Clinical Policy Title:	sarilumab
Policy Number:	RxA.738
Drug(s) Applied:	Kevzara®
Original Policy Date:	04/18/2022
Last Review Date:	04/18/2022
Line of Business Policy Applies to:	All lines of business

Background

Sarilumab (Kevzara®) is an interleukin-6 (IL-6) receptor antagonist. It is 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).

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
sarilumab (Kevzara®)	RA	200 mg subcutaneously once every two weeks	200 mg every two weeks

Dosage Forms

- Single-dose prefilled syringe/ pen: 150 mg/1.14 mL, 200 mg/1.14 mL

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Rheumatoid Arthritis (must meet all):

1. Diagnosis of Rheumatoid Arthritis (RA);
2. Prescribed by or in consultation with a rheumatologist;
3. Member is ≥ 18 years;
4. Trial and failure of a ≥ 3 months of at least one conventional systemic therapy (methotrexate [MTX], sulfasalazine, leflunomide, hydroxychloroquine) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
   *Exception: If one biologic DMARD that is FDA-approved for rheumatoid arthritis has been previously tried, then trial of a conventional systemic agent is not required;
5. Members meets both (a and b):
   a. Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®, Simponi®/ Simponi Aria®, or Xeljanz®/ XR unless contraindicated or clinically significant adverse effects are

experienced;
*Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®/ Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required;
b. Trial and failure of both Actemra® & Orencia® unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed 200 mg every two weeks.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. Rheumatoid Arthritis (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 200 mg every two weeks.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
DMARDs: Disease-Modifying Antirheumatic Drugs
FDA: Food and Drug Administration
IL-6: Interleukin-6
MTX: Methotrexate
RA: Rheumatoid Arthritis
DMARDs: Disease-Modifying Antirheumatic Drugs

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
azathioprine (Azasan®, Imuran®)	**RA:** 1 mg/kg/day orally once daily or divided twice daily	2.5 mg/kg/day
d-penicillamine (Cuprimine®)	**RA (off-label)** Initial dose: 125 or 250 mg orally once daily Maintenance dose: 500 – 750 mg/day orally once daily	1,500 mg/day
cyclosporine (Sandimmune®, Neoral®)	**RA:** 2.5 – 4 mg/kg/day orally divided twice daily	RA: 4 mg/kg/day
hydroxychloroquine (Plaquenil®)	**RA (off-label)** Initial dose: 400 – 600 mg/day orally once daily Maintenance dose: 200 – 400 mg/day orally once daily	600 mg/day
leflunomide (Arava®)	**RA:** 100 mg orally once daily for 3 days, then 20 mg orally once daily	**RA**: 20 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
methotrexate	**RA:** 7.5 mg/week orally, subcutaneously, or intramuscularly or 2.5 mg orally every 12 hours for 3 doses/week	30 mg/week
Ridaura®	**RA:** 6 mg orally once daily or 3 mg orally twice daily	9 mg/day (3 mg three times daily)
sulfasalazine (Azulfidine®)	**RA:** 2 g/day orally in divided doses	RA: 3 g/day
Biologic DMARDs		
Humira®	**RA**: 40 mg subcutaneously every other week Some patients with RA not receiving concomitant methotrexate may benefit from increasing the frequency to 40 mg every Week or 80 mg every other week	**RA**: 40 mg/week
infliximab (Remicade®) Renflexis®, Inflectra®, Avsola®	**RA:** In conjunction with MTX Initial dose: 3 mg/kg intravenously at weeks 0, 2 and 6 Maintenance dose: 3 mg/kg intravenously every 8 weeks Some patients may benefit from increasing the dose up to 10 mg/kg or treating as often as every 4 weeks	**RA:** 10 mg/kg every 4 weeks
Simponi Aria®	**RA:** Initial dose: 2 mg/kg intravenously at weeks 0 and 4 Maintenance dose: 2 mg/kg intravenously every 8 weeks	**RA**: 2 mg/kg every 8 weeks
Xeljanz® / Xeljanz® oral Solution, Xeljanz® XR	Xeljanz®: **RA**: 5 mg orally twice daily RA: monotherapy or use in combination with nonbiologic disease-modifying antirheumatic drugs Xeljanz® XR: **RA**: 11 mg orally once daily	Xeljanz®: **RA:** 10 mg/day Xeljanz® XR: 11 mg/day
Kineret®	**RA:** 100 mg subcutaneously once daily	100 mg/day
Olumiant®	**RA:** 2 mg orally once daily	2 mg/day
Cimzia®	**RA:** Initial dose: 400 mg subcutaneously at 0, 2, and 4 weeks. Maintenance dose: 200 mg subcutaneously every other week (or 400 mg subcutaneous every 4 weeks)	**RA:** 400 mg every 4 weeks
Simponi®	**RA:** 50 mg subcutaneously once monthly	50 mg/month
Actemra®	**RA:** Intravenous: 4 mg/kg every 4 weeks followed by an increase to 8 mg/kg every 4 weeks based on clinical response. Subcutaneous: Weight < 100 kg: 162 mg every other week, followed by an increase to every week based on clinical response.	**RA**: Intravenous: 800 mg every 4 weeks Subcutaneous: 162 mg every week

