PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Kevzara Prior Authorization Policy
- Kevzara™ (sarilumab for subcutaneous injection – Regeneron)

REVIEW DATE: 07/01/2020

OVERVIEW

Kevzara, an interleukin-6 (IL-6) receptor inhibitor, is indicated for the treatment of rheumatoid arthritis in adults with moderate to severe active disease who have had an inadequate response or intolerance to one or more disease-modifying anti-rheumatic drugs (DMARDs).[1] Kevzara + conventional synthetic (cs)DMARD has demonstrated superior efficacy over placebo + csDMARD as assessed by American College of Rheumatology (ACR) responses, physical function, and radiographic progression.

Guidelines

Guidelines from the American College of Rheumatology (ACR) [2015], last updated prior to the approval of Kevzara, have TNF inhibitors and non-TNF biologics, administered with or without MTX, equally positioned as a recommended therapy following a trial of a conventional synthetic DMARD (e.g., MTX, leflunomide, hydroxychloroquine, sulfasalazine).[2] Guidelines for treatment of inflammatory conditions recommend assessment of response to initial therapy, most often within 3 months of initiating or changing therapy.

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Kevzara. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kevzara as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Kevzara to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the approval duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

All reviews for use of Kevzara for COVID-19 and/or cytokine release syndrome associated with COVID-19 will be forwarded to the Medical Director.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Kevzara is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Rheumatoid Arthritis.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):
   - **A)** Initial Therapy. Approve for 3 months if the patient meets the following criteria (i and ii):
     - **i.** Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND
       Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already had a 3-month trial of at least one biologic. Refer to Appendix for examples of biologics used for rheumatoid arthritis. These patients who have already tried a biologic are not required to "step back" and try a conventional synthetic DMARD).
     - **ii.** Kevzara is prescribed by or in consultation with a rheumatologist.
   - **B)** Patient is Currently Receiving Kevzara. Approve for 3 years if the patient has had a response, as determined by the prescriber.
     Note: Examples of a response to therapy include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids. The patient may not have a full response, but there should have been a recent or past response to Kevzara.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Kevzara is not recommended in the following situations:

1. **Ankylosing Spondylitis.** In a Phase II study, Kevzara did not demonstrate efficacy in patients with AS.[3]

2. **Concurrent use with a Biologic or with a Targeted Synthetic DMARD.** Kevzara should not be administered in combination with another biologic or with a targeted synthetic DMARD used for an inflammatory condition (see Appendix for examples). Combination therapy is generally not recommended due to a potential for a higher rate of adverse effects with combinations and lack of evidence for additive efficacy. Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Kevzara.

3. **COVID-19 (Coronavirus Disease 2019).** Forward all requests to the Medical Director.[4-6]
   Note: This includes requests for cytokine release syndrome associated with COVID-19.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Kevzara™ injection [prescribing information]. Bridgewater, NJ: Regeneron/Sanofi Genzyme; April 2018.
2. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
3. Sieper J, Braun J, Kay J, et al. Sarilumab for the treatment of ankylosing spondylitis: results of a Phase II, randomised, double-blind, placebo-controlled study (ALIGN). *Ann Rheum Dis*. 2015;74(6):1051-1057.
4. Centers for Disease Control and Prevention (Web site). Coronavirus (COVID-19). Updated June 29, 2020. Available at: https://www.cdc.gov/coronavirus/2019-ncov/index.html/. Accessed on June 29, 2020.
5. US National Institutes of Health. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2020 June 29]. Available from: https://clinicaltrials.gov/ct2/results?cond=covid&term=sarilumab&cntry=&state=&city=&dist=. Search terms: coronavirus, sarilumab.
6. Xu X, Han M, Li T, et al. Effective treatment of severe COVID-19 patients with tocilizumab. Available at: file:///C:/Users/MMedina/Downloads/202003.00026v1%20(1).pdf. Accessed on June 29, 2020.

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications for Products*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, PJIA, PsO, PsA, RA, SJIA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, PJIA, PsO, PsA, RA, SJIA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PJIA, PsO, PsA, RA, SJIA, UC
Simponi®, Simponi® Aria™ (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PsA, RA
Actemra® (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: PJIA, PSA, RA
		IV formulation: PJIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Ilaris (canakinumab SC injection**)**	Inhibition of IL-1β	SJIA
Kineret® (anakinra SC injection)	Inhibition of IL-1	RA, SJIA^
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx™ (secukinumab SC injection)	Inhibition of IL-17A	AS, PsO, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya™ (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi™ (risankizumab-rzza SC injection)	Inhibition of IL-23	PsO
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23	PsO
Entyvio™ (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Targeted Synthetic DMARDs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Olumiant® (baricitinib tablets)	Inhibition of the JAK pathways	RA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of the JAK pathways	RA
Xeljanz®, Xeljanz XR (tofacitinib tablets, tofacitinib extended-release tablets)	Inhibition of the JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indication (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; IV – Intravenous, IL – Interleukin; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AS – Ankylosing spondylitis; CD – Crohn's disease; PJIA – Polyarticular juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA –

Rheumatoid arthritis; SJIA – Systemic juvenile idiopathic arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; ^ Off-label use of SJIA supported in guidelines; DMARDs – Disease-modifying antirheumatic drugs.