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| POLICY NAME | Kevzara (sarilumab) | POLICY # | 2592P |
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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
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- ☐ 2.2 Age 18 years or older
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- ☐ 2.3 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
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- ☐ 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