KEVZARA® (sarilumab) injection, for subcutaneous use
Initial U.S. Approval: 2017

WARNING: RISK OF SERIOUS INFECTIONS
See full prescribing information for complete boxed warning.
- Serious infections leading to hospitalization or death including bacterial, viral, invasive fungal, and other opportunistic infections have occurred in patients receiving KEVZARA. (5.1)
- If a serious infection develops, interrupt KEVZARA until the infection is controlled. (5.1)
- Cases of tuberculosis (TB) have been reported. Prior to starting KEVZARA, test for latent TB; if positive, start treatment for TB. (5.1)
- Closely monitor patients for signs and symptoms of infection during treatment with KEVZARA. (5.1)

INDICATIONS AND USAGE
KEVZARA® is an interleukin-6 (IL-6) receptor antagonist indicated for treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs). (1)

DOSE AND ADMINISTRATION
- KEVZARA may be used as monotherapy or in combination with methotrexate (MTX) or other conventional DMARDs. (2.1)
- The recommended dosage of KEVZARA is 200 mg once every two weeks, administered as a subcutaneous injection. (2.1)

General Considerations for Administration
- KEVZARA initiation is not recommended in patients with ANC less than 2000/mm^3, platelets less than 150,000/mm^3 or liver transaminases above 1.5 times ULN. (2.2)

Dosage Modifications
- Modify dosage to manage neutropenia, thrombocytopenia, and/or elevated liver transaminases. (2.1, 2.4)

DOSE FORMS AND STRENGTHS
Injection: 150 mg/1.14 mL or 200 mg/1.14 mL solution in a single-dose pre-filled syringe (3)
Injection: 150 mg/1.14 mL or 200 mg/1.14 mL solution in a single-dose pre-filled pen (3)

CONTRAINDICATIONS
KEVZARA is contraindicated in patients with known hypersensitivity to sarilumab or any of the inactive ingredients. (4)

WARNINGS AND PRECAUTIONS
- Serious Infections: Avoid KEVZARA use during an active infection. (5.1)
- Neutropenia, Thrombocytopenia, Elevated Liver Enzymes, Lipid Abnormalities: Monitor laboratory parameters. (5.2)
- Gastrointestinal (GI) Perforation: Risk may be increased with concurrent diverticulitis or concomitant use of NSAIDs or corticosteroids. Promptly evaluate acute abdominal signs or symptoms. (5.3)
- Hypersensitivity reactions. (5.5)
- Live vaccines: Avoid use with KEVZARA due to the risk of infection. Follow vaccination guidelines. (5.7, 7.3)

ADVERSE REACTIONS
Most common adverse reactions (incidence at least 3%) are neutropenia, increased ALT, injection site erythema, upper respiratory infections and urinary tract infections. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS
Lactation: Discontinue drug or nursing taking into consideration importance of drug to mother. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide

Revised: 04/2018

FULL PRESCRIBING INFORMATION: CONTENTS*

WARNING: RISK OF SERIOUS INFECTIONS
1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
  2.1 Recommended Dosage
  2.2 General Considerations for Administration
  2.3 Important Administration Instructions
  2.4 Dosage Modifications for Laboratory Abnormalities or Serious Infection
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
  5.1 Serious Infections
  5.2 Laboratory Abnormalities
  5.3 Gastrointestinal Perforation
  5.4 Immunosuppression
  5.5 Hypersensitivity Reactions
  5.6 Active Hepatic Disease and Hepatic Impairment
  5.7 Live Vaccines
6 ADVERSE REACTIONS
  6.1 Clinical Trials Experience
  6.2 Immunogenicity
7 DRUG INTERACTIONS
  7.1 Use with Other Drugs for Treatment of Rheumatoid Arthritis
  7.2 Interactions with CYP450 Substrates
  7.3 Live Vaccines
8 USE IN SPECIFIC POPULATIONS
  8.1 Pregnancy
  8.2 Lactation
  8.3 Pediatric Use
  8.4 Geriatric Use
  8.5 Hepatic Impairment
  8.6 Renal Impairment
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
  12.1 Mechanism of Action
  12.2 Pharmacodynamics
  12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
  13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
14 CLINICAL STUDIES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed
2.3 Important Administration Instructions

Modify dosage in case of neutropenia, thrombocytopenia or liver enzyme elevations (see Table 1). For conventional DMARDs.

2.1 Recommended Dosage

KEVZARA may be used as monotherapy or in combination with methotrexate (MTX) or other antirheumatic drugs (DMARDs).

2.2 General Considerations for Administration

- KEVZARA initiation is not recommended in patients with an absolute neutrophil count (ANC) less than 2000 per mm³, platelet count less than 150,000 per mm³, or who have ALT or AST above 1.5 times the upper limit of normal (ULN) [see Dosage and Administration (2.4) and Warnings and Precautions (5.2)].
- Prior to initiating KEVZARA, test patients for latent tuberculosis (TB). If positive, consider treating for TB prior to KEVZARA use [see Warnings and Precautions (5.1)].
- Avoid using KEVZARA with biological DMARDs because of the possibility of increased immunosuppression and increased risk of infection. The concurrent use of KEVZARA with biological DMARDs such as TNF antagonists, IL-1R antagonists, anti-CD20 mononuclear antibodies and selective co-stimulation modulators has not been studied.
- Avoid KEVZARA in patients with active infections [see Warnings and Precautions (5.1)].

2.3 Important Administration Instructions

- KEVZARA is indicated for use under the guidance of a healthcare professional. A patient may self-inject KEVZARA or the patient’s caregiver may administer KEVZARA. Provide proper training to patients and/or caregivers on the preparation and administration of KEVZARA prior to use according to the Instructions for Use (IFU).
- Allow the pre-filled syringe to sit at room temperature for 30 minutes prior to subcutaneous injection. Do not warm KEVZARA in any other way.
- If using a pre-filled pen, allow the pre-filled pen to sit at room temperature for 60 minutes prior to subcutaneous injection. Do not warm KEVZARA in any other way.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. KEVZARA solution should be clear and colorless to pale yellow. Do not use if the solution is cloudy, discolored or contains particles, or if any part of the pre-filled syringe or pre-filled pen appears to be damaged.
- Instruct patients to inject the full amount in the syringe or pen (1.14 mL), which provides 200 mg of KEVZARA, according to the directions provided in the IFU.
- Rotate injection sites with each injection. Do not inject into skin that is tender, damaged, or has bruises or scars.

2.4 Dosage Modifications for Laboratory Abnormalities or Serious Infection

If a patient develops a serious infection, hold treatment with KEVZARA until the infection is controlled. Modify dosage in case of neutropenia, thrombocytopenia or liver enzyme abnormalities (see Table 1). For treatment initiation criteria, see Dosage and Administration (2.2).

