Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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Inflectra (infliximab-dyyb), Remicade (infliximab), Renflexis (infliximab-abda)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Inflectra (infliximab-dyyb) Remicade (infliximab) Renflexis (infliximab-abda)

APPROVAL CRITERIA

Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) may be approved the following criteria are met:

I. Crohn's disease (CD) when each of the following criteria are met:
   A. Individual is 6 year of age or older with fistulizing or moderate to severe (CD) ; **AND**
   B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy (such as 5-Aminosalicylic acid products, systemic corticosteroids, or immunosuppressants);

   AND
   C. If request is for Remicade:
      1. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to a ONE (1) preferred biologic agent [Current preferred biologics include – Humira (adalimumab), Inflectra (infliximab-dyyb) or Renflexis (infliximab-abda)] unless the following criteria is met:
         a. Individual has been receiving and is maintained on a stable dose of Remicade (infliximab); **OR**
         b. The preferred agents are not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Remicade (infliximab) does; **OR**
         c. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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i. Known hypersensitivity to any active or inactive component which is not also associated with Remicade (infliximab); **OR**
ii. Individual's age; **OR**
iii. Pregnant or planning on becoming pregnant; **OR**
iv. Serious infections or concurrent sepsis; **OR**

d. The preferred agent(s) do not have activity against a concomitant clinical condition and Remicade (infliximab) does. Examples include but may not be limited to the following:
i. Concomitant Psoriasis: TNFi (agents FDA-approved for both indications) or Stelara are preferred; **OR**
ii. Concomitant Rheumatoid Arthritis: TNFi agents are preferred;

OR

II. Ulcerative colitis (UC) when each of the following criteria are met:
A. Individual is 6 years of age or older with moderate to severe UC; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy (such as 5-Aminosalicylic acid products, systemic corticosteroids, or immunosuppressants);
AND
C. If request is for Remicade:
1. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to ONE (1) preferred biologic agent [Current preferred biologic include – Humira (adalimumab) , Inflectra (infliximab-dyyb) or Renflexis (infliximab-abda)] unless the following criteria is met:
a. Individual has been receiving and is maintained on a stable dose of Remicade (infliximab); **OR**
b. The preferred agents are not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Remicade (infliximab) does ; **OR**
c. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
i. Known hypersensitivity to any active or inactive component which is not also associated with the requested agent Remicade (infliximab); **OR**
ii. Individual's age; **OR**
iii. Pregnant or planning on becoming pregnant; **OR**
iv. Serious infections or concurrent sepsis; **OR**
d. The preferred agent(s) do not have activity against a concomitant clinical condition Remicade (infliximab) does. Examples include but may not be limited to the following:

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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i. Concomitant Psoriasis: TNFi (agents FDA-approved for both indications) or Stelara are preferred; **OR**
ii. Concomitant Rheumatoid Arthritis: TNFi agents are preferred;

OR

III. Rheumatoid arthritis (RA) when each of the following criteria are met:
A. Individual is 18 years of age or older with moderate to severe RA; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate, sulfasalazine, leflunomide, or hydroxychloroquine)] (ACR 2015);

AND

C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to TWO preferred biologic agents [Current preferred biologics include – Enbrel (etanercept) and Humira (adalimumab)] unless the following criteria is met:
1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
2. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
   a. Known hypersensitivity to any active or inactive component which is not also associated with Inflectra (infliximab- dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
   b. Individual's age; **OR**
   c. Pregnant or planning on becoming pregnant; **OR**
   d. Serious infections or concurrent sepsis; **OR**
3. The preferred agent(s) do not have activity against a concomitant clinical condition and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does. An example includes but may not be limited to the following:
   a. Concomitant Crohn's disease: TNFi (agents FDA-approved for both indications) are preferred;

OR

IV. Ankylosing spondylitis (AS) when each of the following criteria are met:
A. Individual is 18 years of age or older with moderate to severe AS; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [such as NSAIDs or nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as sulfasalazine)] (ACR 2015);

AND

C. Individual has had a trial (medication samples/coupons/discount cards are excluded

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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from consideration as a trial) and inadequate response or intolerance to TWO (2) preferred biologic agents [Current preferred biologics include – Enbrel (etanercept) and Humira (adalimumab)] unless the following criteria is met:

1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
2. The preferred agents are not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does; **OR**
3. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
   a. Known hypersensitivity to any active or inactive component which is not also associated with Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
   b. Individual's age; **OR**
   c. Pregnant or planning on becoming pregnant; **OR**
   d. Serious infections or concurrent sepsis;

OR

V. Psoriatic arthritis (PsA) when each of the following criteria are met:

A. Individual is 18 years of age or older with moderate to severe PsA; **AND**

B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate, sulfasalazine, or leflunomide)];

AND

C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to TWO preferred biologic agents [Current preferred biologics include – Enbrel (etanercept) and Humira (adalimumab)] unless the following criteria is met:

1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
2. The preferred agents are not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does; **OR**
3. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
   a. Known hypersensitivity to any active or inactive component which is not also associated with Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
   b. Individual's age; **OR**

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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c. Pregnant or planning on becoming pregnant; **OR**
d. Serious infections or concurrent sepsis; **OR**

4. The preferred agent(s) do not have activity against a concomitant clinical condition and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does. Examples include but may not be limited to the following:
   a. Concomitant Crohn's Disease: TNFi (agents FDA-approved for both indications) or Stelara are preferred; **OR**
   b. Concomitant Ulcerative Colitis: TNFi (agents FDA-approved for both indications) are preferred;

