

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish prior authorization guidelines, for new starts only, on Ilaris.

STATEMENT OF THE POLICY

Health Alliance Medical Plans will use the below guidelines as prior authorization criteria for authorizing Ilaris requests and will check any Centers for Medicare and Medicaid databases for B versus D decisions.

PROCEDURES

1. Exclusion Criteria

1.1 Concurrent use of immunosuppressant therapies.

2. Laboratory Results

2.1 Documentation of a negative tuberculosis skin test.

2.2 Documentation of a baseline C reactive protein and serum amyloid A level.

3. Monitoring

3.1 Monitor for improvement in signs and symptoms of cryopyrin-associated periodic syndromes (ie. Fever, urticaria-like rash, arthralgia, myalgia, fatigue, and conjunctivits).