



## ARCALYST AND ILARIS PA SUMMARY

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 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](http://www.mmis.georgia.gov).*

### **PA CRITERIA:**

*For Arcalyst*

- ❖ Approvable for members 12 years of age or older for members with a diagnosis of cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS])*For Ilaris* Approvable for members 4 years of age or older for members with a diagnosis of cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS])

*OR*

- ❖ Approvable for members 2 years of age or older with a diagnosis of active systemic juvenile idiopathic arthritis (SJIA)

### **EXCEPTIONS:**

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

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://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 Limit please go to [www.mmis.georgia.gov/portal](http://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.