

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sarilumab (Kevzara)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **sarilumab (Kevzara)** will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a rheumatologist and patient has diagnosis of rheumatoid arthritis
 - Patient has tried and failed/intolerant to at least 1 non-biologic DMARD:
 - Methotrexate
 - Sulfasalazine
 - Hydroxychloroquine
 - Leflunomide
 - Patient has tried and failed/intolerant to at least 1 tumor necrosis factor (TNF) inhibitor:
 - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
 - Adalimumab product (criteria based)
 - Patient has tried and failed/intolerant to tocilizumab (criteria based)
2. Prescriber is a rheumatologist and patient has diagnosis of polymyalgia rheumatica
 - Patient has tried and failed/intolerant to glucocorticoid therapy
 - Patient has tried and failed/intolerant to methotrexate
 - Patient has tried and failed/intolerant to tocilizumab (criteria based)