Table 1: KEVZARA Dosage Modification for Neutropenia, Thrombocytopenia, or Elevated Liver Enzymes

<table>
<thead>
<tr>
<th>Low Absolute Neutrophil Count (ANC) [see Warnings and Precautions (5.2) and Clinical Pharmacology (12.2)]</th>
<th>Lab Value (cells/mm³)</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC greater than 1000</td>
<td>Maintain current dosage of KEVZARA.</td>
<td></td>
</tr>
<tr>
<td>ANC 500–1000</td>
<td>Hold treatment with KEVZARA until ANC greater than 1000. KEVZARA can then be resumed at 150 mg every two weeks and increased to 200 mg every two weeks as clinically appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

1 INDICATIONS AND USAGE

KEVZARA is intended for use under the guidance of a healthcare professional. A patient may self-inject KEVZARA or the patient’s caregiver may administer KEVZARA. Provide proper training to patients and/or caregivers on the preparation and administration of KEVZARA prior to use according to the Instructions for Use (IFU). Closely monitor patients for signs and symptoms of infection during treatment with KEVZARA. If a serious infection develops, interrupt KEVZARA until the infection is controlled. Consider the risks and benefits of treatment with KEVZARA prior to initiating therapy in patients with chronic or recurrent infection.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dosage of KEVZARA is 200 mg once every two weeks for management of neutropenia, thrombocytopenia and elevated liver enzymes [see Dosage and Administration (2.4), Warnings and Precautions (5.2) and Adverse Reactions (6.1)].

2.2 General Considerations for Administration

- KEVZARA initiation is not recommended in patients with an absolute neutrophil count (ANC) less than 2000 per mm³, platelet count less than 150,000 per mm³, or who have ALT or AST above 1.5 times the upper limit of normal (ULN) [see Dosage and Administration (2.4) and Warnings and Precautions (5.2)].
- Prior to initiating KEVZARA, test patients for latent tuberculosis (TB). If positive, consider treating for TB prior to KEVZARA use [see Warnings and Precautions (5.1)].
- Avoid using KEVZARA with biological DMARDs because of the possibility of increased immunosuppression and increased risk of infection. The concurrent use of KEVZARA with biological DMARDs such as TNF antagonists, IL-1R antagonists, anti-CD20 mononuclear antibodies and selective co-stimulation modulators has not been studied.
- Avoid KEVZARA in patients with active infections [see Warnings and Precautions (5.1)].

3 DOSAGE FORMS AND STRENGTHS

Injection: 150 mg/1.14 mL or 200 mg/1.14 mL colorless to pale-yellow solution in a single-dose pre-filled syringe.

4 CONTRAINDICATIONS

KEVZARA is contraindicated in patients with known hypersensitivity to sarilumab or any of the inactive ingredients [see Warnings and Precautions (5.5) and Adverse Reactions (6.1)].

5 WARNINGS AND PRECAUTIONS

5.1 Serious Infections

Serious and sometimes fatal infections due to bacterial, mycobacterial, invasive fungal, viral, or other opportunistic pathogens have been reported in patients receiving immunosuppressive agents including KEVZARA for rheumatoid arthritis (RA). The most frequently observed serious infections with recommendations regarding initiating immunosuppressive biologic therapies. Cases of herpes zoster reactivation with KEVZARA is unknown since patients who were at risk for reactivation were treated with KEVZARA. Consider anti-TB therapy prior to initiation of KEVZARA in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent TB but having risk factors for latent TB infection.

5.2 Laboratory Abnormalities

- High absolute neutrophil count (ANC) [see Warnings and Precautions (5.2) and Clinical Pharmacology (12.2)].

<table>
<thead>
<tr>
<th>Lab Value (cells/mm³)</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC less than 500</td>
<td>Discontinue KEVZARA.</td>
</tr>
<tr>
<td>ANC greater than 1000</td>
<td>Maintain current dosage of KEVZARA.</td>
</tr>
<tr>
<td>50,000–100,000</td>
<td>Hold treatment with KEVZARA until platelets greater than 100,000. KEVZARA can then be resumed at 150 mg every two weeks and increased to 200 mg every two weeks as clinically appropriate.</td>
</tr>
<tr>
<td>Less than 50,000</td>
<td>If confirmed by repeat testing, discontinue KEVZARA.</td>
</tr>
<tr>
<td>ALT greater than ULN to 3 times ULN or less</td>
<td>Consider dosage modification of concomitant DMARDs as clinically appropriate.</td>
</tr>
<tr>
<td>ALT greater than 3 times ULN to 5 times ULN or less</td>
<td>Hold treatment with KEVZARA until ALT less than 3 times ULN. KEVZARA can then be resumed at 150 mg every two weeks and increased to 200 mg every two weeks as clinically appropriate.</td>
</tr>
<tr>
<td>ALT greater than 5 times ULN</td>
<td>Discontinue KEVZARA.</td>
</tr>
</tbody>
</table>

6 ADVERSE REACTIONS

Viral reactivation has been reported with immunosuppressive biologic therapies. Cases of herpes zoster were observed in clinical studies with KEVZARA [see Adverse Reactions (6.1)]. The risk of Hepatitis B reactivation with KEVZARA is unknown since patients who were at risk for reactivation were excluded.

5.2 Laboratory Abnormalities

Neutropenia

Treatment with KEVZARA was associated with a higher incidence of decrease in absolute neutrophil count (ANC), including neutropenia [see Adverse Reactions (6.1)].

- Assess neutrophil count prior to initiation of KEVZARA and monitor neutrophil count 4 to 8 weeks after start of therapy and every 3 months thereafter [see Clinical Pharmacology (12.2)]. For recommendations regarding initiating KEVZARA therapy and dosage modifications based on ANC results see Dosage and Administration (2.2 and 2.4).
- Based on the pharmacodynamics of changes in ANC [see Clinical Pharmacology (12.2)], use results obtained at the end of the dosing interval when considering dose modification.
Thrombocytopenia
Treatment with KEVZARA was associated with a reduction in platelet counts in clinical studies [see Adverse Reactions (6.1)].
- Assess platelet count prior to initiation of KEVZARA and monitor platelets 4 to 8 weeks after start of therapy and every 3 months thereafter. For recommendations regarding initiating KEVZARA therapy and dosage modifications based on platelet counts see Dosage and Administration (2.2 and 2.4).

Elevated Liver Enzymes
Treatment with KEVZARA was associated with a higher incidence of transaminase elevations. These elevations were generally considered clinically evident by coexisting laboratory and/or clinical evidence of hepatic injury in clinical studies [see Adverse Reactions (6.1)]. Increased frequency and magnitude of these elevations were observed when potentially hepatotoxic drugs (e.g., MTX) were used in combination with KEVZARA.
- Assess ALAST levels prior to initiation of KEVZARA and monitor ALT and AST levels 4 to 6 weeks after start of therapy and every 3 months thereafter. ADRs 30 or greater were considered clinically indicated, consider other liver function tests such as bilirubin. For recommendations regarding initiating KEVZARA therapy and dosage modifications based on transaminase elevations see Dosage and Administration (2.2 and 2.4).

Lipid Abnormalities
Treatment with KEVZARA was associated with increases in lipid parameters such as LDL cholesterol, HDL cholesterol and triglycerides [see Adverse Reactions (6.1)].
- Assess lipid parameters approximately 4 to 8 weeks following initiation of treatment with KEVZARA, then at approximately 6 month intervals.

5.3 Gastrointestinal Perforation
Gastrointestinal perforations have been reported in clinical studies, primarily as complications of diverticulitis. GI perforation risk may be increased with concurrent diverticulitis or concomitant use of NSAIDs or corticosteroids. Promptly evaluate patients presenting with new onset abdominal symptoms [see Adverse Reactions (6.1)].

