

Title: UM-PT136	Division: Medical Management Department: Pharmacy
Approval Date: 7/25/2025	LOB: Medicaid, SNP, HARP, CHP, QHP, EP, Gold, Goldcare
Effective Date: 7/25/2025	Policy Number: UM-PT136
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I. POLICY DESCRIPTION:

Interleukin-1 Beta (IL-1 beta) Inhibitor – Ilaris (canakinumab)

II. RESPONSIBLE PARTIES:

Medical Management Administration, Pharmacy Department, Utilization Management, Integrated Care Management, Claims Department

III. DEFINITIONS:

Ilaris is a recombinant, human monoclonal anti-human IL-1 beta antibody of the IgG1/kappa isotype. Ilaris binds to IL-1 beta and neutralizes its activity by blocking interaction with IL-1 receptors.

IV. POLICY:

Ilaris will be considered medically necessary once the following coverage criteria is met. Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Chart notes must be submitted to confirm diagnosis and previous treatment(s).

INITIAL REQUEST:

1. Adult-Onset Still’s Disease (AOSD)

- A. Member is ≥ 18 years of age or older;
AND
- B. Member must have a documented diagnosis of active Adult-Onset Still’s Disease (AOSD) confirmed by a board-certified rheumatologist;
AND
- C. Member must have had inadequate response, intolerance, or contraindication to ALL of the following:
 - i. Nonsteroidal anti-inflammatory drugs (NSAIDs) administered at therapeutic dosing for ≥ 4 weeks;
AND
 - ii. Systemic corticosteroids ≥ 4 weeks;
AND
 - iii. Methotrexate ≥ 8 weeks;
AND
- D. Dose does not exceed 4 mg/kg (maximum 300 mg) administered subcutaneously every 4 weeks;
AND
- E. Authorization is for no more than 6 months.

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2. Systemic Juvenile Idiopathic Arthritis (SJIA)

- A. Member must be ≥ 2 years of age;
AND
- B. Member must have documented diagnosis of active systemic juvenile idiopathic arthritis confirmed by a board-certified rheumatologist;
AND
- C. Member must have documentation of prior therapy with ALL of the following unless contraindicated:
 - i. NSAIDs at therapeutic dosing for ≥ 4 weeks;
AND
 - ii. Systemic corticosteroids ≥ 4 weeks;
AND
 - iii. Methotrexate for ≥ 8 weeks;
AND
 - iv. Prior biologic therapy with documented dose, duration, and clinical response;
AND
- D. Dose must not exceed 4 mg/kg (maximum 300 mg) administered subcutaneously every 4 weeks;
AND
- E. Authorization will be limited to 6 months.

3. Cryopyrin-Associated Periodic Syndromes (CAPS) – FCAS or MWS

- A. Member must be ≥ 4 years of age;
AND
- B. ILARIS must be prescribed by or in consultation with a board-certified rheumatologist or immunologist;
AND
- C. Member must have a documented diagnosis of CAPS defined as:
 - a. Familial Cold Autoinflammatory Syndrome (FCAS)
OR
 - b. Muckle-Wells Syndrome (MWS)
AND
- D. Member must have at least 2 documented inflammatory episodes within the past 6 months defined by ALL of the following:
 - a. Fever $\geq 38.0^{\circ}\text{C}$;
AND
 - b. Urticarial-like rash;
AND
 - c. CRP ≥ 10 mg/L OR SAA ≥ 10 mg/L measured during symptomatic periods.

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AND

E. Member’s diagnosis is confirmed by genetic testing that confirms pathogenic NLRP3 (CIAS1) mutation;

AND

F. Dose must not exceed FDA-labeled dosing:

- i. Member > 40 kg: 150 mg subcutaneously every 8 weeks;
- ii. Member 15–40 kg: 2 mg/kg subcutaneously every 8 weeks;

AND

G. Authorization will be limited to 6 months.

3. Familial Mediterranean Fever (FMF)

A. Member must be ≥ 2 years of age;

AND

B. ILARIS must be prescribed by or in consultation with a board-certified rheumatologist;

AND

C. Member must have documented diagnosis of Familial Mediterranean Fever (FMF) defined by ALL of the following:

a. Recurrent inflammatory attacks occurring at a frequency of ≥ 1 episode per month over the previous 6 months;

AND

b. Clinical manifestations consistent with FMF during attacks, including at least ONE of the following:

i. Recurrent abdominal pain consistent with peritonitis;

OR

ii. Pleuritic chest pain;

OR

iii. Acute monoarthritis or oligoarthritis;

OR

iv. Serositis;

AND

c. Objective evidence of systemic inflammation defined as CRP ≥ 10 mg/L measured during a documented flare;

AND

D. Member must have inadequate response, intolerance, or contraindication to colchicine;

AND

E. If member is ≤ 40 kg dosing is: 2 mg/kg subcutaneously every 4 weeks (may increase to 4 mg/kg if inadequate response) and if Member > 40 kg: 150 mg subcutaneously every 4 weeks (may increase to 300 mg if inadequate response);

AND

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F. Authorization will be limited to 6 months.

