PrimeWest HEALTH™
Your greater Minnesota health plan
3905 Dakota St
Alexandria, MN 56308
primewest.org

Infliximab Part B Step Therapy Criteria

Last Review Date: 02/2023
Date of Origin: 01/2023

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

Dosing is within FDA-approved dosing guidelines as outlined in a CMS-approved compendia such as Drugdex/Micromedex, AFHS, etc.

III. Initial Approval Criteria

- Therapy must be new start; if member has use within last 365 days, continued use will be allowed.
- Reason given as to why Inflectra, Renflexis, Avsola, or Ixifi cannot be used, which must include documented allergy or contraindication, or clinical evidence demonstrating change from Remicade to biosimilar would cause adverse events
- Documentation of trial and failure of 2 biosimilars

AND:

Coverage is provided in the following conditions:

- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; AND
- Patient has been evaluated and screened for the presence of hepatitis B virus (HBV) prior to initiating treatment; AND
- Patient does not have an active infection, including clinically important localized infections; AND
- Must not be administered concurrently with live vaccines; AND
- Patient is not on concurrent treatment with another TNF inhibitor, anakinra, abatacept, or other biologic response modifier; AND
- Physician has assessed baseline disease severity utilizing an objective measure/tool; AND
- Will not be used in patients with moderate or severe heart failure (i.e., New York Heart Association [NYHA] Functional Class III/IV) Note: Only applies when doses >5mg/kg are used.

AND:

Crohn's Disease †

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND

- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate)

Pediatric Crohn's Disease †
- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Patient is at least 6 years of age; AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, etc.)

Ulcerative Colitis †
- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate)

Pediatric Ulcerative Colitis †
- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Patient is at least 6 years of age; AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, etc.)

Fistulizing Crohn's Disease †
- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate)

Rheumatoid Arthritis (RA) †
- Must be prescribed by, or in consultation with, a specialist in rheumatology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND
- Patient has had at least a 3-month trial and failed previous therapy with ONE oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, or leflunomide; AND
- Used in combination with methotrexate (MTX) unless contraindicated

Psoriatic Arthritis †

- Must be prescribed by, or in consultation with, a specialist in dermatology or rheumatology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe active disease; AND
    - For patients with predominantly axial disease OR active enthesitis and/or dactylitis, an adequate trial and failure of at least 2 non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated; OR
    - For patients with peripheral arthritis, a trial and failure of at least a 3-month trial of 1 oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine

Ankylosing Spondylitis †

- Must be prescribed by, or in consultation with, a specialist in rheumatology; AND
- Adult patient (18 years or older); AND
- Documented active disease; AND
- Patient had an adequate trial and failure of at least 2 non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated

Plaque Psoriasis †

- Must be prescribed by, or in consultation with, a specialist in dermatology or rheumatology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
    - Involvement of at least 10% of body surface area (BSA); OR
    - Psoriasis Area and Severity Index (PASI) score of 10 or greater; OR
    - Incapacitation due to plaque location (i.e., head and neck, palms, soles or genitalia)

AND:

- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or vitamin D analogues); AND
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of at least one systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); AND
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol)

Uveitis Associated with Behçet's Syndrome ‡

- Must be prescribed by, or in consultation with, a specialist in rheumatology or ophthalmology; AND
- Patient's disease is refractory to immunosuppressive therapy (e.g., corticosteroids, etc.); AND
- Patient had an inadequate response to a self-administered biologic therapy (e.g., adalimumab)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, malignancy, significant hematologic abnormalities, serious infections, cerebrovascular accidents, cardiotoxicity/heart failure, neurotoxicity, hepatotoxicity, lupus-like syndrome, demyelinating disease, etc.; AND
- Patient is receiving ongoing monitoring for presence of TB or other active infections

Crohn's Disease

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra-intestinal complications, use of anti-diarrheal drugs, and/or an improvement on a disease activity scoring tool (e.g., an improvement on the Crohn's Disease Activity Index [CDAI] score or the Harvey-Bradshaw Index score]).

