CRITERIA FOR COVERAGE/NONCOVERAGE

Interleukin (IL)-1 receptor blockers will be considered for coverage under the pharmacy benefit program when the following criteria are met:

**ILARIS® (canakinumab):**
- Patient has diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and/or Muckle-Wells Syndrome (MWS)
  AND
- Diagnosis by, or upon consultation with or recommendation of, an immunologist, allergist, dermatologist, rheumatologist, neurologist or other medical specialist
  AND
- Patient is ≥4 years of age
  OR
- Patient has a diagnosis of active systemic juvenile idiopathic arthritis (sJIA)
  AND
- Patient is 2 years of age or older
  AND
- Patient has tried and had an inadequate response, contraindication or intolerance to corticosteroids or methotrexate

**ARCALYST® (rilonacept):**
- Patient is ≥12 years of age
  AND
- Patient has diagnosis of CAPS, including FCAS and/or MWS
  AND
- Diagnosis by, or upon consultation with or recommendation of, an immunologist, allergist, dermatologist, rheumatologist, neurologist or other medical specialist

Ilaris (canakinumab) for a diagnosis of CAPS will be authorized for one 180 mg vial every eight weeks. Ilaris (canakinumab) for a diagnosis of sJIA will be authorized for two vials every 4 weeks.
Arcalyst (rilonacept) will be authorized for:

- Patients who weigh 36 kg or more: 5 vials x 28 days for one month, then 4 vials x 28 days.
- Children who weigh less than 36 kg: 4 vials x 28 days.

Authorization for continued use shall be reviewed at least every 12 months to confirm the patient has experienced disease stability or improvement while on therapy.

Ilaris (canakinumab) and Arcalyst (rilonacept) are considered experimental/investigational for conditions not listed in this coverage policy section.

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