4. TNF Receptor-Associated Periodic Syndrome (TRAPS)

- A. Member must be ≥ 2 years of age;
AND
- B. ILARIS must be prescribed by or in consultation with a board-certified rheumatologist or immunologist;
AND
- C. Member must have a confirmed diagnosis of TRAPS defined as ONE of the following:
 - a. Genetic testing demonstrating a pathogenic TNFRSF1A mutation;
OR
 - b. Objective evidence of systemic inflammation (CRP ≥ 10 mg/L during flare);
AND
- D. Member must have documentation of active TRAPS defined as ALL of the following:
 - a. ≥ 2 documented inflammatory flares within the previous 6 months;
AND
 - b. Each flare characterized by ≥ 2 of the following:
 - 1. Fever $\geq 38.0^{\circ}\text{C}$;
OR
 - 2. Abdominal pain;
OR
 - 3. Migratory rash;
OR
 - 4. Myalgia;
OR
 - 5. Serositis;
- AND**
- E. Dose must not exceed FDA-labeled periodic fever dosing:
 - i. Member ≤ 40 kg: 2 mg/kg subcutaneously every 4 weeks (may increase to 4 mg/kg if inadequate response);
 - ii. Member > 40 kg: 150 mg subcutaneously every 4 weeks (may increase to 300 mg if inadequate response);
- AND**
- F. Authorization will be limited to 6 months.

5. Hyperimmunoglobulin D Syndrome / Mevalonate Kinase Deficiency (HIDS/MKD)

- A. Member must be ≥ 2 years of age;
AND

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- B.** ILARIS must be prescribed by or in consultation with a board-certified rheumatologist or immunologist;
AND
- C.** Member must have a confirmed diagnosis of HIDS/MKD supported by ONE of the following:
 - a.** Genetic testing demonstrating a pathogenic MVK mutation;
OR
 - b.** Markedly elevated urinary mevalonic acid measured during a documented febrile episode defined as ≥ 10 mmol/mol creatinine;
OR
 - c.** Specialist-documented clinical diagnosis supported by BOTH:
 - 1.** Recurrent febrile inflammatory episodes;
AND
 - 2.** Objective evidence of systemic inflammation defined as CRP ≥ 10 mg/L during flare.
Note:
Elevated serum IgD > 100 IU/mL may support the diagnosis but is not required when genetic or biochemical confirmation is present;
- AND**
- D.** Member must have active HIDS/MKD defined as ≥ 2 documented febrile inflammatory episodes within the previous 6 months in which each episode characterized by fever $\geq 38.0^{\circ}\text{C}$;
AND
- E.** Member must not exceed dosing:
 - i.** Member ≤ 40 kg: 2 mg/kg subcutaneously every 4 weeks (may increase to 4 mg/kg if inadequate response);
 - ii.** Member > 40 kg: 150 mg subcutaneously every 4 weeks (may increase to 300 mg if inadequate response);
- AND**
- F.** Authorization will be limited to 6 months.

6. Acute Gout Flare

- A.** Member must be ≥ 18 years of age;
AND
- B.** ILARIS must be prescribed by or in consultation with a board-certified rheumatologist;
AND
- C.** Member must have a documented diagnosis of an acute gout flare confirmed by clinical evaluation including ALL of the following:
 - a.** Acute onset of joint swelling;
AND

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- b. Joint erythema or warmth;
AND
- c. Severe joint pain consistent with gout;
AND
- d. Member must have experienced ≥ 3 documented gout flares within the previous 12 months.

