



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Kineret™ (anakinra)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Must be prescribed for U.S. Food and Drug Administration (FDA)-indicated diagnosis
- Must be prescribed by an appropriate specialist
  - If not prescribed by an appropriate specialist, a copy of the specialty consult is required. For annual renewals, an updated copy of the consult needs to be submitted.