5.4 Immunosuppression
Treatment with immunosuppressants may result in an increased risk of malignancies. The impact of treatment with KEVZARA on the development of malignancies is not known but malignancies were reported in clinical studies [see Adverse Reactions (6.1)].

5.5 Hypersensitivity Reactions
Hypersensitivity reactions have been reported in association with KEVZARA [see Adverse Reactions (6.1)]. Hypersensitivity reactions that required treatment discontinuation were reported in 0.3% of patients in controlled RA trials. Injection site rash, rash, and urticaria were the most frequent hypersensitivity reactions. Advise patients to seek immediate medical attention if they experience any symptoms of a hypersensitivity reaction. If anaphylaxis or other hypersensitivity reaction occurs, stop administration of KEVZARA immediately. Do not administer KEVZARA to patients with known hypersensitivity to sarilumab [see Contraindications (4) and Adverse Reactions (6.1)].

5.6 Active Hepatitis Disease and Hepatic Impairment
Treatment with KEVZARA is not recommended in patients with active hepatic disease or hepatic impairment, as treatment with KEVZARA was associated with transaminase elevations [see Adverse Reactions (6.1), Use in Specific Populations (8.6)].

5.7 Live Vaccines
Avoid concurrent use of live vaccines during treatment with KEVZARA due to potentially increased risk of infections; clinical safety of live vaccines during KEVZARA treatment has not been established. No concurrent use of live vaccines during treatment with KEVZARA due to potentially increased risk of infections;

5.8 Infections
The most common serious adverse reactions were infections [see Warnings and Precautions (5.1)]. The most serious infections were not associated with clinically relevant increases in direct bilirubin, nor were they associated with clinical evidence of hepatitis or hepatic impairment [see Warnings and Precautions (5.1)].

A summary of the adverse reactions reported with KEVZARA in clinical studies is provided in Table 2: Incidence of Liver Enzyme Elevations in Adults with Moderately to Severely Active Rheumatoid Arthritis.

**Table 2: Incidence of Liver Enzyme Elevations in Adults with Moderately to Severely Active Rheumatoid Arthritis**

<table>
<thead>
<tr>
<th></th>
<th>AST</th>
<th>ALT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo + DMARD N=579</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEVZARA 150 mg + DMARD N=579</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEVZARA 200 mg + DMARD N=582</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- AST: Transaminase (AST) and alanine aminotransferase (ALT) levels were measured approximately 4 to 8 weeks following initiation of treatment with KEVZARA, then at approximately 6 month intervals.
- ALT: Transaminase (ALT) levels were measured approximately 4 to 8 weeks following initiation of treatment with KEVZARA, then at approximately 6 month intervals.
- Transaminase levels are presented as percent of patients with at least one laboratory determination that exceeded 3 times the ULN.

### Summary:

- **AST and ALT Elevations**:
  - The use of KEVZARA as monotherapy was assessed in 132 patients, of which 67 received KEVZARA 200 mg and 65 patients received KEVZARA 150 mg without concomitant DMARDs. The safety profile was generally consistent with that in the population receiving concomitant DMARDs.
  - Overall Infections:
    - In the pre–placebo–controlled period, the rate of infections in the 200 mg and 150 mg KEVZARA + DMARD group was 3.8 and 4.4 events per 100 patient-years, respectively, compared to 3.1 events per 100 patient-years in the placebo + DMARD group. The rate of serious infections (2% to 4% of patients) were upper respiratory tract infections, urinary tract infections, and nasopharyngitis.
    - In the 52-week placebo–controlled population, 0.8% of patients (5 patients) treated with KEVZARA 200 mg + DMARD was 0.6% (4 patients) treated with KEVZARA 150 mg + DMARD and 0.2% (3 patients) treated with placebo + DMARD had an event of herpes zoster [see Warnings and Precautions (5.1)]. The overall rate of infections with KEVZARA + DMARD in the long-term safety population was consistent with rates in the controlled periods of the studies.
    - Infections:
      - In the pre–placebo–controlled population, the rate of serious infections in the 200 mg and 150 mg KEVZARA + DMARD group was 3.8 and 4.4 events per 100 patient-years, respectively, compared to 2.5 events per 100 patient-years in the placebo + DMARD group. In the 52-week placebo–controlled population, the rate of serious infections in the 200 mg and 150 mg KEVZARA + DMARD group was 4.3 and 3.0 events per 100 patient-years, respectively, compared to 3.1 events per 100 patient-years in the placebo + DMARD group.
      - In the long-term safety population, the overall rate of serious infections was consistent with rates in the controlled periods of the studies. The most frequently observed serious infections included pneumonia and cellulitis. Cases of opportunistic infection have been reported [see Warnings and Precautions (5.1)].

- **Laboratory Abnormalities**
  - No increases in liver function tests, including ALT, were seen in the placebo-controlled clinical studies [see Warnings and Precautions (5.2)].
  - In the long-term safety population, the observations on neutrophil counts were consistent with what was seen in the placebo-controlled clinical studies [see Warnings and Precautions (5.2)].
  - Increased frequency and magnitude of these elevations were observed when potentially hepatotoxic drugs (e.g., MTX) were used in combination with KEVZARA. The most commonly reported infections (2% to 4% of patients) were upper respiratory tract infections, urinary tract infections, and nasopharyngitis.

- **Thrombocytopenia**
  - Treatment with KEVZARA was associated with a higher incidence of transaminase elevations. These elevations were generally considered clinically evident by coexisting laboratory and/or clinical evidence of hepatic injury in clinical studies [see Adverse Reactions (6.1)]. Increased frequency and magnitude of these elevations were observed when potentially hepatotoxic drugs (e.g., MTX) were used in combination with KEVZARA.
  - Assess ALAST levels prior to initiation of KEVZARA and monitor ALT and AST levels 4 to 6 weeks after start of therapy and every 3 months thereafter. ADRs 30 or greater were considered clinically indicated, consider other liver function tests such as bilirubin. For recommendations regarding initiating KEVZARA therapy and dosage modifications based on transaminase elevations see Dosage and Administration (2.2 and 2.4).
Table 2: Incidence of Liver Enzyme Elevations in Adults with Moderately to Severely Active Rheumatoid Arthritis (continued)

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Placebo + DMARD (N=579)</th>
<th>KEVZARA 150 mg + DMARD (N=579)</th>
<th>KEVZARA 200 mg + DMARD (N=582)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT (IU/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater than 1.5 ULN to 3 times ULN or less</td>
<td>25%</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Greater than 3 times ULN to 5 times ULN</td>
<td>1%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Greater than 5 times ULN</td>
<td>0%</td>
<td>1%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

ULN = Upper Limit of Normal
†Phase 3 placebo-controlled safety population through the pre-rescue period

Table 3: Common Adverse Reactions in Adults with Moderately to Severely Active Rheumatoid Arthritis

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Placebo + DMARD (N=579)</th>
<th>KEVZARA 150 mg + DMARD (N=579)</th>
<th>KEVZARA 200 mg + DMARD (N=582)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>0.2%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Alkaline aminotransferase increased</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Injection site erythema</td>
<td>0.9%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Injection site pruritus</td>
<td>0.2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Hypertriglyceridemia</td>
<td>0.5%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>0%</td>
<td>0.9%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Adverse reactions occurring in 2% or more of patients on KEVZARA + DMARD and greater than those observed in patients on placebo + DMARD are summarized in Table 3.