AND

D. Member must have inadequate response (e.g Inadequate response is defined as persistent moderate-to-severe pain or recurrence of symptoms within 48–72 hours of appropriate therapy), intolerance, or contraindication to ALL of the following therapies:

- a. NSAIDs administered at therapeutic dosing for acute gout;
AND
- b. Colchicine administered at therapeutic dosing for acute gout;
AND
- c. Systemic corticosteroids (oral or intra-articular) OR documented provider attestation that repeated corticosteroid use is medically inappropriate;

AND

E. Member must not exceed the dose limited to 150 mg subcutaneously as a single dose per flare;

AND

F. Member must not have re-treatment sooner than 12 weeks after the prior dose;

AND

G. Authorization is limited to a single-dose episode per approved flare.

RENEWAL REQUEST:

1. Adult Onset Still’s Disease (AOSD)

A. Member must continue to have a documented diagnosis of Adult-Onset Still’s Disease (AOSD);

AND

B. Member must demonstrate beneficial clinical response compared with baseline, documented in chart notes by at least ONE of the following objective measures:

a. Resolution of fever (no documented fever $\geq 38.0^{\circ}\text{C}$ for ≥ 4 consecutive weeks);

OR

b. $\geq 50\%$ reduction in active joint count from baseline;

OR

c. Improvement in systemic manifestations (e.g., resolution of rash, lymphadenopathy, serositis);

OR

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- d. Improvement in inflammatory markers defined as CRP < 10 mg/L;
OR
- e. ≥ 50% reduction in CRP from baseline;
OR
- f. ≥ 50% reduction in systemic corticosteroid dose from baseline;
AND

C. Member must continue to tolerate therapy without serious treatment-related adverse events requiring discontinuation;
AND

D. Dose must not exceed 4 mg/kg (maximum 300 mg) administered subcutaneously every 4 weeks;
AND

E. Authorization will be limited to 12 months.

2. Systemic Juvenile Idiopathic Arthritis (SJIA)

A. Member continues to have a diagnosis of SJIA;
AND

B. Member demonstrates clinical improvement from baseline defined by at least ONE of the following:

- a. ≥ 50% reduction in number of active joints;
OR
- b. Resolution of fever (no fever ≥ 38.0°C for ≥ 4 consecutive weeks);
OR
- c. CRP < 10 mg/L **OR** ≥ 50% reduction from baseline;
OR
- d. ≥ 50% reduction in systemic corticosteroid dose from baseline;

AND

C. Member continues to tolerate therapy without serious adverse events;
AND

D. Dose does not exceed 4 mg/kg subcutaneously every 4 weeks (maximum 300 mg);
AND

E. Authorization is limited to 12 months.

3. Cryopyrin-Associated Periodic Syndromes (CAPS) – FCAS or MWS

A. Member must remain diagnosed with CAPS (FCAS/MWS) and age-eligible (≥ 4 years);
AND

B. Member must demonstrate beneficial clinical response compared with baseline, documented in chart notes by at least ONE objective measure, such as:

- a. Decreased frequency/severity of flares (e.g., cold-triggered episodes);
OR

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- b. Improvement/resolution of fever and/or urticarial-like rash;
OR
 - c. Improvement in musculoskeletal symptoms or functional status;
OR
 - d. Improvement in hearing symptoms (if applicable);
OR
 - e. Improvement in inflammatory markers (CRP and/or SAA), defined as:
decrease from baseline;
AND
 - C. Member will receive CAPS dosing: > 40 kg: 150 mg SC every 8 weeks;
AND
 - D. Authorization is for no more than 12 months.
- 4. Familial Mediterranean Fever (FMF)**
- A. Member must remain diagnosed with FMF and age-eligible (≥ 2 years);
AND
 - B. Member must meet BOTH:
 - a. Member must have no more than 1 attack every 2 months
AND
 - b. Member must have CRP < 10 mg/L;
AND
 - C. Members continue to tolerate therapy without serious adverse effects;
AND
 - D. Dose/frequency remains within policy limits and weight is updated for weight-based dosing;
AND
 - E. Authorization is for no more than 12 months.
- 5. TNF Receptor-Associated Periodic Syndrome (TRAPS)**
- A. Member must remain diagnosed with TRAPS and age-eligible ≥ 2 years;
AND
 - B. Member must demonstrate beneficial clinical response vs baseline, documented by at least ONE:
 - a. Decreased attack frequency (fewer attacks/month or longer time between attacks);
OR
 - b. Decreased attack severity (pain, serositis, arthritis);
AND
 - C. Member must tolerate therapy without any side effects;
AND
 - D. Member will receive TRAPS dosing per label/policy:

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- i. > 40 kg: 150 mg SC every 4 weeks (max 300 mg if inadequate response per policy/label)
- ii. ≤ 40 kg: 2 mg/kg SC every 4 weeks (max 4 mg/kg if inadequate response per policy/label);