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	Weight ≥ 100 kg: 162 mg every week.	
Rinvoq®	**RA:** 15 mg orally once daily Can be used as monotherapy or in combination with methotrexate or other non biologic DMARDs. *For use in adults who have had an inadequate response or intolerance to one or more TNF blockers	15 mg/day
Enbrel®	**RA:** 25 mg subcutaneously twice weekly or 50 mg subcutaneously once weekly	50 mg/week

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.
*Off-label

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity to sarilumab or any of the inactive ingredients.

  *Contraindications listed reflect direct statements made in the manufacturer's package insert; for additional uses, warnings, and precautions, please refer to clinical guidelines.

- Boxed Warning(s):
  - Risk of serious infections.

APPENDIX D: General Information

- Safety:
  - These agents are immunosuppressives and have the potential to increase the risk of infection and reactivate latent, chronic infections. They should not be administered to patients with a clinically important infection. Caution should be used in patients with chronic infections or history of recurrent infection. If patient develops a serious infection these agents should be discontinued.
- MTX is a pregnancy category X and is absolutely contraindicated in pregnancy and is not recommended for female patients attempting to conceive.

References

1. Kevzara® Prescribing Information. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; April 2018. Available at: https://products.sanofi.us/kevzara/kevzara.pdf. February 11, 2022.
2. Aletaha D, Neogi T, Silman AJ, et al. 2010 Rheumatoid Arthritis Classification Criteria: an american college of rheumatology/european league against rheumatism collaborative initiative. Arthritis and Rheumatism September 2010;62(9):2569-2581. Available at: https://pubmed.ncbi.nlm.nih.gov/20872595/. Accessed February 11, 2022.
3. Lexi-Drug. Lexicomp. Wolters Kluwer. Hudson, OH. Available at: http://online.lexi.com. Accessed February 11, 2022.
4. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2022. Available at: http://www.clinicalpharmacology-ip.com/. Accessed February 11, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date

RxA.592.Biologic_DMARDs was last reviewed and updated on 01/05/2022 and archived on 04/18/2022. For details, please refer to RxA.592.Biologics_DMARDs	01/05/2022	04/18/2022
Drug specific policy for Kevzara® was created based on RxA.592.Biologic_DMARDs: 1. Initial Approval Criteria, I.A.5 updated to remove trial and failure prior criteria Failure of two of the following, each used for ≥ 3 months, unless contraindicated or clinically significant adverse effects are experienced: Cimzia®, Humira®, Inflectra®, Otezla®, Renflexis™, Skyrizi™, Stelara®, Taltz®; 2. Initial Approval Criteria, I.A.5: Updated to include new trial and failure criteria Members meets both (a and b): a. Trial and failure of at least two (2) of the following agents: Humira®, Cimzia®, Rinvoq®, Simponi®/ Simponi Aria®, or Xeljanz®/ XR unless contraindicated or clinically significant adverse effects are experienced; *Exception: If a total of two TNF inhibitors (Humira®, Cimzia®, Simponi®/ Simponi Aria®, Enbrel®) has previously been tried and failed, trial of a third TNF inhibitor is not required; b. Trial and failure of both Actemra® & Orencia® unless contraindicated or clinically significant adverse effects are experienced; 3. Appendix B, Drug Name: Updated to include brand-name therapeutic alternative of other biological DMARDs. 4. Disclaimer about contraindications "Contraindications listed reflect	02/11/2022	04/18/2022

statements made in the manufacturer's package insert..." was added to Appendix C. 5. Appendix D, General Information: Updated to remove information regarding: (a, b and c) a. Rheumatoid Arthritis; b. Definition of failure of MTX or DMARDs; c. Examples of positive response to therapy. 6. References were reviewed and updated.		