PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Interleukin-1 Blockers for Cryopyrin-Associated Periodic Syndromes Preferred Specialty

Management Policy

Arcalyst® (rilonacept subcutaneous injection – Regeneron)
 Ilaris® (canakinumab subcutaneous injection – Novartis)

REVIEW DATE: 12/06/2023

OVERVIEW

Arcalyst and Ilaris are interleukin-1 (IL-1) blockers indicated for the treatment of **cryopyrin-associated periodic syndromes** (CAPS), including familial cold autoinflammatory syndrome (FCAS) and Muckle-Wells syndrome (MWS).¹⁻² Arcalyst is indicated in patients \geq 12 years of age whereas Ilaris is approved in those \geq 4 years of age.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product for CAPS. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try <u>one</u> Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are for the duration noted below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days. If the patient meets the standard *Prior Authorization Policy* criteria but has not tried a Preferred Product, a review will be offered for the Preferred Product using the respective standard *Prior Authorization Policy* criteria.

<u>Documentation</u>: Documentation is required where noted in the criteria as [documentation required]. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Product: Ilaris **Non-Preferred Product:** Arcalyst

Interleukin-1 Blockers for Cryopyrin-Associated Periodic Syndromes PSM Policy Page 2

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

- Arcalyst® subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron; May 2023.
 Ilaris® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; August 2023.