Mass General Brigham
Health Plan

Inflectra (infliximab-dyyb)
Remicade (infliximab)
Renflexis (infliximab-abda)
Avsola (infliximab-qbtx)
infliximab
Effective 08/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	These medications have been designated specialty and must be filled through a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Moderately to severely active Crohn's disease
2. Moderately to severely active Ulcerative colitis
3. Moderately to severely active Rheumatoid arthritis in combination with methotrexate
4. Active Ankylosing spondylitis
5. Active Psoriatic arthritis
6. Chronic severe Plaque psoriasis

Compendial Uses

1. Axial spondyloarthritis
2. Behcet's syndrome
3. Granulomatosis with polyangiitis (Wegener's granulomatosis)
4. Hidradenitis suppurativa
5. Juvenile idiopathic arthritis
6. Pyoderma gangrenosum

7. Sarcoidosis
8. Takayasu's arteritis
9. Uveitis

All other indications are considered experimental/investigational and are not a covered benefit.

Coverage Guidelines

Moderately to severely active Crohn's disease (CD)
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for treatment of moderately to severely active CD when the following criteria are met:

1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Entyvio and Stelara IV 130mg
3. One of the following:
    a. Member has fistulizing disease.
    b. Member has an inadequate response, intolerance or contraindication to at least one conventional therapy option (see Appendix A).

Moderately to severely active ulcerative colitis (UC)
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for treatment of moderately to severely active CD when the following criteria are met:

1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Entyvio and Stelara IV 130mg
3. Member has an inadequate response, intolerance or contraindication to at least one conventional therapy option (see Appendix B).

Moderately to severely active rheumatoid arthritis (RA)
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for treatment of moderately to severely active RA when one of the following criteria is met:

1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Simponi Aria
3. Member meets one of the following:
    a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
    b. Member has an intolerance or contraindication to methotrexate (see Appendix C).

Active ankylosing spondylitis (AS) and axial spondyloarthritis
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for treatment of active ankylosing spondylitis and axial spondyloarthritis when the following criteria is met:
1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Simponi Aria
3. One of the following:
    a. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs) for at least four weeks.
    b. Member has an intolerance or contraindication to two or more NSAIDs.

Active psoriatic arthritis (PsA)
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for treatment of active psoriatic arthritis (PsA) when the following criteria is met:
1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Simponi Aria
3. Member has a contraindication to all the preferred products AND meets one of the following:
    a. Member has had an intolerance to or inadequate response (after at least 3 months of treatment) with methotrexate OR leflunomide.
    b. Member has a contraindication to BOTH methotrexate and leflunomide AND has experienced an inadequate response, intolerance, or contraindication to sulfasalazine.

Chronic severe plaque psoriasis
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola, Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR
Authorization may be granted for treatment of chronic severe plaque psoriasis when all the following criteria are met:

1. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented inadequate response or intolerable adverse event with Ilumya
3. At least 5% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
4. Member meets ONE of the following criteria:
    a. Member has experienced an inadequate response or adverse reaction to TWO conventional therapies in any one of the following combinations:
        - 1 topical agent + 1 systemic agent (methotrexate, acitretin or cyclosporine)
        - 1 topical agent + 1 phototherapy (e.g., UVB, PUVA)
        - 1 systemic agent + 1 phototherapy (e.g., UVB, PUVA)
        - 2 systemic agents
    b. Member has a clinical reason to avoid ALL conventional therapies (topical agents, phototherapy and systemic agents). (See Appendix C)
    c. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy.

Behcet's syndrome
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of refractory Behcet's syndrome
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Granulomatosis with polyangiitis (Wegener's granulomatosis)
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of granulomatosis with polyangiitis (Wegener's granulomatosis)
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Hidradenitis suppurativa
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR

Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of granulomatosis with severe, refractory hidradenitis suppurativa when the documentation of Hurley Stage III HS received
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Juvenile Idiopathic arthritis (JIA)

Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of juvenile idiopathic arthritis (JIA)
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Pyoderma gangrenosum

Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of pyoderma gangrenosum
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Sarcoidosis

Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola, Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of sarciodosis
2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Takayasu's arteritis

Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola, Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of Takayasu's arteritis

2. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Uveitis
Authorization may be granted for members new to the plan who are currently receiving treatment with Remicade, Avsola, Inflectra, infliximab, or Renflexis, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following criteria are met:

1. Diagnosis of treatment of Uveitis
2. Member has had inadequate response, intolerance or contraindication to a trial of immunosuppressive therapy for uveitis (e.g., methotrexate, azathioprine, or mycophenolate mofetil)
3. For Avsola, Remicade, infliximab, and Renflexis: member has a documented intolerable adverse event with the preferred product, Inflectra, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

Continuation of Therapy
Authorization may be granted for members who meet all initial authorization criteria and achieve or maintain positive clinical response after at least 3 months of therapy with Remicade, Inflectra, Avsola, infliximab, or Renflexis as evidenced by low disease activity or improvement in signs and symptoms of the condition.

Limitations

1. Approvals will be granted for 24 months
2. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
    a. Note: Members who have received Inflectra, Remicade, Renflexis, or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.
3. The following quantity limits apply:

Remicade, Inflectra, Renflexis, infliximab, and Avsola 100 mg	10 vials per 28 days

Appendices
Appendix A
Examples of Conventional Therapy Options for CD

1. Mild to moderate disease – induction of remission:
    a. Oral mesalamine
2. Mild to moderate disease – maintenance of remission:
    a. Azathioprine, mercaptopurine
    b. Alternatives: methotrexate intramuscularly (IM)
3. Moderate to severe disease – induction of remission:
    a. Methotrexate IM
4. Moderate to severe disease – maintenance of remission:
    a. Azathioprine, mercaptopurine
    b. Alternative: methotrexate IM
5. Perianal and fistulizing disease – maintenance of remission
    a. Azathioprine, mercaptopurine

b. Alternative: methotrexate IM

Appendix B
Examples of Conventional Therapy Options for UC

1. Mild to moderate disease – induction of remission:
    a. Oral mesalamine (e.g., Asacol, Asacol HD, Lialda, Pentasa)
    b. Rectal mesalamine (e.g., Canasa, Rowasa)
    c. Alternatives: azathioprine, mercaptopurine, sulfasalazine
2. Mild to moderate disease – maintenance of remission:
    a. Oral mesalamine, rectal mesalamine
    b. Alternatives: azathioprine, mercaptopurine, sulfasalazine
3. Severe disease – induction of remission:
    a. Sulfasalazine
4. Severe disease – maintenance of remission:
    a. Azathioprine, mercaptopurine

b. Alternative: sulfasalazine
    a. Pouchitis: rectal mesalamine

Appendix C
Examples of Clinical Reasons (Contraindications) to Avoid Pharmacologic Treatment with Methotrexate, Acitretin or Cyclosporine

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy (male or female)
10. Renal impairment
11. Significant drug interaction
12. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

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2. Renflexis (infliximab) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme; November 2017.
3. Inflectra (infliximab dyyb) [prescribing information]. New York, NY: Pfizer; November 2017
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Review History

03/21/05 – Reviewed
05/15/05 – Implemented
02/27/06 – Updated
02/25/08 – Updated

02/23/09 – Updated
02/22/10 – Reviewed
02/28/11 – Updated
02/27/12 – Updated
02/25/13 – Updated
02/24/14 – Updated
02/23/15 – Reviewed
02/22/16 – Reviewed
02/27/17 - Added Inflectra; adopted SGM & PDS
02/26/18 – Updated
02/20/19 – Updated
11/20/19 - Added all SGM compendial uses that were previously listed on custom criteria as reviewed on a case-by-case basis and deleted off-label case-by-case reviews statement. Added criteria to compendial diagnosis. Added Skyrizi as required preferred product for PsO. Added Rinvoq as required preferred trial for RA
10/31/2020 – Reviewed; Updated criteria to have preferred agent as Remicade for Comm/Exch strategy. Non-preferred as Avsola, Renflexis, and Inflectra. Updated references. Effective 1/1/21. Avsola addition effective 2/1/21.
11/17/2021 – Reviewed and Updated for Nov P&T; updated preferred agent to Inflectra. Effective 01/01/2022
06/22/2022 – Reviewed and Updated for Jun P&T; added new formulation of unbranded infliximab as a non-preferred agent. Effective 08/01/2022.