

POLICY NAME		POLICY #	
Kevzara (sarilumab)			

Criteria

Coverage Criteria for Rheumatoid Arthritis (RA)

- ☐ 1.1 See Rheumatoid Arthritis Immunomodulator Therapies policy

Coverage Criteria for Polymyalgia Rheumatica (PMR)

- ☐ 2.1 Diagnosis of active polymyalgia rheumatica
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 2.4 Documented trial and failure, intolerance or contraindication to glucocorticoids (prednisone 15mg/day or equivalent)

Coverage Criteria for Polyarticular Juvenile Idiopathic Arthritis

- ☐ 3.1 See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy