Preferred Infliximab Products - Inflectra (infliximab-dyyb)

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2024
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Line of Business: Medicaid - South Carolina, Medicaid - Ohio
Policy Type: Prior Authorization

Products Affected
Inflectra intravenous solution

Listed Indications
Rheumatoid Arthritis
Crohn's Disease (Non-Fistulizing) and Ulcerative Colitis - Adult
Ankylosing Spondylitis
Psoriatic Arthritis
Plaque Psoriasis
Crohn's Disease (Non-Fistulizing) and Ulcerative Colitis - Pediatric
Fistulizing Crohn's Disease

Rheumatoid Arthritis	
Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of moderately to severely active rheumatoid arthritis.
Criteria #2	The member must be at least 18 years of age or older.
Criteria #3	The member must be on concomitant treatment with methotrexate during Inflectra (infliximab-dyyb) therapy, unless contraindicated or intolerant to methotrexate.
Criteria #4	The member has had prior therapy with or intolerance to a single DMARD (e.g. methotrexate, sulfasalazine, hydroxychloroquine, leflunomide), or contraindication to all DMARDs.
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
Approval Duration	
Initial	Plan Year Duration

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Crohn's Disease (Non-Fistulizing) and Ulcerative Colitis - Adult	
Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of moderate to severely active Crohn's disease **OR** moderately to severely active ulcerative colitis
Criteria #2	The member must be at least 18 years of age.
Criteria #3	The member has had prior therapy, contraindication, or intolerance with a corticosteroid (e.g. prednisone, hydrocortisone, methylprednisolone), 5-aminosalicylic acids (e.g. mesalamine, olsalazine) **OR** immunosuppressive agents (e.g. azathioprine, or 6-mercaptopurine).
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	

Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Ankylosing Spondylitis	
Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of highly persistent, active ankylosing spondylitis.
Criteria #2	The member must be at least 18 years of age or older.
Criteria #3	The member has had prior therapy, contraindication, or intolerance with at least one non-steroidal anti-inflammatory drug (NSAID) (e.g. ibuprofen, meloxicam, naproxen).
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Psoriatic Arthritis	
Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of active psoriatic arthritis.
Criteria #2	The member must be at least 18 years of age or older.
Criteria #3	The member has had prior therapy, contraindication, or intolerance with at least one non-steroidal anti-inflammatory drug (NSAID) (e.g.ibuprofen, meloxicam, naproxen) **AND**
Criteria #4	The member has had prior therapy with or intolerance to a single DMARD (e.g. methotrexate, sulfasalazine, leflunomide), or contraindication to all DMARDs.
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Plaque Psoriasis	
Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of moderate to severe, extensive chronic plaque psoriasis.
Criteria #2	The member must be at least 18 years of age.
Criteria #3	The member has had prior therapy or intolerance with conventional therapy including one or more oral systemic treatments (e.g., acitretin, methotrexate, hydroxyurea, cyclosporine, sulfasalazine) or contraindication to all conventional oral systemic treatments.
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	

Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Crohn's Disease (Non-Fistulizing) and Ulcerative Colitis - Pediatric

Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of moderately to severely active Crohn's Disease **OR** moderately to severely active ulcerative colitis.
Criteria #2	The member must be 6 to 17 years of age.
Criteria #3	The member has had prior therapy, contraindication, or intolerance with conventional therapy including: 5-aminosalicylic acids (e.g. mesalamine, olsalazine) **OR** corticosteroids (e.g. prednisone, hydrocortisone, methylprednisolone) **OR** imunomodulators (e.g. azathioprine, 6-mercaptopurine).
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Fistulizing Crohn's Disease

Does the member meet all of the following criteria?	
Criteria #1	The member must have a diagnosis of moderately to severely active Crohn's disease with one or more draining fistulas
Criteria #2	The member must be at least 18 years of age.
Criteria #3	The member has had prior therapy, contraindication, or intolerance with one or more immunosuppressive agents (e.g. azathioprine, 6-mercaptopurine)
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	Combination therapy with other biologics (e.g. Cosentyx, Enbrel, adalimumab product, Kevzara, Remicade).
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Background

