

Policy Name:	Kevzara (sarilumab)	Policy#:	2592P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Kevzara (sarilumab).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Kevzara (sarilumab) under the specialty pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Rheumatoid Arthritis (RA)

- 1.1 See Rheumatoid Arthritis Immunomodulator Therapies policy

2. 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)

3. Coverage Criteria for Polyarticular Juvenile Idiopathic Arthritis

- 3.1 See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy

4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documented benefit from therapy

References

1. Kevzara (sarilumab) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; June 2024.
2. Dejaco C, Singh YP, Perel P, et al. 2015 recommendations for the management of polymyalgia rheumatica: a European League Against Rheumatism/American College of Rheumatology collaborative initiative. *Arthritis Rheumatol*. 2015 Oct;67(10):2569-80.
3. Spiera R, Unizony S, Warrington K, et al. Sarilumab in Patients with Relapsing Polymyalgia Rheumatica: A Phase 3, Multicenter, Randomized, Double Blind, Placebo Controlled Trial (SAPHYR) [abstract]. *Arthritis Rheumatol*. 2022; 74 (suppl 9).

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.