

PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME	Ilaris (canakinumab)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Ilaris is an interleukin-1 blocker that was initially approved by the FDA in 2009. It is indicated for the treatment of certain autoinflammatory Periodic Fever Syndromes (CAPS, TRAPS, FMF, HIDS/MKD), Active Still's Disease (Adult-Onset Still's Disease [AOSD] and Systemic Juvenile Idiopathic Arthritis [SJIA]), and gout flares. Ilaris binds to IL-1 and neutralizes its activity by blocking its interaction with IL-1 receptors, but it does not bind IL-1 or IL-1 receptor antagonist (IL-1ra).

Cryopyrin-Associated Periodic Syndrome (CAPS) refer to rare genetic syndromes generally caused by mutations in the NLRP-3 gene (also known as CIAS1). The Qq0.00000912 0 612 792 reW*nBT/F2 11.2 Tf1 0 0 1 3



4. Dosage allowed/Quantity limit: Body weight 40 kg: starting dose is 2 mg/kg every 4 weeks. The dose can be increased to 4 mg/kg every 4 weeks if the clinical response is not adequate. Body weight > 40 kg: starting dose is 150 mg every 4 weeks. The dose can be increased to 300 mg every 4 weeks if the clinical response is not adequate.

If all the above requirements are met, the medication will be approved for 6 months.

For reauthorization:

1. Chart notes have been provided showing response to therapy such as reduced severity and/or frequency of flares.

If all the above requirements are met, the medication will be approved for an additional 12 months.



> 40 kg: starting dose is 150 mg every 4 weeks. The dose can be increased to 300 mg every 4 weeks if the clinical response is not adequate.

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Gout Flare

For initial authorization:

- 1. Member is at least 18 years of age; AND
- 2. Medication is prescribed by or in consultation with a rheumatologist; AND
- 3. Member has a diagnosis of gout with documentation of at least 3 flares in the past year; AND
- 4. Member has documentation of trial and failure of ALL 3 of the following:
 - a) Non-steroidal anti-inflammatory drugs (NSAIDs)
 - b) Colchicine
 - c) Corticosteroids; AND
- 5. Member has a negative tuberculosis test within the past 12 months.
- 6. Dosage allowed/Quantity limit: