

Drug Name: Kevzara (sarilumab) **Date:** 9-2018

Drug Name: Required Medical Information:	 Kevzara (sarilumab) Diagnosis of moderate to severe active rheumatoid arthritis (RA) <u>AND</u> Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). *NOTE: Members who have received Kevzara, any other biologic DMARD, or targeted synthetic DMARD (e.g. Xeljanz) are exempt from TB screening <u>AND</u> one of the following: Member has previously received Kevzara, any other biologic DMARD, or targeted synthetic DMARD (e.g. Xeljanz) are exempt from TB screening <u>AND</u> one of the following: Member has previously received Kevzara, any other biologic DMARD, or targeted synthetic DMARD (e.g. Xeljanz) for moderate to severe active RA <u>OR</u> Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20mg/week) <u>OR</u> Member has an intolerance or contraindication to methotrexate (i.e.,
	alcoholism, alcoholic liver disease, other chronic liver disease, breastfeeding, renal impairment, myelodysplasia, elevated liver transaminases, pregnancy/planning pregnancy (male or female), etc.)
Renewal	All initial authorization criteria noted above has been met AND
Criteria:	• Member has achieved or maintained positive clinical response after at least 3 months of therapy with Kevzara as evidenced by low disease activity or improvement in signs and symptoms of RA
Quantity Limit:	• 2 syringes every 4 weeks (28 days)
Coverage duration:	Initial: 24 monthsContinuation of Therapy: 24 months