, 2 or 3);
 1. The patient meets ALL of the following criteria: (a and b):
 - a. The patient has tried one corticosteroid; AND
 - b. The patient has had an inadequate response to one conventional synthetic disease-modifying antirheumatic drug (DMARD) such as methotrexate (MTX) given for at least 2 months or was intolerant to a conventional synthetic DMARD; AND
 2. The patient has at least moderate to severe active systemic features of this condition, according to the prescriber.
 3. The patient has active systemic features with concerns of progression to macrophage activation syndrome, as determined by the prescriber; AND
- ii. Kineret is prescribed by or in consultation with a rheumatologist; AND
- iii. Site of care medical necessity is met *.

B) Patients Currently Receiving Kineret. Approve if the patient has responded (e.g., has improvement in limitation of motion; less joint pain or tenderness; decreased duration of morning stiffness or fatigue; improved function or activities of daily living; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to Kineret And Site of care medical necessity is met *.

Drug Policy

Initial Approval/ Extended Approval.

A) *Initial Approval:* 6 months (180 days)

B) *Extended Approval:* 1 year (365 days)

Dosing

Rheumatoid Arthritis: 100 mg/day administered subcutaneously.

CAPS: starting dose of 1-2 mg/kg daily and up to 8 mg/kg daily. Once daily is recommended but dose may be split into two doses daily. Each syringe is a single use dose.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Kineret has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

- 1. Ankylosing Spondylitis (AS).** Kineret has been beneficial in a few patients with AS, but results are not consistent. In a small open-label study, patients with active AS who were refractory to NSAIDs (n = 20) received Kineret 100 mg daily.²⁴ 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 [P > 0.05], and 4.8 at Week 24 [P > 0.05]). No significant change was found in Bath Ankylosing Spondylitis Functional Index (BASFI), patients' and physicians' global assessment or general pain during the study. After 12 weeks, both the Assessment in AS (ASAS) 20 and 40 responses improved in 10.5% of patients (intent-to-treat [ITT] 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. According to the ASAS working group and the European League Against Rheumatism (EULAR) recommendations for AS (2010), there is no evidence to support the use of any biologic agent besides TNF antagonists in ankylosing spondylitis.
- 2. Concurrent Use with a Biologic or Targeted Synthetic DMARD.** Kineret should not be administered in combination with another biologic DMARD for an inflammatory condition (e.g., Actemra [IV or SC], Orencia IV or SC], Rituxan, or TNF antagonists [Cimzia, Enbrel, Humira, Remicade, or Simponi {Aria or SC}]). Combination therapy with two biologic agents is not recommended due to a higher rate of adverse effects with combinations and lack of additive efficacy.²⁷ Targeted synthetic DMARDs such as Xeljanz should not be used in combination with biologic DMARDs such as Kineret.²⁸ Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Kineret.
- 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. Patients were refractory to NSAIDs, antimalarials, corticosteroids, MTX, cyclophosphamide, and azathioprine. SLE was controlled with stable doses of corticosteroids and/or antirheumatic or immunosuppressive agents; pain was managed with NSAIDs and/or

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx> and is subject to change. Always verify with the most current version at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>

Drug Policy

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 (OA), Symptomatic.** In a Phase II study in patients with painful OA of the knee, Kineret 150 mg administered by intraarticular injection was well tolerated. The study was not designed to assess the analgesic efficacy of Kineret since there was no control group. Intraarticular injections are often associated with a significant placebo effect. Patients with OA 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. 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.
- 5. COVID-19 (Coronavirus Disease 2019).** Forward all requests to the Medical Director. Note: This includes requests for cytokine release syndrome associated with COVID.
- 6.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

- Kineret® injection [prescribing information]. Stockholm, Sweden: Swedish Orphan Biovitrum AB; June 2018 .
- Cohen SB, Moreland LW, Cush JJ, et al. A multicentre, double blind, randomised, placebo controlled trial of anakinra (Kineret), a recombinant interleukin 1 receptor antagonist, in patients with rheumatoid arthritis treated with background methotrexate. *Ann Rheum Dis.* 2004;**63**:1062-1068.
- Cohen S, Hurd E, Cush J, et al. Treatment of rheumatoid arthritis with anakinra, a recombinant human interleukin-1 receptor antagonist, in combination with methotrexate. Results of a twenty-four-week, multicenter, randomized, double-blind, placebo-controlled trial. *Arthritis Rheum.* 2002;**46**:614-624.
- Cohen SB, Woolley JM, Chan WW for the Anakinra 960180 Study Group. Interleukin 1 receptor antagonist anakinra improves functional status in patients with rheumatoid arthritis. *J Rheumatol.* 2003;**30**:225-231.
- Sibley CH, Plass N, Snow J, et al. Sustained response and prevention of damage progression in patients with neonatal-onset multisystem inflammatory disease treated with anakinra: a cohort study to determine three- and five-year outcomes. *Arthritis Rheum.* 2012;**64**(7):2375-86.
- Shinkai K, McCalmont TH, Leslie KS. Cryopyrin-associated periodic syndromes and autoinflammation. *Clin Exp Dermatol.* 2008;**33**:1-9.
- Ozen S, Hoffman HM, Frenkel J, et al. Familial Mediterranean Fever (FMF) and beyond: a new horizon. Fourth International Congress on the Systemic Autoinflammatory Diseases held in Bethesda, USA, 6-10 November 2005. *Ann Rheum Dis.* 2006;**65**:961-964.
- Ilaris® for subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2014.
- Arcalyst® for injection [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; September 2014.
- 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 (Hoboken).* 2012;**64**(5):625-639.
- Lepore L, Paloni G, Caorsi R, et al. Follow-up and quality of life of patients with cryopyrin-associated periodic syndromes treated with anakinra. *J Pediatr.* 2010;**157**(2):310-315.e1.
- Ross JB, Finlayson LA, Klotz PJ, et al. Use of anakinra (Kineret) in the treatment of familial cold autoinflammatory syndrome with a 16-month follow-up. *J Cutan Med Surg.* 2008;**12**:8-16.
- Goldbach-Mansky R, Dailey NJ, Canna SW, et al. Neonatal-onset multisystem inflammatory disease responsive to interleukin-1 beta inhibition. *N Engl J Med.* 2006;**355**:581-592.
- Neven B, Marvillet I, Terrada C, et al. Long-term efficacy of the interleukin-1 receptor antagonist anakinra in ten patients with neonatal-onset multisystem inflammatory disease/chronic infantile neurologic, cutaneous, articular syndrome. *Arthritis Rheum.* 2010;**62**(1):258-67.
- Ter Haar N, Lachmann H, Ozen S, et al. Treatment of autoinflammatory diseases: results from the Eurofever Registry and a literature review. *Ann Rheum Dis.* 2013;**72**(5):678-685.

Drug Policy

- 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 Rheum.* 2013;65(10):2499-2512.
- Riera E, Olivé A, Narváez J, et al. Adult onset Still's disease: review of 41 cases. *Clin Exp Rheumatol.* 2011;29(2):331-336.
- Lequerré 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's disease. Preliminary experience in France. *Ann Rheum Dis.* 2008;67:302-308.
- Fitzgerald AA, Leclercq SA, Yan A, et al. Rapid responses to anakinra in patients with refractory adult-onset Still's disease. *Arthritis Rheum.* 2005;52:1794-1803.
- Kötter I, Wacker A, Koch S, et al. Anakinra in patients with treatment-resistant adult-onset Still's disease: Four case reports with serial cytokine measurements and a review of the literature. *Semin Arthritis Rheum.* 2007;37:189-197.
- Kallioliias GD, Georgiou PE, Antonopoulos IA, et al. Anakinra treatment in patients with adult-onset Still's disease is fast, effective, safe and steroid sparing: experience from an uncontrolled trial. *Ann Rheum Dis.* 2007;66:842-843.
- Giampietro C, Ridene M, Lequerre T, et al. Anakinra in adult-onset Still's disease: long-term treatment in patients resistant to conventional therapy. *Arthritis Care Res (Hoboken).* 2013;65(5):822-826.
- Tan AL, Marzo-Ortega H, O'Connor P, et al. Efficacy of anakinra in active ankylosing spondylitis: a clinical and magnetic resonance imaging study. *Ann Rheum Dis.* 2004;63:1041-1045.
- Haibel H, Rudwaleit M, Listing J, et al. Open label trial of anakinra in active ankylosing spondylitis over 24 weeks. *Ann Rheum Dis.* 2005;64:296-298.
- Braun J, van den Berg R, Baraliakos X, et al. 2010 update of the ASAS/EULAR recommendations for the management of ankylosing spondylitis. *Ann Rheum Dis.* 2011;70(6):896-904.
- Furst DE, Keystone EC, So AK, et al. Updated consensus statement on biological agents for the treatment of rheumatic diseases, 2012. *Ann Rheum Dis.* 2013;72 Suppl 2:ii2-34.
- Xeljanz® tablets [prescribing information]. New York, NY: Pfizer Inc; May 2014.
- So A, De Smedt T, Revaz S, et al. A pilot study of IL-1 inhibition by anakinra in acute gout. *Arthritis Res Ther.* 2007;9(2):R28.
- Chen K, Fields T, Mancuso CA, et al. Anakinra's efficacy is variable in refractory gout: report of ten cases. *Semin Arthritis Rheum.* 2010;40(3):210-214.
- Ostendorf B, Iking-Konert C, Kurz K, et al. Preliminary results of safety and efficacy of the interleukin 1 receptor antagonist anakinra in patients with severe lupus arthritis. *Ann Rheum Dis.* 2005;64:630-683.
- Chevalier X, Giraudeau B, Conrozier T, et al. Safety study of intraarticular injection of interleukin 1 receptor antagonist in patients with painful knee osteoarthritis: a multicenter study. *J Rheumatol.* 2005;32:1317-1323.
- Chevalier X, Goupille P, Beaulieu AD, et al. Intraarticular injection of anakinra in osteoarthritis of the knee: a multicenter, randomized, double-blind, placebo-controlled study. *Arthritis Rheum.* 2009;61(3):344-352.
- Singh JA, Saag KG, Bridges L, et al. 2015 American College of Rheumatology Guidelines for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res (Hoboken).* 2016 Jan;68(1):1-25. doi: 10.1002/acr.22783.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for HCPCS Codes J3490 and J3590

