



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Ilaris™ (canakinumab)

Review Criteria

Member must meet all the following criteria:

- If receiving in provider's office or hospital/clinic infusion facility, this medication needs to be billed to the Physician Administered Drug program.
 - Please call 1-800-219-7035 for information.
- If receiving via home infusion or outpatient infusion center, the below criteria applies:
 - Member must try and fail a preferred immunomodulator that is U.S. Food and Drug Administration (FDA)-indicated for treatment (subject to Preferred Drug List requirements), unless contraindicated
 - Must be prescribed for FDA-indicated diagnosis
 - Must be prescribed by an appropriate specialist
 - If not prescribed by an appropriate specialist, a copy of the specialty consult is required. For annual renewals, an updated copy of the consult needs to be submitted.