

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Canakinumab (Ilaris)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary **canakinumab (Ilaris)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-Formulary **canakinumab (Ilaris)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has a diagnosis of systemic juvenile idiopathic arthritis (SJIA) [including Adult Onset Still's disease (AOSD)]:
 - Patient is 2 years of age or older
 - Patient weighs 7.5 kg or more
 - Patient has tried and failed/intolerant to non-steroidal anti-inflammatory medications (NSAIDs)
 - Patient has tried and failed/intolerant to glucocorticoids
 - Patient has tried and failed/intolerant to at least 1 of the following:
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
 - Patient has tried and failed/intolerant to the following:
 - Tocilizumab (criteria based)
 - Anakinra (criteria based)
2. Prescriber is a rheumatologist and patient has a diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS) [including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)]:
 - Patient is 4 years of age or older
 - Patient weighs 15 kg or more
 - Patient has tried and failed/intolerant to anakinra (criteria based)

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3. Prescriber is a rheumatologist and patient has a diagnosis of Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS):
 - Patient is 2 years of age or older
4. Prescriber is a rheumatologist and patient has a diagnosis of Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD):
 - Patient is 2 years of age or older
5. Prescriber is a rheumatologist and patient has a diagnosis of Familial Mediterranean Fever (FMF):
 - Patient is 2 years of age or older
 - Patient has tried and failed/intolerant to colchicine
 - Patient has tried and failed/intolerant to anakinra (criteria based)