Introducing

KEVZARA® (sarilumab) for the treatment of adult patients with polymyalgia rheumatica (PMR) who have had an inadequate response to corticosteroids or who cannot tolerate corticosteroid taper.

KEVZARA®
(sarilumab)

Please see Important Safety Information on pages 2-5, and full Prescribing Information, including Boxed WARNING, available at this presentation.

sanofi | REGENERON

INDICATION

KEVZARA® (sarilumab) is indicated for treatment of adult patients with polymyalgia rheumatica (PMR) who have had an inadequate response to corticosteroids or who cannot tolerate corticosteroid taper.

IMPORTANT SAFETY INFORMATION

WARNING: RISK OF SERIOUS INFECTIONS

Patients treated with KEVZARA are at increased risk for developing serious infections that may lead to hospitalization or death. Opportunistic infections have also been reported in patients receiving KEVZARA. Most patients who developed infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Avoid use of KEVZARA in patients with an active infection.

Reported infections include:

- **Active tuberculosis, which may present with pulmonary or extrapulmonary disease. Patients should be tested for latent tuberculosis before KEVZARA use and during therapy. Treatment for latent infection should be initiated prior to KEVZARA use.**
- **Invasive fungal infections, such as candidiasis, and pneumocystis. Patients with invasive fungal infections may present with disseminated, rather than localized, disease.**
- **Bacterial, viral and other infections due to opportunistic pathogens.**

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.

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KEVZARA® (sarilumab)

IMPORTANT SAFETY INFORMATION (cont)

CONTRAINDICATION

Do not use KEVZARA in patients with known hypersensitivity to sarilumab or any of the inactive ingredients.

WARNINGS AND PRECAUTIONS

- ***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. The most frequently observed serious infections with KEVZARA included pneumonia and cellulitis. Among opportunistic infections, TB, candidiasis, and pneumocystis were reported with KEVZARA.
  - Hold treatment with KEVZARA if a patient develops a serious infection or an opportunistic infection.
  - Patients with latent TB should be treated with standard antimycobacterial therapy before initiating 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 TB infection.
  - Consider the risks and benefits of treatment prior to initiating KEVZARA in patients who have: chronic or recurrent infection, a history of serious or opportunistic infections, underlying conditions that may predispose them to infection, been exposed to TB, or lived in or traveled to areas of endemic TB or endemic mycoses.
  - Viral reactivation has been reported with immunosuppressive biologic therapies. Cases of herpes zoster were observed in clinical studies with KEVZARA.
- ***Laboratory Abnormalities***. Treatment with KEVZARA was associated with decreases in absolute neutrophil counts (including neutropenia), and platelet counts; and increases in transaminase levels and lipid parameters (LDL, HDL cholesterol, and/or triglycerides). Increased frequency and magnitude of these elevations were observed when potentially hepatotoxic drugs (e.g., MTX) were used in combination with KEVZARA. Assess neutrophil count, platelet count, and ALT/AST levels prior to initiation with KEVZARA. Monitor these parameters 4 to 8 weeks after start of therapy and every 3 months thereafter. Assess lipid parameters 4 to 8 weeks after start of therapy, then at 6 month intervals.

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KEVZARA® (sarilumab)

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

- ***Gastrointestinal Perforation.*** GI perforation risk may be increased with concurrent diverticulitis or concomitant use of NSAIDs or corticosteroids. Gastrointestinal perforations have been reported in clinical studies, primarily as complications of diverticulitis. Promptly evaluate patients presenting with new onset abdominal symptoms.
- ***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 have been reported in clinical studies.
- ***Hypersensitivity Reactions.*** Hypersensitivity reactions have been reported in association with KEVZARA. 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.
- ***Active Hepatic 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.
- ***Live Vaccines.*** Avoid concurrent use of live vaccines during treatment with KEVZARA due to potentially increased risk of infections. No data are available on the secondary transmission of infection from persons receiving live vaccines to patients receiving KEVZARA.

ADVERSE REACTIONS

- **For Polymyalgia Rheumatica:** Serious adverse reactions of neutropenia occurred in 2 patients (3.4%) in the KEVZARA group compared to none in the placebo group. The proportion of patients with serious infections was similar in the KEVZARA group (5.1%) compared to the placebo group (5.2%). The common adverse reactions occurring in ≥5% of patients treated with KEVZARA were neutropenia, leukopenia, constipation, rash pruritic, myalgia, fatigue, and injection site pruritus.

