



Prior Authorization Approval Criteria

Arcalyst (rilonacept)

Generic name:	Rilonacept
Brand name:	Arcalyst
Medication class:	Immunomodulator
FDA-approved uses:	Treatment of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 and older
Available dosage forms:	Single-use 220 mg glass vial.
Usual dose:	Initiate treatment with a loading dose of 320 mg delivered as two, 2 ml, subcutaneous injections of 160 mg on the same day at two different sites. Continue dosing with a once weekly injection of 160 mg administered as a single, 2 ml subcutaneous injection. Do not administer more than once a week.
Approximate monthly cost: (based on AWP 2008)	The first month will cost \$31,250. Every month thereafter will cost \$25,000.
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Clinically diagnosed Cryopyrin-Associated Periodic Syndromes (CAPS)
- Must be 12 years of age or older.
- Each case must be presented to a medical director prior to approval.

Contraindication: None reported at this time.

Not approved if: Does not meet the above-stated criteria.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 12/10/08