Medically relevant adverse reactions occurring at an incidence less than 2% in patients with rheumatoid arthritis treated with KEVZARA in controlled studies was oral herpes.

6.2 Immunoegenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to sarilumab in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

In the pre-rescue population, 4.0% of patients treated with KEVZARA 200 mg + DMARD, 5.7% of patients treated with KEVZARA 150 mg + DMARD, and 1.9% of patients treated with placebo + DMARD exhibited an anti-drug antibody (ADA) response. Neutralizing antibodies (NABs) were detected in 1.0% of patients on KEVZARA 200 mg + DMARD, 1.6% of patients on KEVZARA 150 mg + DMARD, and 0.2% of patients on placebo + DMARD.

In patients treated with KEVZARA monotherapy, 9.2% of patients exhibited an ADA response with 6.9% of patients also exhibiting NABs. Prior to administration of KEVZARA, 2.3% of patients exhibited an ADA response. No correlation was observed between ADA development and either loss of efficacy or adverse reactions.

7. DRUG INTERACTIONS

7.1 Use of Other Drugs for Treatment of Rheumatoid Arthritis

Population pharmacokinetic analyses did not detect any effect of methotrexate (MTX) on sarilumab clearance. KEVZARA has not been investigated in combination with JAK inhibitors or biological DMARDs such as TNF antagonists [see Dosage and Administration (2.2)].

7.2 Interactions with CYP450 Substrates

Various in vitro and limited in vivo human studies have shown that cytokines and cytokine modulators can influence the expression and activity of specific cytochrome P450 (CYP) enzymes and therefore have the potential to alter the pharmacokinetics of concomitantly administered drugs that are substrates of these enzymes. Elevated levels of IL-6 (L6)-responsive signaling such as in patients with RA and hence increase drug levels compared to subjects without RA. Blockade of IL-6 signaling by IL-6R antagonists such as KEVZARA might reverse the inhibitory effect of IL-6 and restore CYP activity, leading to altered drug concentrations.

The modulation of IL-6 effect on CYP substrates by KEVZARA may be clinically relevant for CYP substrates with a narrow therapeutic index, where the dose is individually adjusted. Upon initiation or discontinuation of KEVZARA, in patients being treated with CYP substrate medicinal products, perform therapeutic monitoring of effect (e.g., warfarin) or drug concentration (e.g., theophylline) and adjust the individual dose of the medicinal product as needed.

Exercise caution when coadministering KEVZARA with CYP3A4 substrate drugs where decrease in effectiveness is undesirable, e.g., oral contraceptives, lovastatin, atorvastatin, etc. The effect of KEVZARA on CYP450 enzyme activity may persist for several weeks after stopping therapy [see Clinical Pharmacology (12.3)].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to KEVZARA during pregnancy. Physicians are encouraged to register patients and pregnant women are encouraged to register themselves by calling 1-877-311-8972.

Risk Summary

The limited human data with KEVZARA in pregnant women are not sufficient to inform drug-associated risk for major birth defects and miscarriage. Monoclonal antibodies, such as sarilumab, are actively transported across the placenta in humans between the third trimester of pregnancy and may affect immune response in the in utero exposed infant [see Clinical Considerations]. From animal data, and consistent with the mechanism of action, levels of IgG in response to antigen challenge, may be reduced in the fetus/intertem of treated mothers [see Clinical Considerations and Data]. In an animal reproduction study, consisting of a combined embryo-fetal and pre- and postnatal development study with monkeys that received intravenous administration of sarilumab, there was no evidence of embryotoxicity or fetal malformations with exposures up to approximately 84 times the maximum recommended human dose (MRHD) [see Data]. The literature suggests that inhibition of IL-6 signaling may interfere with cervical ripening and dilatation and myometrial contractile activity leading to potential delays of parturition [see Data].

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriages in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. KEVZARA should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Monoclonal antibodies are increasingly transported across the placenta as pregnancy progresses, with the largest amount transferred during the third trimester. Risks and benefits should be considered prior to administering live or live-attenuated vaccines to infants exposed to KEVZARA in utero [see Warnings and Precautions (5.7)]. From the animal data, and consistent with the mechanism of action, levels of IgG in response to antigen challenge, may be reduced in the fetus/intertem of treated mothers [see Data].

Animal Data

In a combined embryo-fetal and pre- and postnatal development study, pregnant cynomolgus monkeys received sarilumab intravenous doses of 0.5, 5, and 50 mg/kg/week from confirmed pregnancy at gestation day (GD) 20, throughout the period of organogenesis (up to approximately GD 50), and continuing to natural birth of infants at around GD 165. Maintenance of pregnancy was not affected at any doses. Sarilumab was not embryotoxic or teratogenic with exposures up to approximately 84 times the MRHD (based on AUC with maternal intravenous doses up to 50 mg/kg/week). Sarilumab had no effect on neonatal growth and development evaluated up to one month after birth. Sarilumab was detected in the serum of neonates up to one month after birth, suggesting that the antibody had crossed the placera.

Following antigen challenge, decreased IgG titers attributed to the immunosuppressive action of sarilumab were evident in studies with older monkeys, with exposures up to approximately 80 times the MRHD (based on AUC with intravenous doses up to 50 mg/kg/week) and juvenile mice treated with an analogous antibody, which binds to murine IL-6R. In an animal reproduction study, consisting of a combined embryo-fetal and pre- and postnatal development study with monkeys that received intravenous administration of sarilumab, there was no evidence of embryotoxicity or fetal malformations with exposures up to approximately 84 times the maximum recommended human dose (MRHD) [see Data]. The literature suggests that inhibition of IL-6 signaling may interfere with cervical ripening and dilatation and myometrial contractile activity leading to potential delays of parturition [see Data].

Risk Summary

Avoid concurrent use of live vaccines during treatment with KEVZARA [see Warnings and Precautions (5.7)].
8.4 Pediatric Use
Safety and efficacy of KEVZARA in pediatric patients have not been established.

8.5 Geriatric Use
Of the total number of patients in clinical studies of KEVZARA [see Clinical Studies (14)], 15% were 65 years of age and over, and 1.6% were 75 years and over. In clinical studies, no overall differences in safety and efficacy were observed between older and younger patients. The frequency of serious infection among KEVZARA and placebo-treated patients 65 years of age and older was higher than those under the age of 65. As there is a higher incidence of infections in the elderly population in general, caution should be used when treating the elderly.

8.6 Hepatic Impairment
The safety and efficacy of KEVZARA have not been studied in patients with hepatic impairment, including patients with positive HBV or HCV serology [see Warnings and Precautions (5.6)].

8.7 Renal Impairment
No dose adjustment is required in patients with mild to moderate renal impairment. KEVZARA has not been studied in patients with severe renal impairment [see Clinical Pharmacology (12.3)].

