Cryopyrin-Associated Periodic Syndrome (CAPS) Agents

Effective 05/26/2010
Revised 10/03/2019

**Preferred Agents**
- Ilaris®

**Non-Preferred Agents**
- Arcalyst®

**Approval Criteria**

- For documented diagnosis of Juvenile Idiopathic Rheumatoid Arthritis:
  - Ilaris only AND
  - Participant age ≥ 2 years AND
  - Documented trial of 2 or more preferred DMARDs in the past 12 months OR
  - Documented trial of 1 or more non-preferred DMARDs in the past 12 months
- For documented diagnosis of Cryopyrin-associated periodic syndrome (CAPS):
  - For Ilaris: participant age ≥ 4 years
  - For Arcalyst: participant age ≥ 12 years
- For documented diagnosis of Periodic Fever Syndromes: **Ilaris only**
- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent **OR**
- Documented compliance on current therapy regimen **OR**
- Documented ADE/ADR to preferred agents

**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Therapy with Tumor Necrosis Factor (TNF) blocking agent in the past 45 days
- Drug Prior Authorization Hotline: (800) 392-8030