



Commercial/Healthcare Exchange PA Criteria

Effective: August 2017

Prior Authorization: Kevzara

Products Affected: Kevzara (sarilumab) subcutaneous solution

Medication Description: Kevzara is an interleukin-6 (IL-6) receptor antagonist indicated for the treatment of rheumatoid arthritis that is moderate to severe in adults who have had an inadequate response or intolerance to 1 or more disease modifying antirheumatic drugs (DMARDs). It may be used as monotherapy or in combination with a traditional DMARD.

Covered Uses: Moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs).

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by or in consultation with a rheumatologist.

Coverage Duration:

Initial: 3 months.

Continuation: 12 months

Other Criteria:

Dosing Limitation:

Subcutaneous Adult Dosage Regimen

1. *The recommended dosage is 200 mg once every two weeks.*

Initiation

Rheumatoid Arthritis

- A. Patient has clinically diagnosed moderate to severe active rheumatoid arthritis diagnosed by or in consultation with a specialist in rheumatology; **AND**
- B. Patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy; **AND**
- C. Patient has documented failure or intolerance to an adequate trial (at least 3 months) of ONE DMARD (e.g., methotrexate [oral or injectable], leflunomide, and sulfasalazine); **AND**
- D. Patient must have a trail and documented failure of, or intolerance to, **TWO** of the following medications [documentation required]:

Last Res. 5.5.2020



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- a. Actemra SC
- b. Enbrel
- c. Humira
- d. Xeljanz/Xeljanz XR
- e. Rinvoq

Continuation

- A. Patient meets all initial authorization criteria; AND
- B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Kevzara as evidenced by low disease activity or improvement in signs and symptoms of RA.

*ConnectiCare does not consider alcohol use to be a clinical reason to use Kevzara over methotrexate.

References:

- 1. KEVZARA(R) subcutaneous injection, sarilumab subcutaneous injection. sanofi-aventis US LLC and Regeneron Pharmaceuticals, Inc (per manufacturer), Bridgewater, NJ, 2017.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|-------|----------------|---|-------------------|------------|
| 1 | New Policy | CCI adopted EH template, CCI P&T Review History: 8/17/, 11/18 | All | 6/28/2019 |
| 2 | Policy Update | Added Rinvoq as a preferred product for RA | Other Criteria | 10/18/2019 |

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| 3 | Update | Added Dosing Limitations according to FDA label | Other Criteria | 5/5/2020 |
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