

Effective Date: 9/1/2018
Reviewed Date: 8/2019, 9/2020
Scope: Medicaid

SPECIALTY GUIDELINE MANAGEMENT

KEVZARA (sarilumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Kevzara 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)

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Moderately to severely active rheumatoid arthritis (RA)

- A. Authorization of 6 months may be granted for members who have previously received a biologic or targeted synthetic DMARD (e.g., Rinvoq, Xeljanz) indicated for moderately to severely active rheumatoid arthritis.
- B. Authorization of 6 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
 1. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
 2. Member has an intolerance or contraindication to methotrexate (see Appendix).

III. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all members (including new members) who are using Kevzara for an indication outlined in section II and who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition.

IV. QUANTITY LIMIT

Kevzara: 2 syringes every 4 weeks (28 days)

V. OTHER

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs (e.g., Xeljanz), and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.

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* If the screening testing for TB is positive, there must be documentation of further testing to confirm there is no active disease. Do not administer sarilumab to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of sarilumab.

** Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Members cannot use Kevzara concomitantly with any other biologic DMARD or targeted synthetic DMARD.

VI. APPENDIX: Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy
10. Renal impairment
11. Significant drug interaction

VII. REFERENCES

1. Kevzara [package insert]. Bridgewater, NJ: Sanofi-aventis, U.S. LLC /Regeneron Pharmaceuticals, Inc.; April 2018.
2. Genovese MC, Fleischmann R, Kivitz AJ, et al. Sarilumab plus methotrexate in patients with active rheumatoid arthritis and inadequate response to methotrexate: results of a phase III study. *Arthritis Rheumatol.* June 2015;67(6):1424-37.
3. Strand V, Reaney M, Chen C, et al. Sarilumab improves patient-reported outcomes in rheumatoid arthritis patients with inadequate response/intolerance to tumour necrosis factor inhibitors. *RMD Open.* 2017; 3:e000416. doi: 10.1136/rmdopen-2016-000416.
4. Tuberculosis (TB). TB risk factors. Centers for Disease Control and Prevention. Retrieved on 21 June 2019 from: <https://www.cdc.gov/tb/topic/basics/risk.htm>.