OR

VI. Plaque psoriasis (Ps) (Psoriasis vulgaris) when each of the following criteria are met:

A. Individual is 18 years of age or older with chronic moderate to severe (that is, extensive or disabling) plaque Ps (psoriasis vulgaris) with either of the following (AAD 2011):
   1. Plaque Ps (psoriasis vulgaris) involving greater than five percent (5%) body surface area (BSA); **OR**
   2. Plaque Ps (psoriasis vulgaris) involving less than or equal to five percent (5%) BSA involving sensitive areas or areas that significantly impact daily function (such as palms, soles of feet, head/neck, or genitalia); **AND**

B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to phototherapy or other systemic therapies (such as acitretin, cyclosporine, or methotrexate);

AND

C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to TWO preferred biologic agents [Current preferred biologics include – Enbrel (etanercept) and Humira (adalimumab)] unless the following criteria is met:
   1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
   2. The preferred agents are not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does; **OR**
   3. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
      a. Known hypersensitivity to any active or inactive component which is not also associated with the requested agent [Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda)]; **OR**
      b. Individual's age; **OR**
      c. Pregnant or planning on becoming pregnant; **OR**
      d. Serious infections or concurrent sepsis; **OR**
   4. The preferred agent(s) do not have activity against a concomitant clinical condition

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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and the requested non-preferred agent does. Examples include but may not be limited to the following:

a. Concomitant Crohn's Disease: TNFi (agents FDA-approved for both indications) or Stelara are preferred; **OR**
b. Concomitant Ulcerative Colitis: TNFi (agents FDA-approved for both indications) are preferred;

OR

VII. Polyarticular juvenile idiopathic arthritis (PJIA) when each of the following criteria are met (ACR 2011):
A. Individual is 2 years of age or older with moderate to severe PJIA; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [nonbiologic DMARDs (such as methotrexate)];
AND
C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to TWO (2) preferred biologic agents [Current preferred biologics include – Enbrel (etanercept), Humira (adalimumab)] unless the following criteria are met:
1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
2. The preferred agents are not FDA-approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does; **OR**
3. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
a. Known hypersensitivity to any active or inactive component which is not also associated with Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
b. Individual's age; **OR**
c. Pregnant or planning on becoming pregnant; **OR**
d. Serious infections or concurrent sepsis;

OR

VIII. Non-infectious uveitis (UV) when each of the following criteria are met (Levy-Clarke 2014):
A. Individual has chronic, recurrent, treatment-refractory or vision-threatening disease; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [such as corticosteroids or immunosuppressants (azathioprine, cyclosporine, or methotrexate]);
AND
C. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to the preferred

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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biologic agent, Humira (adalimumab), unless the following criteria is met:

1. Individual has been receiving and is maintained on a stable dose of Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
2. The preferred agent is not FDA approved and do not have an accepted off-label use per the off-label policy for the prescribed indication and Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) does; **OR**
3. The preferred agent is not acceptable due to concomitant clinical conditions, such as but not limited to any of the following:
   a. Known hypersensitivity to any active or inactive component which is not also associated with Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda); **OR**
   b. Individual's age; **OR**
   c. Pregnant or planning on becoming pregnant; **OR**
   d. Serious infections or concurrent sepsis;

OR

IX. Immune checkpoint inhibitor therapy-related toxicities [severe (grade 3) or life threatening (grade 4) adverse events) in an individual with any of the following conditions (NCCN 2A):
   A. Severe or life-threatening diarrhea or colitis unresponsive to high-dose systemic corticosteroids; **OR**
   B. Severe or life-threatening pneumonitis if no improvement after 48 hours of high-dose systemic corticosteroids; **OR**
   C. Severe or life-threatening renal failure or elevated serum creatinine (that is, greater than 3 times baseline or greater than 4.0 mg/dL) if toxicity remains greater than grade 2 after 1 week of corticosteroids; **OR**
   D. Severe or life-threatening cardiovascular adverse events (such as, arrhythmias, impaired ventricular function, myocarditis, or pericarditis); **OR**
   E. Severe or life-threatening inflammatory arthritis unresponsive to corticosteroids or anti-inflammatory agents.

Requests for Inflectra (infliximab-dyyb), Remicade (infliximab), or Renflexis (infliximab-abda) may **not** be approved for the following:

I. In combination with other TNF antagonists, JAK inhibitors, or other biologic drugs (such as abatacept, anakinra, tocilizumab, or vedolizumab); **OR**
II. Tuberculosis, other active serious infections, or a history of recurrent infections; **OR**
III. Individual has not had a tuberculin skin test (TST) or a Centers for Disease Control (CDC-) and Prevention -recommended equivalent to evaluate for latent tuberculosis prior to initiating infliximab.

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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Note:
TNFi have black box warnings for serious infections and malignancy. Individuals treated with TNFi are at increased risk for developing serious infections that may lead to hospitalization or death. Most individuals who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. TNFi should be discontinued if an individual develops a serious infection or sepsis. Individuals should be tested for latent tuberculosis (TB) before TNFi use and during therapy. Treatment for latent TB should be initiated prior to TNFi use. Risks and benefits of TNFi should be carefully considered prior to initiation of therapy in individuals with chronic or recurrent infection. Lymphoma and other malignancies have been reported in children and adolescents treated with TNFi. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL) have been reported in individuals treated with TNFi. Almost all cases had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNFi at or prior to diagnosis. It is uncertain whether HSTCL is related to the use of a TNFi or a TNFi in combination with these other immunosuppressants.

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

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Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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