



**Instructions:**

This form is used by Kaiser Permanente and/or participating providers for coverage of **Kevzara (sarilumab)**. Please complete and fax this form back to Kaiser Permanente within 24 hours [fax: [1-866-331-2104](tel:1-866-331-2104)]. If you have any questions or concerns, please call [1-866-331-2103](tel:1-866-331-2103). **Requests will not be considered unless this form is complete. The KP-MAS Formulary can be found at:** [Pharmacy | Community Provider Portal | Kaiser Permanente](#)

**1 – Patient Information**

Patient Name: \_\_\_\_\_ Kaiser Medical ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2 – Provider Information**

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

Please check the boxes that apply:

- Initial Request  Continuation of Therapy Request

**3 – Pharmacy Information**

Pharmacy Name: \_\_\_\_\_ Pharmacy NPI: \_\_\_\_\_

Pharmacy Phone # \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

**4 – Drug Therapy Requested**

Drug 1: Name/Strength/Formulation: \_\_\_\_\_

Sig: \_\_\_\_\_

Drug 2: Name/Strength/Formulation: \_\_\_\_\_

Sig: \_\_\_\_\_

## 5– Diagnosis/Clinical Criteria

### Initial Therapy:

1. Does the member have diagnosis of one of the following? **AND**
  - Rheumatoid Arthritis (RA), moderate to severe
  - Diagnosis of Polymyalgia Rheumatica (PMR)
  - Polyarticular juvenile idiopathic arthritis (pJIA) in pts weighing  $\geq 63$  kg
  - Other: \_\_\_\_\_
2. Is this prescribed by or in consultation with a rheumatologist? **AND**
  - No  Yes

### Rheumatoid Arthritis (RA):

1. Is the patient  $\geq 18$  years old? **AND**
  - No  Yes
2. Does the patient have a history of failure, contraindication, or intolerance to one non-biologic disease-modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)]? **AND**
  - No  Yes If yes, list the products and the outcome of therapy: \_\_\_\_\_

### Polymyalgia Rheumatica (PMR):

2. Is the patient  $\geq 18$  years old? **AND**
  - No  Yes
3. 2. Does the patient have a history of failure, contraindication, or intolerance to corticosteroids?
  - No  Yes

### Polyarticular juvenile idiopathic arthritis (pJIA) in pts weighing $\geq 63$ kg

1. Is patient's weight  $\geq 63$  kg on the day of therapy being prescribed?
  - No  Yes
2. Does the patient have a history of failure, contraindication, or intolerance to one non-biologic disease-modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)]?
  - No  Yes

### Renew Criteria for:

#### Rheumatoid Arthritis (RA) or Polymyalgia Rheumatica (PMR):

1. Is the patient receiving Kevzara in combination with any of the following?
  - i. Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
  - ii. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
  - iii. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]
  - No  Yes (if yes, PA will not be approved)
2. Does the member have a documented clinically significant benefit from medication?
  - No  Yes

#### Polyarticular juvenile idiopathic arthritis (pJIA) in pts weighing $\geq 63$ kg

1. Positive clinical response to Kevzara therapy
  - No  Yes

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**6 – Provider Sign-Off**

**Additional Information –**

- 1. Please submit chart notes/medical records for the patient that are applicable to this request.**
- 2. If member has not tried preferred agent(s) please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication:**

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**I certify that the information provided is accurate. Supporting documentation is available for State audits.**

<b>Provider Signature:</b>	<b>Date:</b>
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