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KEVZARA® (sarilumab)

IMPORTANT SAFETY INFORMATION (cont)

DRUG INTERACTIONS

- Exercise caution when KEVZARA is co-administered with CYP substrates with a narrow therapeutic index (e.g. warfarin or theophylline), or with CYP3A4 substrates (e.g. oral contraceptives or statins) as there may be a reduction in exposure which may reduce the activity of the CYP3A4 substrate.
- Elevated interleukin-6 (IL-6) concentration may down-regulate CYP activity such as in patients with RA and hence increase drug levels compared to subjects without RA. Blockade of IL-6 signaling by IL-6Rα antagonists such as KEVZARA might reverse the inhibitory effect of IL-6 and restore CYP activity, leading to altered drug concentrations.

USE IN SPECIFIC POPULATIONS

- KEVZARA should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus. Because monoclonal antibodies could be excreted in small amounts in human milk, the benefits of breastfeeding and the potential adverse effects on the breastfed child should be considered along with the mother's clinical need for KEVZARA.
- Use caution when treating the elderly.

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

Specialty pharmacy plays a critical role in the management of rheumatic disease

SPs provide pharmaceutical care, which includes, but is not limited to:

- Establishing patient relationships
- Obtaining medication history information
- Preventing, identifying, and resolving medication-related problems by reviewing and counseling patients
- Dispensing medications
- Educating and counseling patients and healthcare providers
- Ensuring continuity of care for all patients

GCs are commonly dispensed at a retail pharmacy. As patients transition to SPs for specialty products, effective communication between patients and pharmacies is critical to providing optimal care.

GC=glucocorticoid; SP=specialty pharmacy.

KEVZARA® (sarilumab)

Overview of PMR

PMR is the second-most common inflammatory rheumatic disease after RA[1]

Disease presentation

- PMR is typically characterized by aching, symmetrical pain, and morning stiffness in the neck, shoulders, and pelvic girdle[1,3]
- Limited range of motion and unilateral shoulder bursitis occurs in >95% of patients[4,5]
- Pain is worse in the morning and after prolonged inactivity[2]

Epidemiology

- As of 2020, the estimated prevalence in the United States was ~800,000 cases[6,7]
- PMR affects adults >50 years and incidence increases with advancing age[1]
- Women are affected 2-3 times more than men[8]
- Incidence is highest in people of Northern European ancestry, although PMR can occur in any ethnic group[6]
- Peak incidence is among patients 70-80 years of age[8]

Diagnosis

- There is no specific diagnostic test for PMR[9]
  - Clinicians often use the clinical response to GC as a "test of treatment" to establish the diagnosis[8]
  - Diagnosis is made through a process of exclusion[4,9]
- Elevated inflammatory markers (ie, CRP and ESR), while not needed for PMR diagnosis, are characteristic features found in ~96% of patients with PMR[1,4]

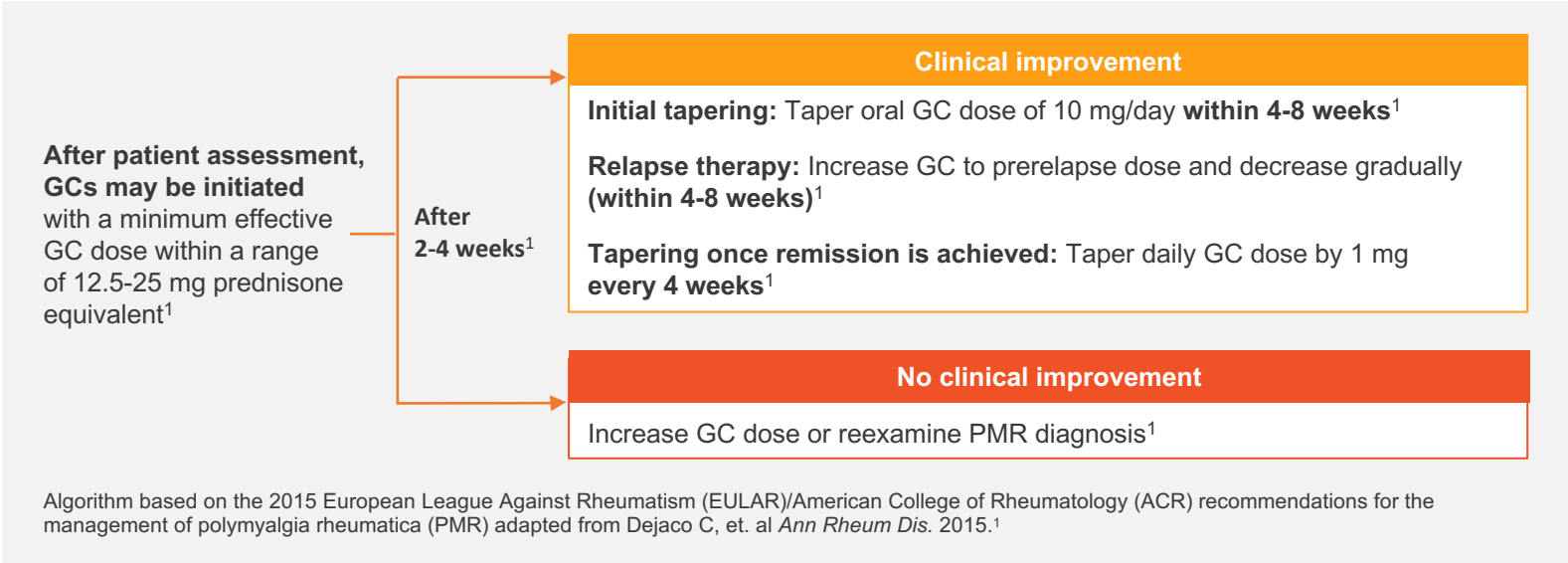
Pharmacists should be aware of the clinical manifestations and treatment options for PMR. It is a common disease in older adults; however, it may go undetected due to nonspecific musculoskeletal complaints and generalized symptoms.[12]

CRP=C-reactive protein; ESR=erythrocyte sedimentation rate; IL-1=interleukin-1; IL-6=interleukin-6; IL-10=interleukin-10; IL-17=interleukin-17; TNFa=tumor necrosis factor alpha.

References: 1. González-Gay MA, et al. *Lancet.* 2017;390:1700-1712. **2.** Mackie SL. *Clin Med (Lond).* 2013;13(4):398-400. **3.** Dasgupta B, et al. *Arthritis Rheum.* 2012;64(4):943-954. **4.** Ruta S, et al. *Clin Rheum* 2012;31:1383-1387. **5.** Acharya S, Musa R. *Polymyalgia Rheumatica*. [Updated June 26, 2021]. In:StatPearls [Internet]. StatPearls Publishing; January 2022. **6.** Crowson CS, et al. *Semin Arthritis Rheum*. 2017;47(2):253-256. **7.** US Census Bureau. American Community Survey, Age and Sex. 2020. Accessed June 7, 2022. https://data.census.gov/cedsci/table?t=Age%20and%20Sex&g=0100000US&y=2020&tid=ACSST5Y2020.S0101 **8.** Raheel S, et al. *Arthritis Care Res.* 2017;69:1282-1285. **9.** Kermani TA, Warrington KJ. *Ther Adv Musculoskelet Dis.*2014;6(1):8-19. **10.** Guggino G, et al. *Reumatismo.* 2018;70(1):10-17. **11.** Martinez-Taboada VM, et al. *Cytokine*. 2008;44(2):207-220. **12.** Danielle C, Ezzo PD. Polymyalgia rheumatica. *U.S. Pharmacist.* Published June 18, 2009. Accessed January 30, 2022. https://www.uspharmacist.com/article/polymyalgia-rheumatica

GCs are currently the standard of care in the treatment of PMR

EULAR/ACR guidelines suggest that patients demonstrate clinical improvement before tapering begins



Algorithm based on the 2015 European League Against Rheumatism (EULAR)/American College of Rheumatology (ACR) recommendations for the management of polymyalgia rheumatica (PMR) adapted from Dejaco C, et. al *Ann Rheum Dis.* 2015.[1]

EULAR/ACR Recommendations[1]

✓ *Strongly recommend:*
GC use over NSAID therapy

○ *Conditionally recommend:*
Early introduction of MTX with GCs

X *Recommend against:*
Anti-TNFα agents and Chinese herbal preparations

Some patients may not achieve adequate management of symptoms with GCs and thus limit their treatment options.[2]

MTX=methotrexate; NSAID=non-steroidal anti-inflammatory drug.

References: 1. Dejaco C, et al. *Ann Rheum Dis.* 2015;74(10):1799-1807. **2.** Buttgereit F, et al. *JAMA.* 2016;315(22):2442-2458.

There may be challenges when using GCs to treat PMR[1]

Frequent relapses require additional GC therapy, which may lead to a longer cumulative exposure and subsequent adverse reactions[1]

Relapse rates

It is estimated that up to 43% of patients taking GCs relapse within 1 year[2]

Duration of therapy

GCs are typically used for ≥12 months[1,3]

As time on therapy increases, so does the cumulative GC dose[4]

Comorbidities

Comorbidities associated with GC use in older patients include[4]:

- Cardiovascular disease
- Osteoporosis
- Fragility fractures
- Diabetes mellitus
- Cataracts
- Glaucoma

To determine the appropriateness of GC use, EULAR/ACR recommends assessing comorbidities, other relevant medications, and risk factors for GC-related adverse events.[1]

GENERAL DEFINITIONS: REMISSION AND FLARE

References: 1. Dejaco C, et al. Ann Rheum Dis. 2015;74(10):1799-1807. **2.** Floris A, et al. *Clin Rheumatol.* 2022;41(1):19-31. **3.** Acharya S, et al. Polymyalgia Rheumatica [updated June 26, 2021]. In: StatPearls [Internet]. StatPearls Publishing; January 4, 2022. **4.** Gale S, et al. *Rheumatol Ther.* 2018;5(2):327-340.

