

# 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 Indications

- A. Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs).
- B. Adult patients with polymyalgia rheumatica (PMR) who have had an inadequate response to corticosteroids or who cannot tolerate corticosteroid taper.

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

#### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. Rheumatoid arthritis
  1. Initial requests:
    - i. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
    - ii. Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).
  2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.
- B. Polymyalgia rheumatica
  1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
  2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

#### III. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a rheumatologist.

#### IV. CRITERIA FOR INITIAL APPROVAL

##### A. Rheumatoid arthritis (RA)

Reference number
1957-A

1. Authorization of 12 months may be granted for adult members who have previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for moderately to severely active rheumatoid arthritis.
2. Authorization of 12 months may be granted for adult members for treatment of moderately to severely active RA when all of the following criteria are met:
  - i. Member meets either of the following criteria:
    - a. Member has been tested for either of the following biomarkers and the test was positive:
      1. Rheumatoid factor (RF)
      2. Anti-cyclic citrullinated peptide (anti-CCP)
    - b. Member has been tested for ALL of the following biomarkers:
      1. RF
      2. Anti-CCP
      3. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
  - ii. Member meets either of the following criteria:
    - a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to at least 15 mg/week).
    - b. Member has an intolerance or contraindication to methotrexate (see Appendix).

#### **B. Polymyalgia rheumatica (PMR)**

Authorization of 12 months may be granted for adult members for treatment of polymyalgia rheumatica (PMR) when any of the following criteria is met:

1. Member has experienced an inadequate response to systemic corticosteroids.
2. Member has experienced a disease flare during a taper with systemic corticosteroids.
3. Member has experienced an inadequate response to methotrexate.
4. Member has experienced an intolerance or contraindication to both systemic corticosteroids and methotrexate (see Appendix).

### **V. CONTINUATION OF THERAPY**

#### **A. Rheumatoid arthritis (RA)**

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active RA and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

#### **B. Polymyalgia rheumatica (PMR)**

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for PMR and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:

1. Morning stiffness
2. Hip or shoulder pain
3. Hip or shoulder range of motion
4. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)

### **VI. OTHER**

Reference number
1957-A

For all indications: Member has had a documented negative tuberculosis (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 drugs or targeted synthetic drugs associated with an increased risk of TB.

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

For all indications: Members cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug.

## VII. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

## VIII. APPENDIX: Examples of Contraindications to Methotrexate

1. Clinical diagnosis of alcohol use disorder, alcoholic liver disease, or other chronic liver disease
2. Drug interaction
3. Risk of treatment-related toxicity
4. Pregnancy or currently planning pregnancy
5. Breastfeeding
6. Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension)
7. Hypersensitivity
8. History of intolerance or adverse event

## IX. REFERENCES

1. Kevzara [package insert]. Bridgewater, NJ: Sanofi-aventis, U.S. LLC /Regeneron Pharmaceuticals, Inc.; February 2023.
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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. Testing for TB Infection. Centers for Disease Control and Prevention. Retrieved on June 15, 2022 from: <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>.
5. Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis*. 2020;79:685-699.
6. Aletaha D, Neogi T, Silman, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum*. 2010;62(9):2569-81.
7. Smolen JS, Aletaha D. Assessment of rheumatoid arthritis activity in clinical trials and clinical practice. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Available with subscription. URL: [www.uptodate.com](http://www.uptodate.com). Accessed March 19, 2021.

Reference number
1957-A

8. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthrit Care Res.* 2021;0:1-16.
9. Dasgupta B, Cimmino MA, Kremers HM, et al. 2012 provisional classification criteria for polymyalgia rheumatica: a European League Against Rheumatism/American College of Rheumatology collaborative initiative. *Arthritis Rheum.* 2012 Apr;64(4):943-54.
10. Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol.* 2020;82(6):1445-1486.