11 DESCRIPTION
Sarilumab is a human recombinant monoclonal antibody of the IgG1 subclass that binds to the IL-6 receptor and has an approximate molecular weight of 150 kDa. Sarilumab is produced by recombinant DNA technology in Chinese Hamster Ovary cell suspension culture. KEVZARA (sarilumab) injection for subcutaneous administration is supplied as a sterile, colorless to pale yellow, preservative-free solution of approximately pH 6.0. KEVZARA is supplied in a single-dose pre-filled syringe or pre-filled pen. Each syringe or pen delivers 1.14 mL of solution containing 150 mg or 200 mg of sarilumab, arginine (8.94 mg), histidine (3.71 mg), polysorbate 20 (2.28 mg), sucrose (57 mg) and Water for Injection, USP.

12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
Sarilumab binds to both soluble and membrane-bound 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- and B-cells, lymphocytes, monocytes, macrophages, 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.

12.2 Pharmacodynamics
Following single-dose subcutaneous administration of sarilumab 200 mg and 150 mg in patients with RA, rapid reduction of CRP levels was observed. Levels were reduced to normal within 2 weeks after administration. Following single-dose subcutaneous administration, in patients with RA, absolute neutrophil counts decreased to the nadir between 3 to 4 days and thereafter recovered towards baseline [see Warnings and Precautions (5.2)]. Treatment with sarilumab resulted in decreases in fibrinogen and serum amyloid A, and increases in hemoglobin and serum albumin.

12.3 Pharmacokinetics
Absorption
The pharmacokinetics of sarilumab were characterized in 1770 patients with rheumatoid arthritis (RA) treated with concentrations-dependent. At 200 mg every two weeks, the concentration-dependent half-life is up to 8 days in patients with RA at steady state. At 150 mg every 2 weeks, the concentration-dependent half-life is up to 10 days in patients with RA at steady state. In patients with RA, the apparent volume of distribution at steady state was 7.3 L.

Elimination
Sarilumab is eliminated by parallel linear and non-linear pathways. At higher concentrations, non-linear saturable target-mediated elimination predominates. The half-life of sarilumab in the presence of anti-sarilumab antibodies.

Population pharmacokinetic analyses in adult patients with rheumatoid arthritis showed that age, sex, weight, and body weight were not associated with the pharmacokinetics of sarilumab. Age, weight, and body weight were not associated with the pharmacokinetics of sarilumab.

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
No long-term animal studies have been performed to establish the carcinogenic potential of sarilumab. Literature indicates that the IL-6 pathway can mediate anti-tumor responses by promoting increased immune cell surveillance of the tumor microenvironment. However, available published evidence also supports that the IL-6 signaling through the IL-6 receptor may be involved in pathways that lead to tumorigenesis. The malignancy risk in humans from an antibody that disrupts signaling through the IL-6 receptor, such as sarilumab, is presently unknown.

14 CLINICAL STUDIES
Design of Clinical Studies in Adults with Moderately to Severely Active RA
The efficacy and safety of KEVZARA were assessed in two randomized, double-blind, placebo-controlled multicenter studies (Study 1 and Study 2) in patients older than 18 years with moderately to severely active rheumatoid arthritis (RA) diagnosed according to American College of Rheumatology (ACR) criteria. Patients had at least 8 tender and 6 swollen joints at baseline. Study 1 evaluated 1197 patients with moderately to severely active rheumatoid arthritis who had inadequate clinical response to methotrexate (MTX). Patients received subcutaneous KEVZARA 200 mg, KEVZARA 150 mg, or placebo every two weeks following MTX. After Week 16 in Study 1, patients with an inadequate response could have been rescued with KEVZARA 200 mg every two weeks.

Study 2 evaluated 546 patients with moderately to severely active rheumatoid arthritis who had an inadequate clinical response or were intolerant to one or more TNF-α antagonists. Patients received subcutaneous KEVZARA 200 mg, KEVZARA 150 mg, or placebo every two weeks with concomitant conventional DMARDs (MTX, sulfasalazine, leflunomide, and/or hydroxychloroquine). After Week 12 in Study 2, patients with an inadequate response could have been rescued with KEVZARA 200 mg every two weeks.

In Studies 1 and 2, the primary endpoint was the proportion of patients who achieved an ACR20 response at Week 24. Other key endpoints evaluated included change from baseline in HAQ-DI at Week 16 in Study 1 and at Week 12 in Study 2, and change from baseline in van der Heijde-modified Total Sharp Score (mTSS) at Week 52 in Study 1.

Clinical Response
The percentages of KEVZARA every two weeks + MTX/DMARD-treated patients achieving ACR20, ACR50 and ACR70 responses in Studies 1 and 2 are shown Table 4. In both studies, patients treated with either 200 mg or 150 mg of KEVZARA every two weeks + MTX/DMARD had higher ACR20, ACR50, and ACR70 response rates versus placebo + MTX/DMARD-treated patients at Week 24. In Studies 1 and 2, a greater proportion of patients treated with KEVZARA 200 mg or 150 mg every two weeks plus MTX/DMARD achieved a low level of disease activity as measured by a Disease Activity Score 28-C- Reactive Protein (DAS28-CRP) <2.6 compared with placebo + MTX/DMARD at the end of the studies (Table 4). In Study 1, the proportion of patients achieving DAS28-CRP <2.6 who had at least 3 or more active joints at the end of Week 24 was 33.1%, 37.8%, and 20%, in the KEVZARA 200 mg + MTX/DMARD arm, KEVZARA 150 mg + MTX/DMARD, and placebo arm respectively.

Table 4: Clinical Response in Placebo-Controlled Studies 1 and 2 in Adults with Moderately to Severely Active RA

