



Prior Authorization Approval Criteria

Ilaris (canakinumab)

Generic name:	canakinumab
Brand name:	Ilaris
Medication class:	Interleukin-1B blocker
FDA-approved uses:	Treatment of Cryopyrin associated periodic syndromes (CAPS), in adults and children 4 years of age and older including: Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)
Available dosage forms:	180mg of Ilaris as a lyophilized powder for reconstitution for injection in a single-use 6 ml glass vial.
Usual dose:	Administered every 8 weeks subcutaneously by a healthcare provider. 150mg for patients with a body weight greater than 40kg. 2mg/kg for patients with a body weight \geq 15kg and \leq 40kg. For children 15-40 kg with an inadequate response, the dose can be increased to 3mg/kg.
Approximate cost: (based on AWP 2009)	\$19,000/ 180mg vial. \$114,000 /year based on a dose of 150mg every 8 weeks.
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.
- Must be prescribed by a rheumatologist or immunologist
- Must be clinically diagnosed with CAPS, including familial cold autoinflammatory syndrome or muckle wells syndrome.
- Prescribing doctor must speak with a medical director at FCHP.

Contraindication:

- None known at this time.

Not approved if:

- Patient does not meet the above stated criteria

Special considerations:

- Medical Benefit-administered by physician in the office. Medication must be obtained by physician.
May be obtained through CVS Caremark Specialty Pharmacy at 888-900-3232.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 12/09/09