Kevzara® (sarilumab)
Effective 02/20/19

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<th>Plan</th>
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<th>☑ Prior Authorization</th>
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**Specialty Limitations**
This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

<table>
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<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<td>Non-Specialty Medications</td>
<td>MassHealth Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<tr>
<td></td>
<td>Commercial Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td></td>
<td>Exchange Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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| Medical Specialty Medications (NLX) | Phone: 844-345-2803 | Fax: 844-851-0882 |

| Exceptions | N/A |

**Overview**
Kevzara® (sarilumab) is an interleukin-6 (IL-6) receptor antagonist indicated for treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs).

**Coverage Guidelines**
Authorization may be granted when the following criteria are met:
- Member has a diagnosis of RA AND
- Member is at least 18 years of age AND
- Prescriber has provided documentation of ONE of the following:
  - Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, methotrexate, sulfasalazine)
  - Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication
  - Dosing is appropriate (see appendix)

**Continuation of Therapy**
Reauthorization requires physician documentation indicating a positive response to therapy.

**Limitations**
1. Initial approvals will be for 6 months.
2. Reauthorizations will be for 12 months.

**Appendix**
399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
Kevzara®
(sarilumab)  
| Rheumatoid arthritis:  
| 200 mg subcutaneously every two weeks, reduce dose to 150 mg for management of neutropenia, thrombocytopenia and elevated liver enzymes  

References

Review History
03/01/18 – Effective
02/20/19 – Reviewed in P&T Meeting

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.