<table>
<thead>
<tr>
<th>Table 4: Clinical Response in Placebo-Controlled Studies 1 and 2 in Adults with Moderately to Severely Active RA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentages of Patients</strong></td>
</tr>
<tr>
<td>Study 1</td>
</tr>
<tr>
<td>Placebo + MTX (N=398)</td>
</tr>
<tr>
<td>KEVZARA 150 mg + MTX (N=600)</td>
</tr>
<tr>
<td>KEVZARA 200 mg + MTX (N=399)</td>
</tr>
<tr>
<td>Placebo + DMARD (s) (N=181)</td>
</tr>
<tr>
<td>KEVZARA 150 mg + DMARD (s) (N=181)</td>
</tr>
<tr>
<td>KEVZARA 200 mg + DMARD (s) (N=184)</td>
</tr>
<tr>
<td><strong>ACR20</strong></td>
</tr>
<tr>
<td>Week 12</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
</tr>
<tr>
<td>34.7%</td>
</tr>
<tr>
<td>19.4%</td>
</tr>
<tr>
<td>26.1%</td>
</tr>
<tr>
<td>45.4%</td>
</tr>
<tr>
<td>30.2%</td>
</tr>
<tr>
<td>36.6%</td>
</tr>
<tr>
<td>54.1%</td>
</tr>
<tr>
<td>26.8%</td>
</tr>
<tr>
<td>31.5%</td>
</tr>
<tr>
<td>62.8%</td>
</tr>
<tr>
<td>62.3%</td>
</tr>
<tr>
<td>23.6%</td>
</tr>
<tr>
<td>33.0%</td>
</tr>
<tr>
<td>60.8%</td>
</tr>
<tr>
<td>15.7%</td>
</tr>
<tr>
<td>54.8%</td>
</tr>
<tr>
<td>60.9%</td>
</tr>
<tr>
<td>22.1%</td>
</tr>
<tr>
<td>27.4%</td>
</tr>
<tr>
<td>17.7%</td>
</tr>
<tr>
<td>28.3%</td>
</tr>
<tr>
<td>31.9%</td>
</tr>
<tr>
<td>70.0%</td>
</tr>
<tr>
<td><strong>Week 24</strong></td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
</tr>
<tr>
<td>33.4%</td>
</tr>
<tr>
<td>24.6%</td>
</tr>
<tr>
<td>28.5%</td>
</tr>
<tr>
<td>50.8%</td>
</tr>
<tr>
<td>30.0%</td>
</tr>
<tr>
<td>33.5%</td>
</tr>
<tr>
<td>55.9%</td>
</tr>
<tr>
<td>27.4%</td>
</tr>
<tr>
<td>59.0%</td>
</tr>
<tr>
<td>13.6%</td>
</tr>
<tr>
<td>17.1%</td>
</tr>
<tr>
<td>31.9%</td>
</tr>
<tr>
<td>70.0%</td>
</tr>
<tr>
<td><strong>Week 52</strong></td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
</tr>
<tr>
<td>31.7%</td>
</tr>
<tr>
<td>21.9%</td>
</tr>
<tr>
<td>28.5%</td>
</tr>
<tr>
<td>53.5%</td>
</tr>
<tr>
<td>27.6%</td>
</tr>
<tr>
<td>33.8%</td>
</tr>
<tr>
<td>58.9%</td>
</tr>
<tr>
<td>12.0%</td>
</tr>
<tr>
<td>21.2%</td>
</tr>
<tr>
<td>29.8%</td>
</tr>
<tr>
<td>62.8%</td>
</tr>
<tr>
<td>12.0%</td>
</tr>
<tr>
<td>21.3%</td>
</tr>
<tr>
<td>29.8%</td>
</tr>
</tbody>
</table>

Drug-Drug Interactions
CYP450 substrates
Simvastatin is a CYP3A4 and OATP1B1 substrate. In 17 patients with RA, one week following a single 200-mg subcutaneous administration of sarilumab, exposure of simvastatin and simvastatin acid decreased by 45% and 36%, respectively [see Drug Interactions (7.2)].
Table 4: Clinical Response in Placebo-Controlled Studies 1 and 2 in Adults with Moderately to Severely Active RA (continued)

<table>
<thead>
<tr>
<th>Percent of Patients</th>
<th>Study 1</th>
<th>Study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placebo 150 mg + MTX N=398</td>
<td>KEVZARA 150 mg + MTX N=400</td>
</tr>
<tr>
<td><strong>Week 24</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>16.6% (37.0%, 45.6%)</td>
<td>18.2% (18.8%, 37.0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 52</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>18.1% (21.9%, 24.8%)</td>
<td>7.9% (19.9%, 24.8%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACR70</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 12</strong></td>
<td>4.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>7.0% (10.6%)</td>
<td>11.6% (17.0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 24</strong></td>
<td>7.3%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>12.5% (7.8%)</td>
<td>12.7% (17.1%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 52</strong></td>
<td>9.0%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>15.7% (10.6%)</td>
<td>19.3% (20.8%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major clinical response*</td>
<td>3.0%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Responders</td>
<td>9.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>6.1% (7.9%)</td>
<td>15.6% (13.4%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAS28-&lt;CRP &lt; 2.6*</td>
<td>4.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td><strong>Week 12</strong></td>
<td>13.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>9.0% (17.5%)</td>
<td>7.3% (23.0%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 24</strong></td>
<td>10.1%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Difference from placebo, (95% CI)</td>
<td>17.7% (12.5%)</td>
<td>17.7% (18.5%)</td>
</tr>
</tbody>
</table>

*Patients who were rescued or discontinued were considered non-responders for the analyses included in this table. In Study 1, at week 52, 196, 270, and 270 patients remained on placebo, KEVZARA 150 mg, and KEVZARA 200 mg respectively.
†DMARD(s) in Study 2 included MTX, sulfasalazine, leflunomide, and/or hydroxychloroquine.
‡Weighted estimate of the rate difference; CI=confidence interval.
§Primary endpoint
¶NA=Not Applicable as Study 2 was a 24-week study.
#Major clinical response = ACR70 for at least 24 consecutive weeks during the 52-week period.
††Patients with DAS28-<CRP <2.6 may have active joints.

The percent ACR20 response by visit in Study 1 is shown in Figure 1. A similar response curve was observed in Study 2.
Table 5: Mean Change from Baseline in Components of ACR Score at Week 12 (Prior to Rescue) in Adults with Moderately to Severely Active RA (continued)

<table>
<thead>
<tr>
<th>Component means (range/units)</th>
<th>Study 1</th>
<th>Study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placebo + MTX (N=398)</td>
<td>KEVZARA 150 mg + MTX (N=400)</td>
</tr>
<tr>
<td>Change from baseline</td>
<td>-0.27 (-0.47, -0.07)</td>
<td>-0.29 (-0.50, -0.04)</td>
</tr>
<tr>
<td>CRP (mg/L)</td>
<td>20.46 (22.57, 18.23)</td>
<td>26.02 (23.60, 30.77)</td>
</tr>
<tr>
<td>Change from baseline</td>
<td>-0.58 (-13.59, -20.31)</td>
<td>-3.39 (-14.24, -25.91)</td>
</tr>
</tbody>
</table>

*VAS=visual analog scale

Radiographic Response

In Study 1, structural joint damage was assessed radiographically and expressed as the van der Heijde-modified Total Sharp Score (mTSS) and its components, the erosion score and joint space narrowing score. Radiographs of hands and feet were obtained at baseline, 24 weeks, and 52 weeks and scored independently by at least two well-trained readers who were blinded to treatment group and visit number.

Both doses of KEVZARA + MTX were superior to placebo + MTX in the change from baseline in mTSS over 52 weeks (see Table 6). Less progression of both erosion and joint space narrowing scores over 52 weeks was reported in the KEVZARA + MTX treatment groups compared to the placebo + MTX group.

Treatment with KEVZARA + MTX was associated with significantly less radiographic progression of structural damage as compared with placebo + MTX. At Week 52, 55.6% of patients receiving KEVZARA 200 mg + MTX and 47.8% of patients receiving KEVZARA 150 mg + MTX had no progression of structural damage (as defined by a change in the Total Sharp Score of zero or less) compared with 38.7% of patients receiving placebo.