IL-6 is implicated in the pathogenesis of PMR[1]

IL-6 plays an important role in PMR[1,2]:

- Under normal physiologic conditions, IL-6 performs many functions, but it is also responsible for responding to infection or injury[1]
- Persistently-elevated IL-6 levels cause inflammation observed in autoimmune and chronic inflammatory conditions[2-4]
- In PMR, IL-6 is a major driver of acute-phase response and systemic inflammation[2,4]
- Elevated IL-6 is associated with relapse and a need for higher GC doses in patients with PMR[4-6]
- IL-6 levels correlate with PMR disease activity[7]
- Elevated serum soluble IL-6 concentrations were identified as a potential prognostic marker for PMR relapses[7,8]

sIL-6R=soluble interleukin-6 receptor.

References: 1. Tanaka T, Kishimoto T. *Int J Biol.* 2012;8(9):1227-1236. **2.** González-Gay MA, et al. *Lancet.* 2017;390:1700-1712. **3.** Jiemy WF, et al. *Ann Rheum Dis.* 2022;0:1-2. **4.** Salvarani C, et al. *Arthritis Rheum.* 2005;53(1):33-38. **5.** Pulsatelli L, et al. *Arthritis Rheum.* 2008;59(8):1147-1154. **6.** Martinez-Taboada VM, et al. *Cytokine* 2008;44:207–220. **7.** Roche NE, et al. *Arthritis Rheum.* 1993;36(9):1286-1294. **8.** Mori S, Koga Y. *Clin Rheumatol.* 2016;35:1367-1375. **9.** Acharya S, Musa R. *Polymyalgia Rheumatica.* NCBI Bookshelf. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022. **10.** Grygiel-Górniak B, Puszczewicz M. *Reumatologia.* 2015;53(4):207-212.

KEVZARA for the treatment of PMR

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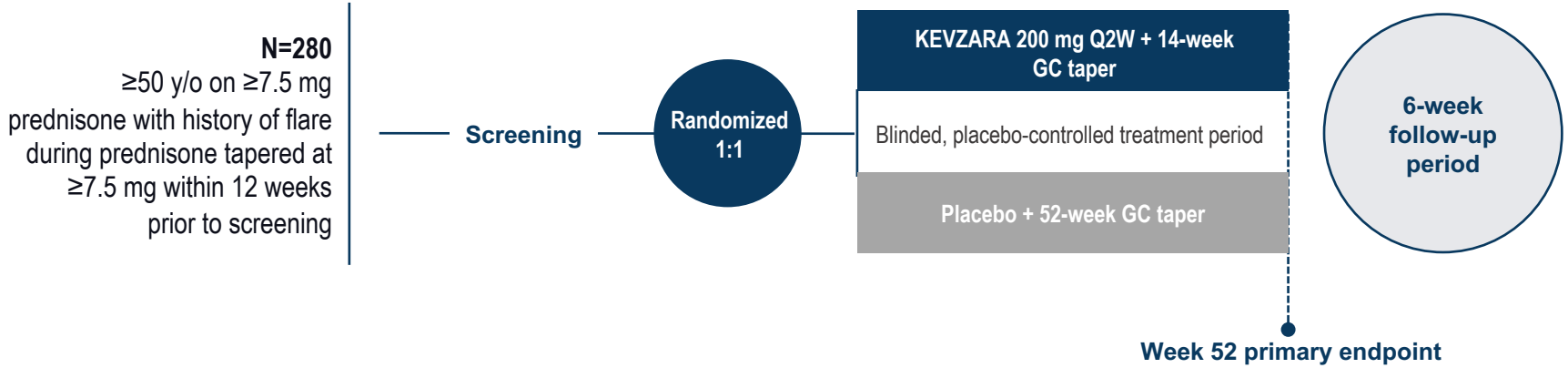
KEVZARA® (sarilumab)

KEVZARA is an IL-6Ri approved for the treatment of PMR[1,2]

The SAPHYR trial was designed to evaluate the efficacy and safety of KEVZARA in patients with PMR[1,3]



Primary endpoint[1,3]	Select secondary endpoints[1,3]
Percentage of patients achieving sustained remission at week 52	▪ Components of sustained remission (4 criteria) at week 52* ▪ Cumulative equivalent prednisone dose over 52 weeks ▪ Safety

INCLUSION CRITERIA

EXCLUSION CRITERIA

EULAR/ACR CLASSIFICATION CRITERIA FOR PMR

ENROLLMENT IMPACT

*Disease remission achieved by week 12; absence of disease flare from week 12 to week 52; normalization of CRP (<10 mg/L) from week 12 to week 52; adherence to prednisone taper from week 12 to week 52.

IL-6Ri=interleukin-6 receptor inhibitor; Q2W=every 2 weeks; y/o=years old.

References: 1. Data on file, Sanofi/Regeneron. SAPHYR CSR. 2022. p18-19,21 **2.** Data on file, Sarilumab SAPHYR Phase 3 Key Results, Medical Q & A, 2022. **3.** ClinicalTrials.gov. Evaluation of the Efficacy and Safety of Sarilumab in Patients With Polymyalgia Rheumatica. Updated June 10, 2022. Accessed July 7, 2022. https://clinicaltrials.gov/ct2/show/NCT0360081

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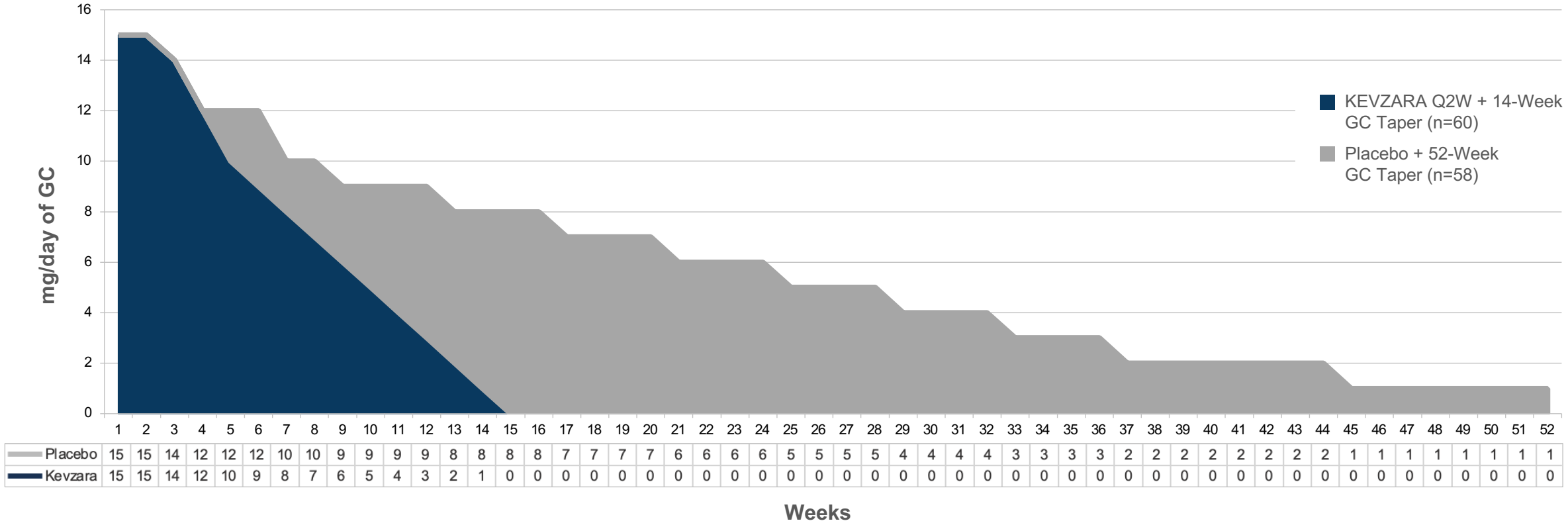
KEVZARA® (sarilumab)

In SAPHYR, the KEVZARA cohort employed a more rapid GC tapering regimen

The initial dose of GCs for both groups was 15 mg/day for the first 2 weeks after randomization. Participants then followed different tapering regimens per assigned groups



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Placebo	15	15	14	12	12	12	10	10	9	9	9	9	8	8	8	8	7	7	7	7	6	6	6	6	5	5	5	5	4	4	4	4	3	3	3	3	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1
Kevzara	15	15	14	12	10	9	8	7	6	5	4	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Reference: Data on file, Sanofi/Regeneron. SAPHYR CSR. 2022. p18

