

## Arcalyst (rilonacept) Effective 07/01/2023

Plan	<ul> <li>☑ MassHealth UPPL</li> <li>□ Commercial/Exchange</li> </ul>		Prior Authorization
Benefit	<ul> <li>Pharmacy Benefit</li> <li>Medical Benefit (NLX)</li> </ul>	Program Type	<ul> <li>Quantity Limit</li> <li>Step Therapy</li> </ul>
Specialty Limitations	N/A		
	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
Contact	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
Information	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

#### Overview

Arcalyst<sup>®</sup>(rilonacept) is an interleukin-1 $\beta$  (IL-1 $\beta$ ) blocker that is indicated for Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS), Deficiency of Interleukin-1 Receptor Antagonist (DIRA) and for treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and children 12 years and older.

#### **Coverage Guidelines**

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

# Cryopyrin-Associated Periodic Syndromes, including: Familial cold autoinflammatory syndrome (FCAS) and Muckle-Wells syndrome (MWS)

ALL of the following:

- 1. Diagnosis of one of the following:
  - a. Familial cold autoinflammatory syndrome (FCAS)
  - b. Muckle-Wells syndrome (MWS)
- 2. Member is  $\geq$  12 years of age
- 3. ONE of the following:
  - a. Evidence of symptoms indicative of the disease (see appendix for examples)

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- b. Confirmation of diagnosis through genetic testing
- 4. Appropriate dosing

## Deficiency of Interleukin-1 Receptor Antagonist (DIRA)

ALL of the following:

- 1. Diagnosis of deficiency of interleukin-1 receptor antagonist
- 2. Confirmation of diagnosis through genetic testing
- 3. Paid claims or physician attestation of inadequate response, adverse reaction, or contraindication to Kineret® (anakinra)
- 4. Appropriate dosing

### **Recurrent pericarditis**

ALL of the following:

- 1. Diagnosis of recurrent pericarditis
- 2. Member is  $\geq$  12 years of age
- 3. Paid claims or physician attestation of inadequate response or adverse reaction to ONE or contraindication to BOTH of the following:
  - a. aspirin
  - b. Nonsteroidal anti-inflammatory drugs (NSAID)
- 4. Paid claims or physician attestation of inadequate response or adverse reaction to ONE or a contraindication to ALL corticosteroids
- 5. Paid claims or physician attestation of inadequate response, adverse reaction or contraindication to BOTH of the following:
  - a. Colchicine
  - b. Kineret<sup>®</sup> (anakinra)
- 6. Appropriate dosing

### **Continuation of Therapy**

Reauthorization by prescriber will infer a positive response to therapy and dosing is appropriate.

### Limitations

- 1. Initial approvals will be granted for 6 months
- 2. Reauthorizations will be granted for 12 months
- 3. Dosing information:

Arcalyst <sup>®</sup>	Pediatric Dosing	Adult Dosing
(rilonacept)	CAPS (includes FCAS, MWD) (12 to	CAPS (includes FCAS, MWD):
	17 years of age):	Members ≥18 years of age:
Single-use vial:	SQ:	Loading: 320 mg delivered as two, 2
220 mg of	Loading: 4.4 mg/kg (maximum: 320	mL, SQ injections of 160 mg on the
lyophilized	mg)	same day at different sites
powder for	Maintenance: 2.2 mg/kg (maximum:	Maintenance: 160 mg, delivered as
reconstitution/20 mL	160 mg) weekly	one, 2 mL, SQ injection weekly
QTY 1 vial=220 mg	DIRA (weight ≥10 kg):	DIRA:
	4.4 mg/kg SQ (maximum: 320 mg)	Members ≥18 years of age:
	weekly (one or two injections)	320 mg SQ (two injections on the same day at different sites) weekly

Recurrent pericarditis (12 to 17	Recurrent pericarditis:
years of age):	Members ≥18 years of age:
SQ: Loading: 4.4 mg/kg SQ (maximum: 320 mg)	Loading: 320 mg delivered as two 160 mg SQ injections
Maintenance: 2.2 mg/kg SQ (maximum: 160 mg) once weekly	Maintenance: 160 mg SQ once weekly

# Appendix

#### **Disease Symptoms**

**Tumor necrosis factor receptor associated periodic syndrome (TRAPS):** characterized by recurrent fevers over months or years every five to six weeks, focal myalgias, conjunctivitis, periorbital edema, abdominal pain, monoarticular arthritis, and rash.

**Recurrent pericarditis**: The predominant feature of recurrent pericarditis is usually pleuritic chest pain (often sharp, worse when lying flat, and alleviated when leaning forward), which may follow exertion. Some members may also report dyspnea or malaise.

**Familial cold autoinflammatory syndrome (FCAS):** mildest phenotype; characterized by intermittent cold-induced rash with fever and arthralgia.

**Muckle-Wells syndrome (MWS):** characterized by recurrent episodes of fever and urticaria associated with joint and ocular manifestations, deafness and reactive amyloid A amyloidosis.

**Neonatal onset multisystem inflammatory disease (NOMID):** most severe spectrum of the disease; characterized by erythematous rash resembling urticaria, fever, impaired growth, chronic meningitis, hearing loss, uveitis, lymphadenopathy and hepatosplenomegaly. Limb and joint pain is common.

**Hyperimmunoglobulin D syndrome (HIDS)/Mevalonate kinase deficiency (MKD):** characterized by episodic attacks of fever lasting three to seven days are accompanied, in most cases, by chills, cervical lymphadenopathy, abdominal pain, vomiting, and/or diarrhea. Other symptoms include headache, arthralgias/arthritis, aphthous ulceration, a pleomorphic rash, and splenomegaly. Elevated levels of immunoglobulin D (IgD) are often present.

### References

1. Arcalyst® [package insert]. Tarrytown (NY): Regeneron Pharmaceuticals, Inc; 2021 May

### **Review History**

06/14/2023 - Created for P&T in order to match MH UPPL. Effective 7/1/23.