

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

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

Age 2 years of age or older

1. Active Still's disease, including Adult-Onset Still's disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJIA)
2. Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS)
3. Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)
4. Familial Mediterranean Fever (FMF)

Age 4 years of age or older

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

Age 18 years of age or older

1. Gout flares
 - a. Inadequate treatment response, intolerance, or contraindication to NSAIDs and colchicine
 - b. Repeat courses of corticosteroids are not appropriate for the patient

AND NONE of the following for **ALL** indications:

- a. Concurrently using a tumor necrosis factor (TNF) antagonist (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi)
- b. Concurrently using another interleukin-1 receptor antagonist (e.g., Arcalyst, Kineret)
- c. Evidence of an active infection requiring medical intervention

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

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

Age 2 years of age or older

1. Still's disease, including Adult-Onset Still's disease (AOSD) and Systemic Juvenile Idiopathic Arthritis (SJIA)
 - a. Condition has improved or stabilized while on therapy
2. Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS)
3. Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)
4. Familial Mediterranean Fever (FMF)

Age 4 years of age or older

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

Age 18 years of age or older

1. Gout flares
 - a. Condition has improved or stabilized while on therapy

AND NONE of the following for **ALL** indications:

- a. Concurrently using a tumor necrosis factor (TNF) antagonist (e.g., Cimzia, Enbrel, Humira, Remicade, Simponi)
- b. Concurrently using another interleukin-1 receptor antagonist (e.g., Arcalyst, Kineret)
- c. Evidence of an active infection requiring medical intervention

Prior – Approval Renewal Limits

Duration 18 months