

rilonacept subcutaneous injection (ARCALYST)

Diagnoses Considered for Coverage:

- Cryopyrin-Associated Periodic Syndromes (CAPS)
- Deficiency of Interleukin-1 receptor antagonist (DIRA)
- Familial Cold Autoinflammatory Syndrome (FCAS)
- Muckle-wells Syndrome (MWS)
- Recurrent pericarditis (PR)

Coverage Criteria:

For Cryopyrin-Associated Periodic Syndromes (CAPS), Familial Cold Autoinflammatory Syndrome (FCAS), and Muckle-wells Syndrome (MWS):

- Patient 12 years of age or older, and
- Dose does not exceed FDA labeled maximum

For Deficiency of Interleukin-1 receptor antagonist (DIRA):

- Patient experienced clinical benefit from treatment with Anakinra, and
- Not being used in combination with Anakinra, and
- Dose does not exceed FDA labeled maximum

For recurrent pericarditis (PR):

- Recommended by a cardiologist, and
- Patient is 12 years of age or older, and
- Dose does not exceed FDA labeled maximum, and
- One of the following conditions is met:
 - Patient has experienced an inadequate response, intolerance, or contraindication to colchicine in combination with NSAIDs, or
 - Patient is steroid-dependent, or inadequate response, intolerance, or contraindication to corticosteroids

Coverage Duration: one year

References:

1. Arcalyst® (rilonacept) [Prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; 5/2021
2. Chiabrando JG, Bonaventura A, Vecchié A, et al. Management of Acute and Recurrent Pericarditis: JACC State-of-the-Art Review. Journal of American College of Cardiology. 2020 Jan 7;75(1):76-92.

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