AND

E. Authorization is for no more than 12 months.

6. HIDS / MKD

A. Member must remain diagnosed with HIDS/MKD;

AND

B. Member must have documentation of positive clinical response compared to baseline, demonstrated by at least ONE of the following:

- a. ≥ 50% reduction in febrile inflammatory episodes over a 6-month period;

OR

- b. ≥ 50% reduction in flare severity and/or duration (documented in chart notes);

OR

- c. Improvement in systemic inflammation defined as ≥ 50% reduction in CRP from baseline;

C. Member continues to tolerate therapy without serious treatment-related adverse effects;

AND

D. Dose and frequency remain within policy limits and weight is updated for weight-based dosing;

AND

E. Authorization is for no more than 12 months.

7. Gout, Acute

A. Member must have a documented diagnosis of a new acute gout flare;

AND

B. Member must have had clinical response to the prior ILARIS dose for gout flare (e.g., decreased or resolution of joint pain in affected joints);

AND

C. Re-treatment must not occur sooner than 12 weeks after the prior ILARIS dose;

AND

D. Dose must not exceed 150 mg subcutaneously as a single dose per flare;

AND

E. Authorization is limited to a single-dose episode per approved flare.

V. LIMITATIONS/ EXCLUSIONS:

Ilaris will be considered experimental and investigational for indications not approved by the FDA and not supported by accepted compendia or evidence-based guidelines. Ilaris should not

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be used concurrently with other biologics or targeted immunomodulators for the same indication unless medically justified. Requests for doses or frequencies outside FDA-labeled dosing may be denied or reviewed only with compelling supporting documentation.

VI. APPLICABLE PROCEDURE CODES:

CPT	Description
J0638	Injection, canakinumab, 1 mg

VII. APPLICABLE DIAGNOSIS CODES:

CODE	Description
E79.9	Disorder of purine and pyrimidine metabolism, unspecified
G63	Polynuropathy in diseases classified elsewhere
M04.1	Periodic fever syndromes
M04.2	Cryopyrin-associated periodic syndromes
M06.1	Adult-onset Still's disease
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites

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M10.08	Idiopathic gout, vertebrae
M10.18	Lead-induced gout, vertebrae
M10.19	Lead-induced gout, multiple sites
M10.20	Drug-induced gout, unspecified site
M10.211	Drug-induced gout, right shoulder
M10.212	Drug-induced gout, left shoulder
M10.219	Drug-induced gout, unspecified shoulder
M10.221	Drug-induced gout, right elbow
M10.222	Drug-induced gout, left elbow
M10.229	Drug-induced gout, unspecified elbow
M10.231	Drug-induced gout, right wrist
M10.232	Drug-induced gout, left wrist
M10.239	Drug-induced gout, unspecified wrist
M10.241	Drug-induced gout, right hand
M10.242	Drug-induced gout, left hand
M10.249	Drug-induced gout, unspecified hand
M10.251	Drug-induced gout, right hip
M10.252	Drug-induced gout, left hip
M10.259	Drug-induced gout, unspecified hip
M10.261	Drug-induced gout, right knee
M10.262	Drug-induced gout, left knee
M10.269	Drug-induced gout, unspecified knee
M10.271	Drug-induced gout, right ankle and foot
M10.272	Drug-induced gout, left ankle and foot
M10.279	Drug-induced gout, unspecified ankle and foot
M10.28	Drug-induced gout, vertebrae
M10.29	Drug-induced gout, multiple sites
M10.30	Gout due to renal impairment, unspecified site
M10.311	Gout due to renal impairment, right shoulder
M10.312	Gout due to renal impairment, left shoulder
M10.319	Gout due to renal impairment, unspecified shoulder
M10.321	Gout due to renal impairment, right elbow
M10.322	Gout due to renal impairment, left elbow
M10.329	Gout due to renal impairment, unspecified elbow
M10.331	Gout due to renal impairment, right wrist
M10.332	Gout due to renal impairment, left wrist
M10.339	Gout due to renal impairment, unspecified wrist
M10.341	Gout due to renal impairment, right hand
M10.342	Gout due to renal impairment, left hand

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M10.349	Gout due to renal impairment, unspecified hand
M10.351	Gout due to renal impairment, right hip
M10.352	Gout due to renal impairment, left hip
M10.359	Gout due to renal impairment, unspecified hip
M10.361	Gout due to renal impairment, right knee
M10.362	Gout due to renal impairment, left knee
M10.369	Gout due to renal impairment, unspecified knee
M10.371	Gout due to renal impairment, right ankle and foot
M10.372	Gout due to renal impairment, left ankle and foot
M10.379	Gout due to renal impairment, unspecified ankle and foot
M10.38	Gout due to renal impairment, vertebrae
M10.39	Gout due to renal impairment, multiple sites
M10.48	Other secondary gout, vertebrae
M10.9	Gout, unspecified
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)