Inflectra (infliximab-dyyb) is biosimilar to Remicade (infliximab). Infliximab neutralizes the biological activity of TNF-a by binding to the soluble and transmembrane forms of TNF-a therefore effectively inhibiting the binding of TNF-a with its receptors.
Inflectra (infliximab-dyyb) is indicated for:

- Crohn's Disease?
  - reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
  - reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease
- Pediatric Crohn's Disease?

- reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy.

- Ulcerative Colitis?
  - reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
- Pediatric Ulcerative Colitis?
  - reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
- Rheumatoid Arthritis in combination with methotrexate ?
  - reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease
- Ankylosing Spondylitis?
  - reducing signs and symptoms in patients with active disease
- Psoriatic Arthritis?
  - reducing signs and symptoms of active arthritis, inhibiting progression of structural damage, and improving physical function
- Plaque psoriasis?
  - treatment of adult patients with chronic severe (i.e. extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

?
Inflectra (infliximab-dyyb) is supplied as 100 mg of infliximab-dyyb lyophilized powder in a single dose vial for reconstitution and dilution.
This is a prior authorization policy about Inflectra (infliximab-dyyb).

Black Box Warnings:

- Increased risk of serious infections leading to hospitalization or death, including tuberculosis (TB), bacterial sepsis, invasive fungal infections (such as histoplasmosis) and infections due to other opportunistic pathogens.

- Discontinue Inflectra (infliximab-dyyb) if a patient develops a serious infection.

- Perform test for latent TB; if positive, start treatment for TB prior to starting infliximab products. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

- Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with tumor necrosis factor (TNF) blockers, including infliximab products.

- Postmarketing cases of fatal hepatosplenic T-cell lymphoma (HSTCL) have been reported with patients treated with TNF blockers including infliximab products. Almost all had received azathioprine or 6-mercaptopurine concomitantly with a TNF-blocker at or prior to diagnosis. The majority of cases were reported in patients with Crohn's disease or ulcerative colitis, most of whom were adolescent or young adult makes.

Inflectra (infliximab-dyyb) can cause and/or should not be used in patients with:

- Clinically important active infections
- A history of tuberculosis, positive PPD
- Women who are pregnant or lactating
- Multiple sclerosis or other demyelinating events
- Moderate to severe congestive heart failure

- Undifferentiated cytopenias
- Malignancies
- Neurologic events
- Hematologic Events
- Hepatosplenic T-cell lymphomas
- Hepatitis B Virus reactivation
- Hepatoxicity
- A known hypersensitivity to murine products or other components of the formulation.
- Hepatosplenic T-cell Lymphoma ? carefully assess the risk benefit especially if the patient has Crohn?s disease or ulcerative colitis, is male, and is receiving azathioprine or 6-mercaptopurine treatment
- Demyelinating disease ? consider stopping Inflectra (infliximab-dyyb) if exacerbation or new onset occurs.
- Live vaccines- should not be given with Inflectra (infliximab-dyyb). Bring patients up to date with all vaccinations prior to initiating Inflectra (infliximab-dyyb).
- Cerebrovascular accidents, myocardial infarctions (some fatal), and arrhythmias have been reported during and within 24 hours of initiation of infliximab infusion. Monitor patients during infusion and discontinue if serious reaction occurs.
- New onset and worsening symptoms of heart failure may occur.

Inflectra (infliximab-dyyb) at doses >5 mg/kg should not be administered to patients with moderate to severe heart failure.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Inflectra; infliximab-dyyb; Rheumatoid Arthritis; Crohn’s Disease; Ankylosing Spondylitis; Psoriatic Arthritis; Plaque Psoriasis; Ulcerative Colitis; Intravenous injection; pharmacy

References

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