

sarilumab (KEVZARA)

Diagnoses Considered for Coverage:

- Rheumatoid arthritis (RA)
- Polymyalgia rheumatica (PMR)

Coverage Criteria:

For diagnosis of rheumatoid arthritis (RA):

- Prescribed by or in consultation with a rheumatologist, **and**
- Inadequate response, intolerable side effect, or contraindication to methotrexate, **and**
- Not being used in combination with another targeted immunomodulator (i.e. anti-TNFs, IL-6 inhibitors, JAK inhibitors, Orencia), **and**
- Dose does not exceed 200 mg given SQ once every two weeks, **and**
- Inadequate response or intolerable side effect with **TWO** preferred agents [Enbrel, Humira, Rinvoq, Xeljanz/Xeljanz XR], OR contraindication to ALL preferred agents.

For diagnosis of polymyalgia rheumatica (PMR):

- Prescribed by or in consultation with a rheumatologist, **and**
- One of the following:
 - Patient has experienced an inadequate response to corticosteroid therapy, or
 - Patient is unable to tolerate prolonged corticosteroid taper (e.g., glaucoma, cataracts, osteoporosis, dysglycemia, hypertension), **and**
- Dose does not exceed 200 mg given SQ once every two weeks.

Coverage Duration: one year

Effective Date: 1/3/2024