



Arcalyst
Arcalyst (rilonacept) J2793
Prior Authorization Request
Medicare Part B Form

Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.

<input type="checkbox"/>	Standard Request– (72 Hours)	<input type="checkbox"/>	Urgent Request (standard time frame could place the member's life, health or ability in serious jeopardy)
Date Requested _____			
Requestor _____ Clinic name: _____ Phone _____ / Fax _____			

MEMBER INFORMATION

*Name: _____ *ID#: _____ *DOB: _____

PRESCRIBER INFORMATION

*Name: _____ MD FNP DO NP PA *Phone: _____

*Address: _____ *Fax: _____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name: _____ Phone: _____

*Address: _____ Fax: _____

PROCEDURE / PRODUCT INFORMATION

HCP Code	Name of Drug	Dose (Wt: _____ kg Ht: _____)	Frequency	End Date if known

Self-administered Provider-administered Home Infusion

Chart notes attached. Other important information: _____

Diagnosis: ICD10: _____ **Description:** _____

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

New Start or Initial Request: (Clinical documentation required for all requests)

- Cryopyrin-associated periodic syndromes (CAPS) when each of the following criteria are met:
 - Patient is 12 years of age or older with either of the following cryopyrin-associated periodic syndromes:
 - Familial cold autoinflammatory syndromes; OR
 - Muckle-Wells syndrome;
- Deficiency of Interleukin-1 Receptor Antagonist (DIRA) when each of the following criteria are met:
 - Patient weighs at least 10 kilograms; AND
 - DIRA is confirmed through IL1RN mutations; AND
 - Disease is in remission from previous anakinra (Kineret) treatment;
- Recurrent Pericarditis (RP) when each of the following criteria are met:
 - Patient is 12 years of age or older using for treatment of RP or reduction in risk of recurrence; AND
 - Patient has a history of at least two pericarditis episodes (i.e. presents with at least the third episode).

If other, please provide **clinical rationale** for formulary exception: _____

Part B Prior Authorization Guidelines

Continuation Requests: (Clinical documentation required for all requests)

Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

Prior Authorization Group – Arcalyst PA

Drug Name(s):

ARCALYST

RILONACEPT

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
 - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
 - Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:

N/A

Prescriber Restrictions:

N/A

Coverage Duration:

Approval will be for 12 months

FDA Indications:

Arcalyst

- Cryopyrin associated periodic syndrome
- Deficiency of interleukin-1 receptor antagonist, Maintenance of remission
- Pericarditis, Recurrent

Off-Label Uses:

- Gout, acute, During initiation of urate-lowering therapy; Prophylaxis

Age Restrictions:

N/A

Other Clinical Considerations:

N/A

Resources:

<https://www.micromedexsolutions.com/micromedex2/librarian/PFDefaultActionId/evidenceexpert.DoIntegratedSearch?navitem=headerLogout#>