Table 6: Mean Radiographic Change from Baseline at Week 52 in Study 1 in Adults with Moderately to Severely Active RA

<table>
<thead>
<tr>
<th>Modified Total Sharp Score (mTSS)</th>
<th>Study 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean change</td>
<td>2.78</td>
</tr>
<tr>
<td>LS¹ mean difference (95% CI²)</td>
<td>-1.68 (-2.74, -1.01)</td>
</tr>
<tr>
<td>Erosion score</td>
<td>1.46</td>
</tr>
<tr>
<td>LS¹ mean difference (95% CI²)</td>
<td>-1.03 (-1.53, -0.53)</td>
</tr>
<tr>
<td>Joint space narrowing score</td>
<td>1.32</td>
</tr>
<tr>
<td>LS¹ mean difference (95% CI²)</td>
<td>-0.85 (-1.34, -0.35)</td>
</tr>
</tbody>
</table>

*Week 52 analysis employs linear extrapolation method to impute missing or post-rescue data.
†LS=least squares
‡CI=confidence interval

Physical Function Response

In Studies 1 and 2, physical function and disability were assessed by the Health Assessment Questionnaire Disability Index (HAQ-DI). Patients receiving KEVZARA 200 mg every two weeks + MTX/DMARD and KEVZARA 150 mg every two weeks + MTX/DMARD demonstrated greater improvement from baseline in physical function compared to placebo + MTX/DMARD at Week 16 and Week 12 in Studies 1 and 2, respectively (Table 7).

Table 7: Physical function in Studies 1 and 2 in Adults with Moderately to Severely Active RA

<table>
<thead>
<tr>
<th>Physical function change from baseline</th>
<th>Study 1</th>
<th>Study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAQ-DI</td>
<td>Placebo + MTX (N=398)</td>
<td>KEVZARA 150 mg + MTX (N=400)</td>
</tr>
<tr>
<td>Change from baseline</td>
<td>-0.30 (-0.54, -0.08)</td>
<td>-0.29 (-0.50, -0.09)</td>
</tr>
<tr>
<td>Difference from placebo (95% CI)</td>
<td>-0.24 (-0.33, -0.16)</td>
<td>-0.26 (-0.40, -0.12)</td>
</tr>
<tr>
<td>% of patients with clinically meaningful improvement</td>
<td>42.5%</td>
<td>53.8%</td>
</tr>
</tbody>
</table>

*Difference in adjusted mean change from baseline compared with placebo + DMARD at Week 16 (Study 1) or Week 12 (Study 2) and 95% confidence interval for that difference.
†Change from baseline greater than 0.3 units

Other Health Related Outcomes

General health status was assessed by the Short Form health survey (SF-36) in Studies 1 and 2. Patients receiving KEVZARA 200 mg every two weeks + MTX/DMARD demonstrated greater improvement from baseline compared to placebo + MTX/DMARD in the physical component summary (PCS) at Week 24, but there was no evidence of a difference between the treatment groups in the mental component summary (MSCs) at Week 24. Patients receiving KEVZARA 200 mg + MTX/DMARD reported greater improvement relative to placebo in the domains of Physical Functioning, Role Physical, Bodily Pain, General Health Perception, Vitality, Social Functioning and Mental Health, but not in the Role Emotional domain.

16 HOW SUPPLIED/STORAGE AND HANDLING

KEVZARA (sarilumab) injection is supplied as a colorless to pale yellow solution in a single-dose pre-filled syringes and single-dose pre-filled pens.

Storage and Stability

Refrigerate at 36°F to 46°F (2°C to 8°C) in original carton to protect from light. Do not freeze. Do not shake.

If needed, patients/caregivers may store KEVZARA at room temperature up to 77°F (25°C) up to 14 days in the outer carton. Do not store above 77°F (25°C). After removal from the refrigerator, use KEVZARA within 14 days or discard.

17 PATIENT COUNSELING INFORMATION

Advises the patients to read the FDA-approved patient labeling (Medication Guide and Instructions for Use).

Infections

Inform patients that KEVZARA may lower their resistance to infections. Instruct patients to contact their physician immediately when symptoms suggesting infection appear, to ensure rapid evaluation and appropriate treatment (see Warning and Precautions (5.1)).

Gastrointestinal Perforation

Inform patients that some patients, particularly those also taking NSAIDS, and/or steroids, have had tears (perforations) of the stomach or intestines. Inform patients that gastrointestinal perforations have been reported in KEVZARA-treated patients in clinical studies, primarily as a complication of diverticulitis. Instruct patients to contact their physician immediately when symptoms of severe, persistent abdominal pain appear to ensure rapid evaluation and appropriate treatment.

Hypersensitivity and Serious Allergic Reaction

Assess patient suitability for home use of SC injection. Instruct patients that some patients who have been treated with KEVZARA have developed serious allergic reactions. Advise patients to seek immediate medical attention if they experience any symptom of serious allergic reactions.

Pregnancy Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to KEVZARA during pregnancy. Encourage participation in the registry (see Use in Specific Populations (8.1)).

Instruction on Injection Technique

Instruct patients and caregivers to read the Instructions for Use before the patient starts using KEVZARA, and each time the patient gets a refill as there may be new information they need to know. Provide guidance to patients and caregivers on proper subcutaneous injection technique, including aseptic technique, and how to use the pre-filled syringe or pre-filled pen correctly (see Instructions for Use).
KEVZARA® (KEV-za-ra) (sarilumab) injection, for subcutaneous use

What is the most important information I should know about KEVZARA?

KEVZARA can cause serious side effects including:

1. Serious Infections. KEVZARA is a prescription medicine that affects your immune system. KEVZARA can lower the ability of your immune system to fight infections. Some people have serious infections while using KEVZARA, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

Your healthcare provider should test you for TB before starting KEVZARA.

• Your healthcare provider should monitor you closely for signs and symptoms of TB during treatment with KEVZARA.

You should not start using KEVZARA if you have any kind of infection unless your healthcare provider says it is okay.

Before starting KEVZARA, tell your healthcare provider if you:

• think you have an infection or have symptoms of an infection, with or without a fever:
  - sweats or chills
  - muscle aches
  - cough
  - shortness of breath
  - blood in your phlegm
  - weight loss
  - warm, red or painful skin or sores on your body
  - diarrhea or stomach pain
  - burning when you urinate or urinating more often than normal
  - feeling very tired

2. Changes in certain laboratory test results.

Your healthcare provider may check the results of tests before you start KEVZARA, 4 to 8 weeks after starting KEVZARA, and then every 3 months during treatment to check for:

• low neutrophil count. Neutrophils are white blood cells that help the body fight off bacterial infections. A low neutrophil count is common with KEVZARA, and can be severe.

• low platelet count. Platelets are blood cells that help with blood clotting and stop bleeding.

• increase in certain liver function tests. An increase in certain liver function tests is common with KEVZARA, and can be severe.

Your healthcare provider may not prescribe KEVZARA if your neutrophil or platelet counts are too low, or your liver function tests are too high. Your healthcare provider may stop your KEVZARA treatment for a period of time or change your dose if needed because of changes in these blood test results.

Your healthcare provider should do blood tests 4 to 8 weeks after starting KEVZARA and then every 6 months during treatment to check for:

• increase in blood cholesterol levels.

3. Tears (perforation) of the stomach or intestines. Tell your healthcare provider if you have had a condition known as diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people using KEVZARA get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate. Call your healthcare provider right away if you have fever and stomach (abdominal) pain that does not go away.

4. Cancer. KEVZARA may increase your risk of certain cancers by changing the way your immune system works. Tell your healthcare provider if you have ever had any type of cancer. See “What are the possible side effects with KEVZARA?” for more information about side effects.

What is KEVZARA?

