

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1009-6
Program	Prior Authorization/Notification
Medication	Arcalyst® (rilonacept)
P&T Approval Date	7/2011, 7/2012, 7/2013, 8/2013, 7/2014, 2/2015, 4/2016, 4/2017, 4/2018
Effective Date	8/1/2018; Oxford only: 8/1/2018

1. Background:

Arcalyst® (rilonacept) is an interleukin-1 blocker indicated for the treatment of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 and older.¹

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Arcalyst will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Arcalyst will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Documentation of positive clinical response to Arcalyst therapy</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p>

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Arcalyst prescribing information. Regeneron Pharmaceuticals, Inc. Tarrytown, NY. September 2016

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Change Control	
7/2013	Annual review. Updated formatting. Add IL-1 agents as a requirement to criteria. Removed age 12 from coverage criteria and added reauthorization criteria.
8/2013	Removed IL-1 and added 'clinical symptoms' and 'elevated acute phase reactants.'
7/2014	Annual review with no change to coverage criteria.
2/2015	Annual review with no change to coverage criteria. Updated background and references.
4/2016	Annual review. Revised criteria to only require diagnosis. Updated background and references.
4/2017	Annual review with no change to coverage criteria. Updated references.
4/2018	Annual review with no change to coverage criteria.