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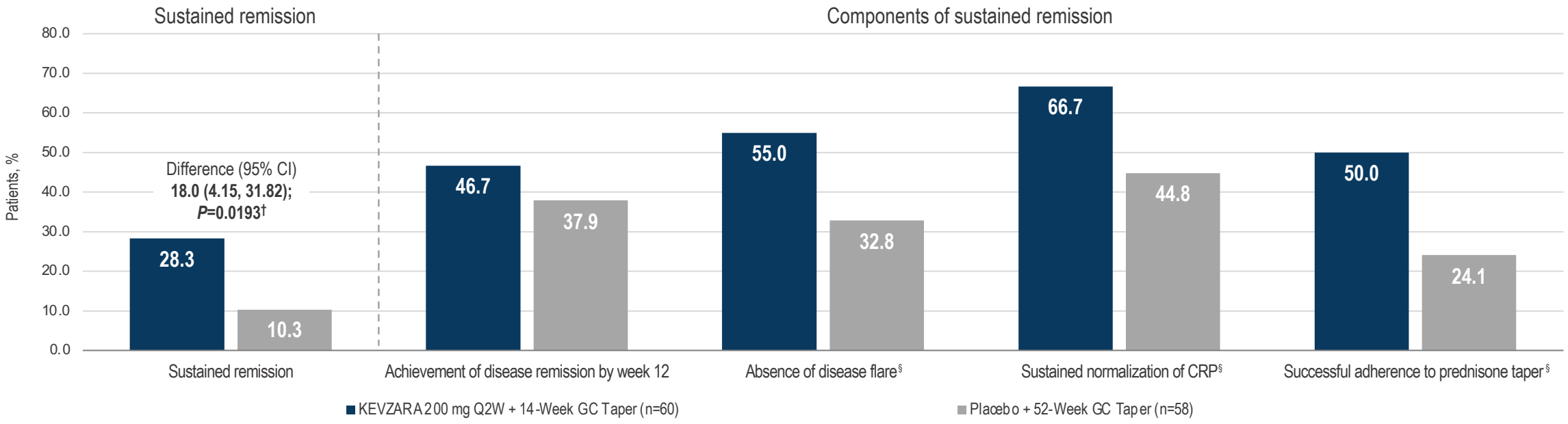
KEVZARA® (sarilumab)

Nearly 3 times as many patients taking KEVZARA achieved sustained remission vs placebo-controlled arm

Proportion of patients in sustained remission* at week 52



SAPHYR DEFINITION: SUSTAINED REMISSION

CI=confidence interval.

*Sustained remission was defined as having met all the following parameters: disease remission achieved by week 12, absence of disease flare from week 12 to week 52, normalization of CRP from week 12 to week 52, and adherence to prednisone taper week 12 to week 52.

†*P* value from Fisher's exact test.

‡*P* value is nominal section mark.

§From weeks 12 to 52.

Reference: KEVZARA [package insert]. Bridgewater, NJ: Sanofi/Regeneron Pharmaceuticals, Inc; 2023.

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KEVZARA® (sarilumab)

Patient safety information

Safety studied in one Phase 3 study in 117 PMR patients of whom 59 received subcutaneous KEVZARA 200 mg*

- Common adverse reactions occurring in ≥5% of patients treated with KEVZARA:
  - neutropenia (15.3%)
  - leukopenia (6.8%)
  - constipation (6.8%)
  - rash pruritic (5.1%)
  - myalgia (6.8%)
  - fatigue (5.1%)
  - injection site pruritus (5.1%)
- Serious adverse reactions of neutropenia occurred in 2 patients (3.4%) in the KEVZARA group compared to none in the placebo group
- The proportion of patients with serious infections was similar in the KEVZARA group (5.1%) compared to the placebo group (5.2%)

The most common adverse reactions that resulted in permanent discontinuation of therapy with KEVZARA were neutropenia in 3 patients (5.1%) and infection in 3 separate patients (5.1%), including COVID-19 (n=1), intervertebral discitis (n=1), and pneumonia (n=1).

*Of these, 45 patients received KEVZARA for at least 24 weeks, 44 patients for at least 40 weeks, and 10 patients for at least 52 weeks.

Reference: KEVZARA [package insert]. Bridgewater, NJ: Sanofi/Regeneron Pharmaceuticals, Inc; 2023.

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KEVZARA® (sarilumab)

Product coding and packaging

KEVZARA is administered as a subcutaneous injection via a pre-filled syringe or pen

Dosage	Device	NDC number
150 mg/1.14 mL (131.6 mg/mL)	Syringe carton	0024-5908-01
200 mg/1.14 mL (175.4 mg/mL)	Syringe carton	0024-5910-01
150 mg/1.14 mL (131.6 mg/mL)	Pen carton	0024-5920-01
200 mg/1.14 mL (175.4 mg/mL)	Pen carton	0024-5922-01

NDC=National Drug Code.

Reference: KEVZARA [prescribing information]. Bridgewater, NJ: Sanofi/Regeneron Pharmaceuticals, Inc.

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KEVZARA® (sarilumab)

KEVZARAConnect®

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KEVZARA® (sarilumab)

KEVZARAConnect® helps eligible patients get the support they need

Qualified patients may get access to therapy, whether they are uninsured, lack coverage, or need assistance with their out-of-pocket costs[1,2]

Support services available for eligible patients prescribed KEVZARA include[1,2]:

- KEVZARAConnect Copay Program assists commercially insured eligible patients with out-of-pocket copay costs
  - Commercially eligible patients may pay as little as $0 per month for therapy, up to an annual maximum of $15,000, subject to additional terms and conditions*
- Patient Assistance Program provides KEVZARA to eligible uninsured patients at no cost
  - The Patient Assistance Program provides KEVZARA at no cost for up to 12 months to eligible uninsured, underinsured, and certain Medicare Part D patients, if additional eligibility requirements are met

KEVZARAconnect®

Eligible patients can receive support through KEVZARAConnect, or directly through a specialty pharmacy, and access various support resources complementary to those provided by the specialty pharmacy.

*For questions regarding the **Copay Program** or **Patient Assistance Program**, call **1-844-KEVZARA** (1-844-538-9272)*

*This program is not valid for prescriptions covered, in whole or in part, by Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs, including any state pharmaceutical assistance program. See full program terms and conditions. Click here to see full program terms and conditions.

References: 1. Patient support for KEVZARA® (sarilumab) injection. Patient Support for KEVZARA® (sarilumab) injection - Sanofi U.S. Accessed January 23, 2023. https://www.sanofi.us/en/products-and-resources/patient-services/kevzara-sarilumab-injection-support **2.** KevzaraConnect®. | KEVZARA® (sarilumab). Accessed January 23, 2023. https://www.kevzarahcp.com/access-support/kevzara-connect

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KEVZARA® (sarilumab)

Appendix

These are the recommended definitions for remission and flare

Remission

Resolution of signs and symptoms of PMR

Flare

Recurrence of signs and symptoms attributable to active PMR plus an increase in corticosteroid dose due to PMR

BACK

Reference: Data on file, Sanofi/Regeneron. SAPHYR CSR. 2022. p58

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KEVZARA® (sarilumab)

2012 EULAR/ACR classification criteria for patients with PMR

- Age ≥50 years
- Elevated acute-phase reactants
- Bilateral shoulder pain

Scoring Criteria	Score Without Ultrasound	Score With Ultrasound
Duration of morning stiffness >45 minutes	2	2
Hip pain or limited range of motion	1	1
Seronegative for RF and anti-CCP	2	2
Absence of other joint involvement	1	1
≥1 shoulder with subdeltoid bursitis and/or biceps tenosynovitis and/or glenohumeral synovitis (either posterior or axillary) and ≥1 hip with synovitis and/or trochanteric bursitis	N/A	1
Both shoulders with subdeltoid bursitis, biceps tenosynovitis, or glenohumeral synovitis	N/A	1

A score of ≥4 is categorized as PMR in the algorithm without ultrasound, and a score of ≥5 is categorized as PMR in the algorithm with ultrasound.

BACK

CCP=cyclic citrullinated peptides; RF=rheumatoid factor.

Reference: Dasgupta B, et al. *Arthritis Rheum.* 2012;64(4):943-954.

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Sustained remission in the SAPHYR clinical trial was defined as meeting the following 4 criteria[1]

1. **Disease remission achieved by week 12**

   Defined as resolution of signs and symptoms of PMR, and normalization of CRP (<10 mg/L)

2. **Absence of disease flare from week 12 to week 52**

   Flare defined as either recurrence of signs and symptoms attributable to active PMR plus an increase in GC dose due to PMR, or elevation of ESR attributable to active PMR plus an increase in GC dose due to PMR

   - Increase in GC dose—any dose increases during protocol-defined steroid taper or reinitiation of GC after protocol-defined taper has been completed

3. **Normalization of CRP from week 12 to week 52**

   CRP <10 mg/L, with absence of successive elevations to ≥10 mg/L

4. **Adherence to prednisone taper from week 12 to week 52**

Given there are no standardized endpoints for PMR, in consultation with the Food and Drug Administration, the primary endpoint, sustained remission, was based on a similar definition used in the GiACTA study.[2]

BACK

References: 1. Data on file, Sanofi/Regeneron. SAPHYR CSR. 2022. p58 **2.** Stone JH, et al. *N Engl J Med*. 2017;377(4):317-328.

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KEVZARA® (sarilumab)

SAPHYR inclusion criteria

- Diagnosis of PMR according to EULAR/ACR classification criteria
- Participants must be on prednisone of at least 7.5 mg/day (or equivalent) and not exceeding 20 mg/day at screening and during the screening period
- Participants were willing and able to take prednisone of 15 mg/day at randomization
- Participants had a history of being treated for at least 8 weeks with prednisone ≥10 mg/day or equivalent
- Participants must have had at least 1 episode of unequivocal PMR flare while attempting to taper prednisone at a dose that was ≥7.5 mg/day or equivalent within the past 12 weeks prior to screening
  - Unequivocal symptoms of PMR flare included shoulder and/or hip girdle pain associated with inflammatory stiffness
- Participants had ESR ≥30 mm/hr and/or CRP ≥10 mg/L associated with PMR disease activity within 12 weeks prior to screening