KEVZARA is an injectable prescription medicine called an Interleukin-6 (IL-6) receptor blocker. KEVZARA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a disease modifying antirheumatic drug (DMARD) has been used and did not work well or could not be tolerated.

It is not known if KEVZARA is safe and effective in children.

Who should not use KEVZARA?

Do not use KEVZARA if you are allergic to sarilumab or any of the ingredients in KEVZARA. See the end of this Medication Guide for a complete list of ingredients in KEVZARA.

• are being treated for an infection.
• get a lot of infections or have infections that keep coming back.
• have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance of getting infections.
• have TB, or have been in close contact with someone with TB.
• live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance of getting certain fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen more often or become more severe if you use KEVZARA. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
• have or have had hepatitis.

After starting KEVZARA, call your healthcare provider right away if you have any symptoms of an infection.

2. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start KEVZARA, 4 to 8 weeks after starting KEVZARA, and then every 3 months during treatment to check for:

• low neutrophil count. Neutrophils are white blood cells that help the body fight off bacterial infections. A low neutrophil count is common with KEVZARA, and can be severe.

• low platelet count. Platelets are blood cells that help with blood clotting and stop bleeding.

• increase in certain liver function tests. An increase in certain liver function tests is common with KEVZARA, and can be severe.

Your healthcare provider may not prescribe KEVZARA if your neutrophil or platelet counts are too low, or your liver function tests are too high. Your healthcare provider may stop your KEVZARA treatment for a period of time or change your dose if needed because of changes in these blood test results.

Your healthcare provider should do blood tests 4 to 8 weeks after starting KEVZARA and then every 6 months during treatment to check for:

• increase in blood cholesterol levels.

3. Tears (perforation) of the stomach or intestines. Tell your healthcare provider if you have had a condition known as diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people using KEVZARA get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate. Call your healthcare provider right away if you have fever and stomach (abdominal) pain that does not go away.

4. Cancer. KEVZARA may increase your risk of certain cancers by changing the way your immune system works. Tell your healthcare provider if you have ever had any type of cancer. See “What are the possible side effects with KEVZARA?” for more information about side effects.

What is KEVZARA?

KEVZARA is an injectable prescription medicine called an Interleukin-6 (IL-6) receptor blocker. KEVZARA is used to treat adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a disease modifying antirheumatic drug (DMARD) has been used and did not work well or could not be tolerated.

It is not known if KEVZARA is safe and effective in children.

Who should not use KEVZARA?

Do not use KEVZARA if you are allergic to sarilumab or any of the ingredients in KEVZARA. See the end of this Medication Guide for a complete list of ingredients in KEVZARA.
Before using KEVZARA, talk to your healthcare provider about all of your medical conditions, including if you:

- have an infection. See “What is the most important information I should know about KEVZARA?”
- have liver problems.
- have had stomach (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines.
- have recently received or are scheduled to receive a vaccine. People who take KEVZARA should not receive live vaccines.
- plan to have surgery or a medical procedure.
- are pregnant or plan to become pregnant. It is not known if KEVZARA will harm your unborn baby.

**Pregnancy Registry:** Sanofi has a registry for pregnant women who use KEVZARA. The purpose of this registry is to gather information about the health of the pregnant mother and her baby. If you are pregnant or become pregnant while using KEVZARA, talk to your healthcare provider about how you can join this pregnancy registry or call 1-877-311-8972 to enroll.

- are breastfeeding or plan to breastfeed. It is not known if KEVZARA passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you use KEVZARA.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you use:

- any other medicines to treat your RA. You should not take rituximab (Rituxan®), etanercept (Enbrel®), infliximab (Remicade®), anakinra (Kineret®), adalimumab (Humira®), abatacept (Orencia®), certolizumab (Cimzia®), golimumab (Simponi®), tocilizumab (Actemra®), or tofacitinib (Xeljanz®) while you are using KEVZARA. Using KEVZARA with these medicines may increase your risk of infection.
- medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.
- Know the medicines you take. Keep a list of them to show to your healthcare provider and pharmacist when you get a new medicine.

**How should I use KEVZARA?**

- See the detailed Instructions for Use that come with this Medication Guide for instructions about the right way to prepare and give your KEVZARA injections at home.
- KEVZARA is given as an injection under the skin (subcutaneous injection).
- KEVZARA is available as a single-use pre-filled syringe or single-use pre-filled pen. Your healthcare provider will prescribe the dose and type of KEVZARA that is best for you.
- If your healthcare provider decides that you or a caregiver can give the injections of KEVZARA at home, you or your caregiver should receive training on the right way to prepare and inject KEVZARA. Do not try to inject KEVZARA until you have been shown the right way to give the injections by your healthcare provider.
- Inject 1 dose of KEVZARA every 2 weeks.

**What are the possible side effects of KEVZARA?**

KEVZARA can cause serious side effects, including:

- See “What is the most important information I should know about KEVZARA?”
- **Serious allergic reactions.** Serious allergic reactions can happen with KEVZARA. Get medical attention right away if you have any of the following signs of a serious allergic reaction:
  - shortness of breath or trouble breathing
  - swelling of the lips, tongue, or face
  - feeling dizzy or faint
  - moderate or severe stomach (abdominal) pain or vomiting

**Common side effects of KEVZARA include:**

- injection site redness
- upper respiratory tract infection
- urinary tract infection
- nasal congestion, sore throat, and runny nose

These are not all of the possible side effects of KEVZARA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to sanofi-aventis at 1-800-633-1610.

**How should I store KEVZARA?**

- Store KEVZARA in the refrigerator at 36°F to 46°F (2°C to 8°C). Store KEVZARA in the original carton until use to protect it from light.
- Do not freeze KEVZARA.
- Do not shake KEVZARA.
- KEVZARA may be stored at room temperature up to 77°F (25°C) for up to 14 days in the original outer carton.
- Throw away KEVZARA if it has been kept at room temperature and not been used within 14 days.

Keep KEVZARA and all medicines out of the reach of children.

**General Information about the safe and effective use of KEVZARA.**

- Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use KEVZARA for a condition for which it was not prescribed. Do not give KEVZARA to other people, even if they have the same symptoms you have. It may harm them.
- You can ask your healthcare provider or pharmacist for information about KEVZARA that was written for health professionals.

**What are the ingredients in KEVZARA?**

**Active Ingredient:** sarilumab

**Inactive Ingredients:** arginine, histidine, polysorbate 20, sucrose, and Water for Injection, USP.

**REGENERON SANOFI GENZYME**

Manufactured by: sanofi-aventis U.S. LLC Bridgewater, NJ 08807, A SANOFI COMPANY U.S. License # 1752. Marketed by: sanofi-aventis U.S. LLC (Bridgewater, NJ 08807) and Regeneron Pharmaceuticals, Inc. (Tarrytown, NY 10591) KEVZARA® is a registered trademark of Sanofi Biotechnology ©2018 Regeneron Pharmaceuticals, Inc. / sanofi-aventis U.S. LLC

For more information, go to www.KEVZARA.com or call 1-844-KEVZARA (1-844-539-9272).

This Medication Guide has been approved by the U.S. Food and Drug Administration Revised: April 2018

SAI-FPLR-SL-APR18a Rx Only