Clinical Pharmacy Program Guidelines for Ilaris

<table>
<thead>
<tr>
<th>Program</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Ilaris (canakinumab injection)</td>
</tr>
<tr>
<td>Pharmacy &amp; Therapeutics Approval Date</td>
<td>3/24/2016</td>
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<tr>
<td>Effective Date</td>
<td>6/1/2016</td>
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1. Background:

Indications

Cryopyrin-Associated Periodic Syndromes (CAPS)
Ilaris is an interleukin-1beta blocker indicated for the treatment of Cryopyrin-Associated Periodic Syndromes (CAPS) in adults and children 4 years of age and older including: (1) Familial Cold Autoinflammatory Syndrome (FCAS) and (2) Muckle-Wells Syndrome (MWS).

Systemic Juvenile Idiopathic Arthritis (SJIA)
Ilaris is indicated for the treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged 2 years and older.

2. Coverage Criteria:

A. Cryopyrin-Associated Periodic Syndromes (CAPS)

1. Initial Authorization

   a. Diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS)

   -AND-

   b. Diagnosis of CAPS has been confirmed by one of the following:
      (1) NRLP-3 (nucleotide-binding domain, leucine rich family (NLR), pyrin domain containing 3] gene (also known as Cold- Induced Autoinflammatory Syndrome-1 [CIAS1]) mutation
      
      -OR-

      (2) Evidence of active inflammation which includes both of the following:
         (a) Clinical symptoms (eg, rash, fever, arthralgia)
         (b) Elevated acute phase reactants (eg, ESR, CRP)
c. Prescribed or recommended by one of the following
   (1) Allergist/Immunologist
   (2) Rheumatologist

   -AND-

d. Patient is not receiving concomitant treatment with either of the following:

   (1) Tumor necrosis factor (TNF) inhibitors [eg, Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab)]
   (2) Interleukin-1 inhibitors [eg, Arcalyst (rilonacept), Kineret (anakinra)]

Authorization will be issued for 12 months.

2. Reauthorization

   a. Documentation of positive clinical response to Ilaris therapy

   -AND-

   b. Patient is not receiving concomitant treatment with either of the following:

   (1) Tumor necrosis factor (TNF) inhibitors [eg, Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab)]
   (2) Interleukin-1 inhibitors [eg, Arcalyst (rilonacept), Kineret (anakinra)]

Authorization will be issued for 12 months.

B. Systemic Juvenile Idiopathic Arthritis (SJIA)

1. Initial Authorization

   a. Diagnosis of active systemic juvenile idiopathic arthritis (eg, fever, serositis, rash, arthritis)

   -AND-

   b. Prescribed or recommended by a rheumatologist

   -AND-
c. History of failure, contraindication, or intolerance to one of the following:
   (1) Non-steroidal anti-inflammatory drugs (NSAIDs)
   (2) Corticosteroids

-AND-

d. Patient is not receiving concomitant treatment with either of the following:
   (1) Tumor necrosis factor (TNF) inhibitors [eg, Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab)]
   (2) Interleukin-1 inhibitors [eg, Arcalyst (rilonacept), Kineret (anakinra)]

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Authorization will be issued for 12 months.

3. References:

<table>
<thead>
<tr>
<th>Date</th>
<th>Change</th>
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<tbody>
<tr>
<td>December 2009</td>
<td>New drug policy.</td>
</tr>
<tr>
<td>March 2010</td>
<td>Addition of Ilaris to this policy</td>
</tr>
<tr>
<td>Dec 2010</td>
<td>Annual Review</td>
</tr>
<tr>
<td>June 2011</td>
<td>Added new logo and replaced all AmeriChoice references with UnitedHealthcare Community Plan.</td>
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<tr>
<td>June 2012</td>
<td>Annual Review</td>
</tr>
<tr>
<td>June 2013</td>
<td>Separated Ilaris and Arcalyst into individual guidelines. No changes to the clinical criteria for Ilaris. Converted policy to new UnitedHealthcare enterprise wide formatting.</td>
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| September 2013| • Cryopyrin-Associated Periodic Syndromes indication: added 12 months length of authorization; removed age criterion; added criterion checking that patient is not taking a concomitant TNF inhibitor or IL-1 inhibitor; added diagnosis criterion asking for NRLP-3 gene mutation or evidence of clinical inflammation including clinical symptoms and elevated acute phase reactants; added prescriber requirement; added reauthorization criteria requiring positive response to therapy and patient is not taking a concomitant TNF inhibitor or IL-1 inhibitor (duration 12 months)  
• Added criteria for new indication of systemic juvenile idiopathic arthritis: (initial) diagnosis, prescribed or recommended by a rheumatologist, trial of NSAID or corticosteroid, patient is not taking a concomitant TNF inhibitor or IL-1 inhibitor, 12 months duration; (reauthorization) positive response to therapy and patient is not taking a concomitant TNF inhibitor or IL-1 inhibitor 12 months duration  
• Added note to prescriber regarding TB evaluation |
| Dec 2015     | Annual Review                                                          |
| March 2016   | Annual Review- Updated policy template                                  |