Audience: CC All
Location: Benefits/A-Z List
System: N/A
Updated: 6.5.23

Reviewed: 6.5.23

Arcalyst (rilonacept)

Drug names	1. Arcalyst 2. Rilonacept

Description	Arcalyst (rilonacept) is used to treat a variety of Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome and Muckle-Wells Syndrome. CAPS are rare genetic diseases that cause rashes, fevers, joint pain, and other inflammatory symptoms. Symptoms often occur after exposure to cold or damp air or a drop in temperature, but may also show up for no clear reason. It is administered by subcutaneous injection.

Table of Contents	The following topics are included in this document: • Commercial • Government Programs • Individual and Family Business (IFB) • MHPS

Document history	The document history for the past 12 months is outlined below.

Date	Description
6.5.23	Refreshed due to age.

Commercial

Introduction   This section applies to all Commercial members. Coverage depends on the member's platform: COSMOS, UNET, or HealthRules.

Benefits   Coverage depends on platform. Refer to table below.

Platform	Coverage

COSMOS, UNET	• A Medical Pharmacy Services Claim Edit (PSCE), *Arcalyst (rilonacept)*, is on <u>Magellan Rx Management</u>.
	• Administration limit applies. Refer to *Dosing Limits*.
	  − **Important**: Check policy for limits or exclusions.
	  − **Providers**: Certain providers are excluded. Refer to <u>Magellan Pharmacy Services Claim Edit (PSCE)</u>.
	• If eligible, quote office visit or outpatient hospital benefits.
	• **Received at the pharmacy**: Pharmacy benefits apply.

HealthRules	• Quote office visit, outpatient hospital, or <u>Home IV Therapy</u> benefits. • **Received at the pharmacy**: Pharmacy benefits apply.

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC), **Minnesota Senior Care Plus (MSC+)**	<u>Medicaid only groups</u>: • Refer to <u>Medicaid</u> below. <u>Medicare eligible groups</u>: • Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • Medicare is the primary payer. • If no Medicare eligibility, Medicaid applies. Refer to <u>Medicaid</u> below.

AccessAbility Enhanced (SNBC SNP),
 	
DUAL (MSHO)
	A Medical Pharmacy Services Claim Edit (PSCE), *Arcalyst (rilonacept)*, is on <u>Magellan Rx Management</u>.
	
	• Administration limit applies. Refer to *Dosing Limits*.
	  − **Important**: Check policy for limits or exclusions.
	  − **Providers**: Certain providers are excluded. Refer to <u>Magellan Pharmacy Services Claim Edit (PSCE)</u>.
	• If eligible, quote office visit or outpatient hospital benefits.
	• **Received at the pharmacy**: Pharmacy benefits apply.
	• Medica is the only payer.

Advantage	Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. • **Drug administration**: Quote office visit benefits. Check EOC for cost sharing. • **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC. • **Received at the pharmacy**: Pharmacy benefits apply. • Medica is the only payer.

Medicaid (SPP)	Coverage depends on platform. Refer to table below.

Platform	Coverage

COSMOS	• A Medical Pharmacy Services Claim Edit (PSCE), *Arcalyst (rilonacept)*, is on <u>Magellan Rx Management</u>.
	• Administration limit applies. Refer to *Dosing Limits*.
	  − **Important**: Check policy for limits or exclusions.
	  − **Providers**: Certain providers are excluded. Refer to <u>Magellan Pharmacy Services Claim Edit (PSCE)</u>.
	• If eligible, quote office visit or outpatient hospital benefits.
	• **Received at the pharmacy**: Pharmacy benefits apply.

HealthRules	• Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply.

Prime	Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. • **Drug administration**: Quote office visit benefits. Check EOC for cost sharing. • **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • **Reminder**: Members can use non-Medica Service Area providers. Refer to <u>Out-of-MSA Benefits</u>.

Select, **Signature**	Quote office visit or outpatient hospital benefits. • **Received at the pharmacy**: Pharmacy benefits apply. • Follows Medicare guidelines. • Medicare supplement. Medicare is the primary payer.

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Individual and Family Business (IFB)

Introduction   This section applies to all Individual and Family Business (IFB) members.

Benefits   Quote office visit or outpatient hospital benefits.

- **Received at the pharmacy**: Pharmacy benefits apply.

Document history   The document history for the past 12 months is outlined below.

Date	Description
6.5.23	Refreshed due to age.

Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

Quote office visit or outpatient hospital benefits.

• **Received at the pharmacy**: Pharmacy benefits apply. Refer the member to their Pharmacy Benefit Manager (PBM).

All others

Quote office visit or outpatient hospital benefits.

• **Received at the pharmacy**: Pharmacy benefits apply. Refer the member to their Pharmacy Benefit Manager (PBM).

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