

## PHARMACY POLICY STATEMENT

### HAP CareSource™ Marketplace

<b>DRUG NAME</b>	<b>Arcalyst (rilonacept)</b>
<b>BENEFIT TYPE</b>	Pharmacy
<b>STATUS</b>	Prior Authorization Required

Arcalyst is an interleukin 1 (IL-1) antagonist indicated for Cryopyrin-Associated Periodic Syndromes (CAPS), Deficiency of IL-1 Receptor Antagonist (DIRA), and recurrent pericarditis.

CAPS refer to rare genetic syndromes generally caused by mutations in the NLRP-3 [Nucleotide-binding domain, leucine rich family (NLR), pyrin domain containing 3] gene (also known as Cold-Induced Auto-inflammatory Syndrome-1 [CIAS1]). Mutations in NLRP-3 result in an overactive inflammasome leading to an excessive release of activated IL-1 $\beta$  that drives inflammation.

DIRA is an auto-inflammatory, autosomal recessive disorder caused by loss of function mutations in the IL1RN gene, which encodes IL-1 receptor antagonist (IL-1ra), resulting in unopposed signaling of the proinflammatory cytokines IL-1 $\alpha$  and IL-1 $\beta$  through the IL-1 receptor.

Interleukin-1 (IL-1) is a key cytokine that mediates the pathophysiology of many inflammatory processes, and it has also been implicated as a causative factor in pericarditis.

Arcalyst (rilonacept) will be considered for coverage when the following criteria are met:

#### Cryopyrin-Associated Periodic Syndromes (CAPS)

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with a rheumatologist or other specialist familiar with CAPS; AND
3. Member has a diagnosis of Familial Cold Auto-Inflammatory Syndrome (FCAS) or Muckle-Wells Syndrome (MWS); AND
4. Member has elevated inflammatory markers (e.g. serum levels of amyloid A, C-reactive protein, erythrocyte sedimentation rate); AND
5. Member displays symptoms of CAPS (e.g. skin rash, musculoskeletal pain, central nervous system manifestations, hearing loss, conjunctivitis, cold/stress-triggered flares); AND
6. Member has had a negative tuberculosis test within the past 12 months.
7. **Dosage allowed/Quantity limit:**  
Adults: loading dose, 320 mg SUBQ (160 mg at 2 different sites); then 160 mg SUBQ once weekly.  
Pediatric: (12 to 17 years of age) loading dose, 4.4 mg/kg SUBQ (MAX of 320 mg) as 1 or 2 injections with a MAX volume of 2 mL; then 2.2 mg/kg (MAX 160 mg) SUBQ once weekly.  
Quantity limit (maintenance): 4 vials per 28 days (4 doses). Note: Each vial is 220 mg.

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



For **reauthorization**:

1. Chart notes demonstrate positive clinical response including decreased inflammatory marker values and symptom improvement.

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

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

For **initial** authorization:

1. Medication must be prescribed by or in consultation with a rheumatologist, dermatologist, or geneticist; AND
2. Member has a diagnosis of DIRA confirmed by ALL of the following:
  - a) Genetic testing shows IL1RN mutation,
  - b) Member has baseline symptoms of skin and/or bone inflammation,
  - c) Inflammatory markers (erythrocyte sedimentation rate [ESR], C-reactive protein [CRP]) are elevated at baseline; AND
3. Member has had a negative tuberculosis test within the past 12 months.
4. **Dosage allowed/Quantity limit:**  
Adults: 320 mg (160 mg at 2 different sites on the same day) subQ once weekly  
Pediatric patients weighing 10 kg or more: 4.4 mg/kg subQ once weekly in 1 or 2 injections (if 2 injections, administer at 2 different sites on the same day); MAX dosage, 320 mg  
Quantity limit: 8 vials per 28 days (4 doses). Note: Each vial is 220 mg.

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

For **reauthorization**:

1. Must demonstrate sustained positive clinical response to therapy such as inflammatory remission, resolution of skin and/or bone symptoms, normalization of ESR and/or CRP.

