

POLICY NAME	Kevzara (sarilumab)	POLICY #	2592P
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Criteria

Coverage Criteria for Rheumatoid Arthritis (RA)

- ☐ See Rheumatoid Arthritis Immunomodulator Therapies policy

Coverage Criteria for Polymyalgia Rheumatica (PMR)

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

Coverage Criteria for Polyarticular Juvenile Idiopathic Arthritis

- ☐ See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy