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

Drug Name:	Kevzara (sarilumab)
Required Medical Information:	• Diagnosis of moderate to severe active rheumatoid arthritis (RA) **AND** • 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* **AND** one of the following: o Member has previously received Kevzara, any other biologic DMARD, or targeted synthetic DMARD (e.g. Xeljanz) for moderate to severe active RA **OR** o Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20mg/week) **OR** o 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 Criteria:	• All initial authorization criteria noted above has been met **AND** • 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 months • Continuation of Therapy: 24 months