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

### Recurrent Pericarditis

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Drug is prescribed by or in consultation with a cardiologist; AND
3. Member has a diagnosis of recurrent pericarditis, presenting with at least the 3<sup>rd</sup> episode of acute pericarditis; AND
4. Member's C-reactive protein (CRP) level is equal to or greater than 1 mg/dL; AND
5. Member has tried and failed ALL of the following (in combination):
  - a) Aspirin or Nonsteroidal Anti-inflammatory Drug (NSAID; e.g., ibuprofen, indomethacin)
  - b) Colchicine
  - c) Low-dose corticosteroid; AND
6. Member has had a negative tuberculosis test within the past 12 months.
7. **Dosage allowed/Quantity limit:**  
Adults: Loading dose, 320 mg SUBQ (160 mg at 2 different sites); then 160 mg SUBQ once weekly



**Pediatrics:** (12 to 17 years) Loading dose, 4.4 mg/kg SUBQ (MAX of 320 mg) as 1 or 2 injections with a MAX volume of 2 mL; then 2.2 mg/kg (MAX 160 mg) SUBQ once weekly.  
**Quantity limit** (maintenance): 4 vials per 28 days (4 doses). Note: Each vial is 220 mg.

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

For **reauthorization**:

1. Member has a documented clinical response to treatment such as decreased recurrence of pericarditis, significantly improved chest pain, and normalized inflammatory markers (e.g., CRP).

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

**HAP CareSource considers Arcalyst (rilonacept) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
06/11/2021	New policy for Arcalyst created.
02/18/2022	Annual review; no updates.
08/09/2024	CAPS, DIRA: Updated refs. CAPS, Pericarditis: Corrected QL from 8 vials/28 days to 4 vials/28 days (maintenance). Pericarditis: Added aspirin as option vs NSAID; changed steroid from an option to a requirement to be used along with previous steps and specified low dose (Adler 2015); added decreased recurrence to reauth.

References:

1. Arcalyst [package insert]. London, UK; Kiniksa Pharmaceuticals (UK), Ltd.; 2021.
2. Garg M, de Jesus AA, Chapelle D, et al. Rilonacept maintains long-term inflammatory remission in patients with deficiency of the IL-1 receptor antagonist. *JCI Insight*. 2017;2(16):e94838. Published 2017 Aug 17. doi:10.1172/jci.insight.94838
3. Hoffman HM, Throne ML, Amar NJ, et al. Efficacy and safety of rilonacept (interleukin-1 Trap) in patients with cryopyrin-associated periodic syndromes: results from two sequential placebo-controlled studies. *Arthritis Rheum*. 2008;58(8):2443-2452. doi:10.1002/art.23687
4. Hoffman HM, Throne ML, Amar NJ, et al. Long-term efficacy and safety profile of rilonacept in the treatment of cryopyrin-associated periodic syndromes: results of a 72-week open-label extension study. *Clin Ther*. 2012;34(10):2091-2103. doi:10.1016/j.clinthera.2012.09.009
5. Romano M, Arici ZS, Piskin D, et al. The 2021 EULAR/American College of Rheumatology points to consider for diagnosis, management and monitoring of the interleukin-1 mediated autoinflammatory diseases: cryopyrin-associated periodic syndromes, tumour necrosis factor receptor-associated periodic syndrome, mevalonate kinase deficiency, and deficiency of the interleukin-1 receptor antagonist. *Ann Rheum Dis*. 2022;81(7):907-921. doi:10.1136/annrheumdis-2021-221801
6. Klein AL, Imazio M, Cremer P, et al. Phase 3 Trial of Interleukin-1 Trap Rilonacept in Recurrent Pericarditis. *N Engl J Med*. 2021;384(1):31-41. doi:10.1056/NEJMoa2027892
7. Adler Y, Charron P, Imazio M, et al. 2015 ESC Guidelines for the diagnosis and management of pericardial diseases: The Task Force for the Diagnosis and Management of Pericardial Diseases of the European Society of



Cardiology (ESC) Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J.* 2015;36(42):2921-2964. doi:10.1093/eurheartj/ehv318

8. Chiabrando JG, Bonaventura A, Vecchié A, et al. Management of Acute and Recurrent Pericarditis: JACC State-of-the-Art Review. *J Am Coll Cardiol.* 2020;75(1):76-92. doi:10.1016/j.jacc.2019.11.021

Effective date: 01/01/2025

Revised date: 08/09/2024