

## Arcalyst® (rilonacept)

When requesting Arcalyst® (rilonacept), the individual requiring treatment must be diagnosed with an FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

### FDA-Approved Indication

Arcalyst is an interleukin-1 blocker indicated for the treatment of Cryopyrin Associated Periodic Syndromes (CAPS), including Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 12 and older.

### Coverage Guidelines

#### Cryopyrin-Associated Periodic Syndromes (CAPS):

For an initial authorization:

- An individual is 12 years of age or older
- Arcalyst is prescribed by or in consultation with one of the following specialist: rheumatologist, geneticist, allergist, immunologist, or dermatologist

For re-authorization:

- An individual is responding to Arcalyst therapy

**Approval duration (initial): 3 months**

**Approval duration (renewal): 12 months**

### Dosing Recommendations

For adult patients 18 years and older:

The recommended dose is a loading dose of 320 mg administered via subcutaneous injection followed by 160 mg once weekly.

For pediatric patients aged 12 to 17 years:

The recommended dose is a loading dose of 4.4 mg/kg, up to a maximum of 320 mg administered via subcutaneous injection followed by 2.2 mg/kg, up to a maximum of 160 mg once weekly.

### References

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