

ARCALYST AND ILARIS PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Initial: 2 Months; Renewal: 1 Year

NOTE: *If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov.*

PA CRITERIA:

- ❖ Arcalyst is approvable for members 12 years of age or older; Ilaris is approvable for members 4 years of age or older

AND

- ❖ Diagnosis must be cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS])

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.