

# Non-Preferred Infliximab Products - Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab), unbranded Infliximab



## Pharmacy Coverage Policy

**Effective Date:** January 01, 2024

**Revision Date:** January 01, 2024

**Review Date:** June 21, 2023

Page: 1 of 5

**Line of Business:** Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio

**Policy Type:** Prior Authorization

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [http://apps.humana.com/tad/tad\\_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

### Products Affected

Renflexis intravenous solution  
 Avsola intravenous solution  
 Remicade intravenous solution  
 infliximab 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 has failed to achieve symptom control (e.g. reduced joint pain, reduced joint swelling) or has intolerance with Inflectra.
Criteria #4	The member must be on concomitant treatment with methotrexate during Renflexis, Avsola, Remicade or unbranded infliximab therapy, unless contraindicated or intolerant to methotrexate.

#### Approval Duration

Initial	Plan Year Duration
---------	--------------------

[Back to top](#)

### 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 <b>OR</b> moderately to severely active ulcerative colitis.
Criteria #2	The member must be at least 18 years of age.
Criteria #3	The member has failed to achieve symptom control (e.g. improved liquid or soft stool, reduced abdominal pain, stable weight) or has intolerance with Inflectra.

#### Approval Duration

**Non-Preferred Infliximab Products - Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab), unbranded Infliximab**

Effective Date: 1/1/2024

Revision Date: 1/1/2024

Review Date: 6/21/2023

Line of Business: Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 2 of 5

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [http://apps.humana.com/tad/tad\\_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

Initial	Plan Year Duration
---------	--------------------

[Back to top](#)

**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 failed to achieve symptom control (e.g. reduced spinal pain, reduced inflammation) or has intolerance with Inflectra.

**Approval Duration**

Initial	Plan Year Duration
---------	--------------------

[Back to top](#)

**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 failed to achieve symptom control (e.g. reduced joint pain or swelling, reduced erythema) or has intolerance with Inflectra.

**Approval Duration**

Initial	Plan Year Duration
---------	--------------------

[Back to top](#)

**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 failed to achieve symptom control (e.g. reduction in erythema, reduction of area of skin involved) or has intolerance with Inflectra.

**Approval Duration**

Initial	Plan Year Duration
---------	--------------------

[Back to top](#)

**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 <b>OR</b> moderately to severely active ulcerative colitis.
Criteria #2	The member must be 6 to 17 years of age.
Criteria #3	The member has failed to achieve symptom control (e.g. reduced stool frequency, reduced rectal bleeding) or has intolerance with Inflectra.

**Approval Duration**

# Non-Preferred Infliximab Products - Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab), unbranded Infliximab

Effective Date: 1/1/2024

Revision Date: 1/1/2024

Review Date: 6/21/2023

Line of Business: Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 3 of 5

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [http://apps.humana.com/tad/tad\\_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

Initial | Plan Year Duration

[Back to top](#)

## Fistulizing Crohn's Disease

### Does the member meet all of the following criteria?

Criteria #1	The member must have a diagnosis of 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 failed to achieve symptom control (e.g. improved liquid or soft stool, reduced abdominal pain, stable weight) or has intolerance with Inflectra.

### Approval Duration

Initial | Plan Year Duration

[Back to top](#)

## Background

This is a prior authorization policy about Renflexis (infliximab-abda).

### 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 Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab) or unbranded infliximab 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 males.

Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab) and unbranded infliximab 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

## Non-Preferred Infliximab Products - Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab), unbranded Infliximab

Effective Date: 1/1/2024

Revision Date: 1/1/2024

Review Date: 6/21/2023

Line of Business: Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 4 of 5

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [http://apps.humana.com/tad/tad\\_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

- Malignancies
- Neurologic events
- Hematologic Events
- Hepatosplenic T-cell lymphomas
- Hepatitis B Virus reactivation
- Hepatotoxicity
- 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 Renflexis (infliximab-abda) if exacerbation or new onset occurs.
- Live vaccines- should not be given with Renflexis, Avsola, Remicade, or unbranded infliximab. Bring pediatric patients up to date with all vaccinations prior to initiating Renflexis, Avsola, Remicade or unbranded infliximab.
- 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.

Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab) and unbranded infliximab at doses >5 mg/kg should not be administered to patients with moderate to severe heart failure.

Remicade (infliximab) and unbranded infliximab are tumor necrosis factor alpha (TNF- $\alpha$ ) inhibitors that neutralize the biological activity of TNF- $\alpha$  by binding to the soluble and transmembrane forms of TNF- $\alpha$  therefore effectively inhibiting the binding of TNF- $\alpha$  with its receptors. Renflexis (infliximab-abda) and Avsola (infliximab-axxq) are biosimilars referencing Remicade.

Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab) and unbranded infliximab are 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
  - ?

## Non-Preferred Infliximab Products - Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab), unbranded Infliximab

Effective Date: 1/1/2024

Revision Date: 1/1/2024

Review Date: 6/21/2023

Line of Business: Medicaid - Kentucky, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 5 of 5

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version. Refer to [http://apps.humana.com/tad/tad\\_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

- 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.

Renflexis (infliximab-abda), Avsola (infliximab-axxq), Remicade (infliximab) and unbranded infliximab are supplied as individually boxed-single use vials as 100mg/20 mL vial for IV injection.

### Provider Claim Codes

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

### Medical Terms

Renflexis; infliximab-abda; Avsola; infliximab-axxq; Remicade; infliximab; Rheumatoid Arthritis; Crohn's Disease; Ankylosing Spondylitis; Psoriatic Arthritis; Plaque Psoriasis; Ulcerative Colitis; Intravenous injection;

### References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; URL:<http://www.clinicalpharmacology.com>. (Updated periodically).
2. IBM Micromedex® DRUGDEX® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/> (Updated periodically).
3. Lexi-Comp [database online], Hudson, OH: Lexi-comp, Inc.: url: <http://online.lexi.com>. Updated periodically.
4. Renflexis [package insert]. Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.: Whitehouse Station, NJ; January 2022.
5. Avsola [package insert]. Amgen, Inc. Thousand Oaks, CA; September 2021
6. Remicade [package insert]. Janssen Biotech Inc. Horsham, PA; October 2021
7. Infliximab [package insert]. Janssen Biotech Inc. Horsham, PA; October 2021

#### Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.hhs.gov/>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without permission from Humana.