



Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)
2. Recurrent pericarditis (RP)

AND ALL of the following:

1. **NO** concurrent use with a tumor necrosis factor (TNF) inhibitor (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi)
 2. **NO** concurrent use with another interleukin-1 receptor antagonist (e.g., Ilaris, Kineret)
 3. **NO** evidence of active or chronic infections
 4. **NOT** given concurrently with live vaccines
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Age No age restriction

Diagnosis

Patient must have the following:

1. Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

AND ALL of the following:

1. Will be used as maintenance of remission
2. Pediatric patients must weigh at least 10 kg
2. **NO** concurrent use with a tumor necrosis factor (TNF) inhibitor (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi)
3. **NO** concurrent use with another interleukin-1 receptor antagonist (e.g., Ilaris, Kineret)
4. **NO** evidence of active or chronic infections
5. **NOT** given concurrently with live vaccines



**BlueCross.
BlueShield.**

Federal Employee Program.

**ARCALYST
(rilonacept)**

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above