

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Ilaris is an interleukin-1 beta (IL-1B) monoclonal antibody. It blocks IL-1 receptor interaction and neutralizes overactive IL-1B activity which is present in disorders such as Cryopyrin-Associated Periodic Syndromes (CAPS), systemic juvenile idiopathic arthritis (SJIA), Still's disease, and gout.						
<b>Exclusion Criteria</b>	Must not be used in combination with other biologic drugs.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	Prescriber must be a specialist or consulted with a specialist for the condition being treated.						
<b>Coverage Duration</b>	<p><b>Gout:</b> Initial coverage limited to one dose with authorization given for 12 weeks; and reauthorization is one year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.</p> <p><b>For all others (excludes gout):</b> Initial and Reauthorization two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.</p>						
<b>Other Criteria/Information</b>	<p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0638</td> <td>Ilaris (canakinumab)</td> <td><b>Billing unit: 1 mg</b>  150 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0638	Ilaris (canakinumab)	<b>Billing unit: 1 mg</b>  150 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025