BACK

Reference: ClinicalTrials.gov. Evaluation of the efficacy and safety of sarilumab in patients With polymyalgia rheumatica. Updated June 10, 2022. Accessed July 19, 2022. https://clinicaltrials.gov/ct2/show/NCT03600818

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SAPHYR exclusion criteria

- Diagnosis of giant cell arteritis (eg, persistent or recurrent localized headache, temporal artery or scalp tenderness, jaw claudication, extremity claudication, blurry or loss of vision, symptoms of stroke)
- Diagnosis of active fibromyalgia
- Concurrent RA or other inflammatory arthritis or other connective tissue diseases, such as but not limited to systemic lupus erythematosus, systemic sclerosis, vasculitis, myositis, mixed connective tissue disease, and ankylosing spondylitis
- Concurrent diagnosis of rhabdomyolysis or neuropathic muscular diseases
- Inadequately treated hypothyroidism
- Organ transplant recipient
- Therapeutic failure, including inadequate response or intolerance or contraindication to biological IL-6 antagonist
- Any prior (within the defined period below) or concurrent use of immunosuppressive therapies but not limited to any of the following:
  - Janus kinase inhibitor within 4 weeks of baseline
  - Alkylating agents including cyclophosphamide within 6 months of baseline
  - Cell-depletion agents (eg, anti CD20) without evidence of recovery of B cells to baseline level
  - TNF inhibitors within 2-8 weeks (etanercept within 2 weeks, infliximab, certolizumab, golimumab, or adalimumab within 8 weeks), or after at least 5 half-lives have elapsed, whichever was longer
  - Abatacept within 8 weeks of baseline
  - Anakinra within 1 week of baseline
  - Cyclosporine, azathioprine or mycophenolate mofetil or leflunomide within 4 weeks of baseline
- Unstable MTX dose and/or MTX dose >15 mg/week within 3 months of baseline
- Concurrent use of systemic CS for conditions other than PMR
- Pregnant or breastfeeding woman
- Participants with active or untreated latent tuberculosis
- Participants with history of invasive opportunistic infections
- Participants with fever associated with infection or chronic, persistent, or recurring infections requiring active treatment
- Participants with uncontrolled diabetes mellitus
- Participants with non-healed or healing skin ulcers
- Participants who received any live, attenuated vaccine within 3 months of baseline
- Participants who were positive for hepatitis B, hepatitis C, and/or human immunodeficiency virus
- Participants with a history of active or recurrent herpes zoster
- Participants with a history of or prior articular or prosthetic joint infection
- Prior or current history of malignancy
- Participants who have had surgery within 4 weeks of screening or planned surgery during study
- Participants with a history of inflammatory bowel disease or severe diverticulitis or previous gastrointestinal perforation

BACK

CS=corticosteroids; RA=rheumatoid arthritis.

Reference: ClinicalTrials.gov. Evaluation of the efficacy and safety of sarilumab in patients With polymyalgia rheumatica. Updated June 10, 2022. Accessed July 19, 2022. https://clinicaltrials.gov/ct2/show/NCT03600818

Please see Important Safety Information on pages 2-5, and full Prescribing Information, including Boxed WARNING, available at this presentation.

KEVZARA® (sarilumab)

KEVZARA is an IL-6Ri approved for the treatment of PMR[1,2]

The SAPHYR trial was designed to evaluate the efficacy and safety of KEVZARA in patients with PMR[1,3]

Enrollment Impact

- SAPHYR enrollment terminated by sponsor in July 2020 due to a combination of protracted recruitment timelines and COVID-19 impact[1]
- Enrolled patients were allowed to complete the full study Study enrolled 118 (117 treated) of the intended 280 participants[1]
- Protocol amendment changed alpha significance level from <0.01 to <0.05[1]

CLOSE

ENROLLMENT IMPACT

*Disease remission achieved by week 12; absence of disease flare from week 12 to week 52; normalization of CRP (<10 mg/L) from week 12 to week 52; adherence to prednisone taper from week 12 to week 52.

IL-6Ri=interleukin-6 receptor inhibitor; Q2W=every 2 weeks; y/o=years old.

References: 1. Data on file, Sanofi/Regeneron. SAPHYR CSR. 2022. p18-19,21 **2.** Data on file, Sarilumab SAPHYR Phase 3 Key Results. Medical Q & A. 2022. **3.** ClinicalTrials.gov. Evaluation of the Efficacy and Safety of Sarilumab in Patients With Polymyalgia Rheumatica. Updated June 10, 2022. Accessed July 7, 2022. https://clinicaltrials.gov/ct2/show/NCT0360081

KEVZARA® (sarilumab)