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx> and is subject to change. Always verify with the most current version at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>

Drug Policy

†When *unclassified drug (J3490)* or *unclassified biologic (J3590)* are determined to be Kineret

Edits and Denials:

Prior approval: Prior approval is required for Kineret (**HCPCS Code J3490, J3590**) Requests for prior approval will be authorized by a nurse reviewer if submitted documentation meets criteria outlined within the Corporate Medical Policy.

Requests for prior approval will be forwarded to a qualified physician reviewer if submitted documentation does not meet criteria outlined within Corporate Medical Policy.

TOPPS: Claims received with **HCPCS Code J3490 and J3590** will pend with **Remark Code M3M or M4M** and will be adjudicated in accordance with the Corporate Medical Policy.

Liability: A participating provider will be required to write off charges denied as not medically necessary.

HCPCS Code(s):	
J3490	Unclassified drugs
J3590	Unclassified biologics

Appendix A

Biologic or Targeted Synthetic DMARD	Mechanism of Action	Indications
Cimzia® (certolizumab pegol for SC injection)	Inhibition of TNF	AS, ASpA ,CD, PPs, PsA, RA
Enbrel® (etanercept for SC injection)	Inhibition of TNF	AS, PPs, PsA, RA
Erelzi™ (etanercept-szszs for SC injection)	Inhibition of TNF	AS, PPs, PsA, RA
Humira® (adalimumab for SC injection)	Inhibition of TNF	AS, CD, HS, PPs, RA, UC, UV
Amjevita™ (adalimumab-atto for SC injection)	Inhibition of TNF	AS, CD, PPs, RA, UC
Cyltezo® (adalimumab-adbm for SC injection)	Inhibition of TNF	AS, CD, PPs, RA, UC
Simponi® (golimumab for SC injection)	Inhibition of TNF	AS, PsA, RA, UC
Simponi® Aria™ (golimumab for IV infusion)	Inhibition of TNF	AS, PsA, RA, UC
Remicade® (infliximab for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC
Inflectra™ (infliximab-dyyb for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx> and is subject to change. Always verify with the most current version at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>

Drug Policy

Renflexis® (infliximab-abda for IV infusion)	Inhibition of TNF	AS, CD, PPs, PsA, RA, UC
Actemra® (tocilizumab for IV infusion)	Inhibition of IL-6	CRS, GCA, RA
Actemra® (tocilizumab for SC injection)	Inhibition of IL-6	CRS, GCA, RA
Kevzara® (sarilumab for SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept for IV infusion)	T-cell costimulation modulator	PsA, RA
Orencia® (abatacept for SC injection)	T-cell costimulation modulator	PsA, RA
Rituxan® (rituximab for IV infusion)	CD20-directed cytolytic antibody	Various
Kineret® (anakinra for subcutaneous SC injection)	Inhibition of IL-1	NOMID, RA
Stelara® (ustekinumab for SC injection)	Inhibition of IL-12/23	CD, PPs, PsA, UC
Stelara® (ustekinumab for IV infusion)	Inhibition of IL-12/23	CD, PPs, PsA, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PPs
Cosentyx™ (secukinumab for SC injection)	Inhibition of IL-17A	AS, PPs, PsA
Taltz® (ixekizumab for SC injection)	Inhibition of IL-17A	AS, PPs, PsA
Ilumya™ (tildrakizumab-asmn for SC injection)	Inhibition of IL-23	PPs
Tremfya® (guselkumab for SC injection)	Inhibition of IL-23	PPs
Otezla® (apremilast tablets)	Inhibition of PDE4	BD, PPs, PsA
Olumiant® (baricitinib tablets)	Inhibition of the JAK pathways	RA
Xeljanz®, Xeljanz XR (tofacitinib tablets, tofacitinib ER tabs)	Inhibition of the JAK pathways	PsA, RA, UC

Agents and associated indications are for reference only.

“The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.”

AS = Ankylosing Spondylitis, ASpa = Axial Spondyloarthritis, BD = Behcet Disease, CD = Crohn’s Disease, CRS = Cytokine Release Syndrome, GCA = Giant Cell Arteritis, GVHD = Graft-Versus-Host Disease, HS = Hidradenitis Suppurativa, NOMID = Neonatal-onset Multisystem Inflammatory Disease, PPs = Plaque Psoriasis, PsA = Psoriatic Arthritis, RA = Rheumatoid Arthritis, SpA = Spondyloarthritis, UC = Ulcerative Colitis, UV = Uveitis