I. Medication Description

Sarilumab binds to both soluble and membrane-bound interleukin-6 (IL-6) receptors (sIL-6R and mIL-6R), and has been shown to inhibit IL-6-mediated signaling through these receptors. IL-6 is a pleiotropic pro-inflammatory cytokine produced by a variety of cell types including T-cells and B-cells, lymphocytes, monocytes, and fibroblasts. IL-6 has been shown to be involved in diverse physiological processes such as T-cell activation, induction of immunoglobulin secretion, initiation of hepatic acute phase protein synthesis, and stimulation of hematopoietic precursor cell proliferation and differentiation. IL-6 is also produced by synovial and endothelial cells leading to local production of IL-6 in joints affected by inflammatory processes such as rheumatoid arthritis.

II. Position Statement

Coverage is determined through a prior authorization with supporting clinical documentation for every request.

III. Policy

Coverage of Kevzara is provided for Rheumatoid Arthritis when the following are met:

- Prescribed by a rheumatologist AND
- Member has moderate to severe active disease AND
- Member has had a previous inadequate response to or has been intolerant of at least one conventional disease-modifying anti-rheumatic drug (DMARD) such as methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine OR
- Member has had a previous inadequate response to or has been intolerant of at least one biologic disease-modifying antirheumatic drug (DMARD).

IV. Quantity Limitations

- Two 200 mg syringe are covered per 28 days OR
- Two 150 mg syringes are covered per 28 days when reduced dose is needed for management of neutropenia, thrombocytopenia, or elevated liver enzymes.

V. Coverage Duration

Coverage is provided for 12 months and may be renewed.
VI. Coverage Renewal Criteria

Coverage can be renewed in up to 12 month intervals based upon the following criteria:

- Clinical response and remission of disease is maintained with continued use AND
- Absence of unacceptable toxicity from the drug

VII. Billing/Coding Information

- Available as:
  - 150mg/1.14mL Prefilled Syringe Solution for Injection (2 syringes per pack)
  - 200mg/1.14mL Prefilled Syringe Solution for Injection (2 syringes per pack)
- Pertinent diagnosis:
  - Rheumatoid arthritis: M05.00, M05.30, M05.60, M06.1, M06.9

VIII. Summary of Policy Changes

7/1/17: New policy

IX. References


*The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.*

*The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary medication will be considered.*

*The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.*