

Clinical Pharmacy Program Guidelines for Kevzara- ARIZONA

Program	Prior Authorization
Medication	Kevzara (sarilumab)

1. Background:

Kevzara is indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response or intolerance to one or more disease-modifying anti-rheumatic drugs (DMARDs).

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <ol style="list-style-type: none"> 1. Diagnosis of moderately to severely active rheumatoid arthritis (RA) <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Prescribed by or in consultation with a rheumatologist <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 3. History of failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)] <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 4. <u>One</u> of the following: <ol style="list-style-type: none"> a. History of failure, contraindication, or intolerance to all of the following: <ul style="list-style-type: none"> • Humira (adalimumab) • Enbrel (etanercept) <p style="text-align: center;">-OR-</p> <ol style="list-style-type: none"> b. For continuation of prior Kevzara therapy <p style="text-align: center;">-AND-</p> 5. Patient is not receiving Kevzara in combination with any of the following:
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- a. Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
- b. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
- c. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

B. Reauthorization

1. Documentation of positive clinical response to Kevzara therapy

-AND-

2. Patient is not receiving Kevzara in combination with any of the following:
 - a. Biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]
 - b. Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]
 - c. Phosphodiesterase 4 (PDE4) inhibitor [e.g. Otezla (apremilast)]

Authorization will be issued for 12 months.

3. References:

1. Kevzara Prescribing Information, Sanofi-Aventis U.S. LLC, May 2017.

Program	Prior Authorization –Kevzara (sarilumab)
Change Control	
Date	Change
10/2017	New program