Kevzara®

Products affected

- Kevzara®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have documented negative TB test in the past 12 months.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Must first try one non-biologic disease modifying antirheumatic therapy. Must first try one self-injectable anti-TNF drug. Must not be given in combination with other biologic drugs.