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M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)

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M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)

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M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)

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M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)

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M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus
M1A.3791	(tophi)
M1A.38X0	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)
M1A.38X1	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)
M1A.39X0	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)
M1A.39X1	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)
M1A.40X0	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)
M1A.40X1	Other secondary chronic gout, unspecified site, without tophus (tophi)
M1A.4110	Other secondary chronic gout, unspecified site, with tophus (tophi)
M1A.4111	Other secondary chronic gout, right shoulder, without tophus (tophi)
M1A.4120	Other secondary chronic gout, right shoulder, with tophus (tophi)
M1A.4121	Other secondary chronic gout, left shoulder, without tophus (tophi)
M1A.4190	Other secondary chronic gout, left shoulder, with tophus (tophi)
M1A.4191	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)
M1A.4210	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)
M1A.4211	Other secondary chronic gout, right elbow, without tophus (tophi)
M1A.4220	Other secondary chronic gout, right elbow, with tophus (tophi)
M1A.4221	Other secondary chronic gout, left elbow, without tophus (tophi)
M1A.4290	Other secondary chronic gout, left elbow, with tophus (tophi)
M1A.4291	Other secondary chronic gout, unspecified elbow, without tophus (tophi)
M1A.4310	Other secondary chronic gout, unspecified elbow, with tophus (tophi)
M1A.4311	Other secondary chronic gout, right wrist, without tophus (tophi)
M1A.4320	Other secondary chronic gout, right wrist, with tophus (tophi)
M1A.4321	Other secondary chronic gout, left wrist, without tophus (tophi)
M1A.4390	Other secondary chronic gout, left wrist, with tophus (tophi)
M1A.4391	Other secondary chronic gout, unspecified wrist, without tophus (tophi)
M1A.4410	Other secondary chronic gout, unspecified wrist, with tophus (tophi)
M1A.4411	Other secondary chronic gout, right hand, without tophus (tophi)
M1A.4420	Other secondary chronic gout, right hand, with tophus (tophi)
M1A.4421	Other secondary chronic gout, left hand, without tophus (tophi)
M1A.4490	Other secondary chronic gout, left hand, with tophus (tophi)
M1A.4491	Other secondary chronic gout, unspecified hand, without tophus (tophi)
M1A.4510	Other secondary chronic gout, unspecified hand, with tophus (tophi)
M1A.4511	Other secondary chronic gout, right hip, without tophus (tophi)

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M1A.4520	Other secondary chronic gout, right hip, with tophus (tophi)
M1A.4521	Other secondary chronic gout, left hip, without tophus (tophi)
M1A.4590	Other secondary chronic gout, left hip, with tophus (tophi)
M1A.4591	Other secondary chronic gout, unspecified hip, without tophus (tophi)
M1A.4610	Other secondary chronic gout, unspecified hip, with tophus (tophi)
M1A.4611	Other secondary chronic gout, right knee, without tophus (tophi)
M1A.4620	Other secondary chronic gout, right knee, with tophus (tophi)
M1A.4621	Other secondary chronic gout, left knee, without tophus (tophi)
M1A.4690	Other secondary chronic gout, left knee, with tophus (tophi)
M1A.4691	Other secondary chronic gout, unspecified knee, without tophus (tophi)
M1A.4710	Other secondary chronic gout, unspecified knee, with tophus (tophi)
M1A.4711	Other secondary chronic gout, right ankle and foot, without tophus (tophi)
M1A.4720	Other secondary chronic gout, right ankle and foot, with tophus (tophi)
M1A.4721	Other secondary chronic gout, left ankle and foot, without tophus (tophi)
M1A.4790	Other secondary chronic gout, left ankle and foot, with tophus (tophi)
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.48X0	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.48X1	Other secondary chronic gout, vertebrae, without tophus (tophi)
M1A.49X0	Other secondary chronic gout, vertebrae, with tophus (tophi)
M1A.49X1	Other secondary chronic gout, multiple sites, without tophus (tophi)
M1A.9XX0	Other secondary chronic gout, multiple sites, with tophus (tophi)
M1A.9XX1	Chronic gout, unspecified, without tophus (tophi)
N28.9	Chronic gout, unspecified, with tophus (tophi)
	Disorder of kidney and ureter, unspecified

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