Pediatric Crohn's Disease

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra-intestinal complications, use of anti-diarrheal drugs and/or an improvement on a disease activity scoring tool (e.g., an improvement on the Pediatric Crohn's Disease Activity Index [PCDAI] score or the Harvey-Bradshaw Index score).

Ulcerative Colitis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, and/or an improvement on a disease activity scoring tool (e.g., an improvement on the Ulcerative Colitis Endoscopic Index of Severity [UCEIS] score or the Mayo Score).

Pediatric Ulcerative Colitis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, and/or an improvement on a disease activity scoring tool (e.g., an improvement on the Pediatric Ulcerative Colitis Activity Index [PUCAI] score or the Mayo Score).

Fistulizing Crohn's Disease

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as a reduction in number of enterocutaneous fistulas draining upon gentle compression, and/or an improvement on a disease activity scoring tool (e.g., an improvement on the Crohn's Disease Activity Index [CDAI] score or the Harvey-Bradshaw Index score).

Psoriatic Arthritis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool (e.g., defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria [PsARC], 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria).

Rheumatoid Arthritis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool (e.g., an improvement on a composite scoring index such as Disease Activity Score-28 [DAS28] of 1.2 points or more or a ≥20% improvement on the American College of Rheumatology-20 [ACR20] criteria).

Ankylosing Spondylitis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as total back pain, physical function, morning stiffness, and/or an improvement on a disease activity scoring tool (e.g., ≥ 1.1 improvement on the Ankylosing Spondylitis Disease Activity Score [ASDAS] or an improvement of ≥ 2 on the Bath Ankylosing Spondylitis Disease Activity Index [BASDAI]).

Plaque Psoriasis

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement, and/or an improvement on a disease activity scoring tool (e.g., a 75% reduction in the PASI score from when treatment started [PASI 75] or a 50% reduction in the PASI score [PASI 50] and a four-point reduction in the DLQI from when treatment started).

Uveitis Associated with Behçet's Syndrome

- Disease response as indicated by an improvement in signs and symptoms compared to baseline (e.g., reduction in inflammation and/or lesions, dose reduction of oral glucocorticoids and/or immunosuppressive agents, improvement in vitreous haze, improvement in best corrected visual acuity [BCVA], disease stability and/or reduced rate of decline).

V. Dosage/Administration

Indication	Loading Doses	Maintenance Dosing	Maximum Dose & Frequency
Rheumatoid Arthritis	3 mg/kg at weeks 0, 2, & 6	3 mg/kg every 8 weeks thereafter	Up to 10 mg/kg every 4 weeks
Ankylosing Spondylitis	5 mg/kg at weeks 0, 2, & 6	5 mg/kg every 6 weeks thereafter	5 mg/kg every 6 weeks
Crohn's Disease & Ulcerative Colitis	5 mg/kg at weeks 0, 2, & 6	5 mg/kg every 8 weeks thereafter	Up to 10 mg/kg every 8 weeks

Indication	Loading Doses	Maintenance Dosing	Maximum Dose & Frequency
Psoriatic Arthritis, Plaque Psoriasis, Behçet's Uveitis	5 mg/kg at weeks 0, 2, & 6	5 mg/kg every 8 weeks thereafter	5 mg/kg every 8 weeks

- Dose escalation (up to the maximum dose and frequency specified above) may occur upon clinical review on a case-by-case basis provided that the patient has:
  - Shown an initial response to therapy; AND
  - Received the three loading doses at the dose AND interval specified above; AND
  - Received a minimum of one maintenance dose at the dose AND interval specified above; AND
  - Responded to therapy (by treatment week 16) with subsequent loss of response; AND
  - Dose escalation may either increase the dose OR decrease the interval provided it does not exceed the following limits:
    - Dose increase by no more than 2 mg/kg; OR
    - Interval decrease by no more than 2 weeks

Note: Criteria for disease-specific response to therapy are noted in section IV. Patients with moderate to severe heart failure (NYHA Functional Class III/IV; LVEF ≤35%) should not receive doses in excess of 5 mg/kg.

VI. References

1. L33394 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses, CMS. Accessed 02/22/2022
2. Remicade [package insert]. Horsham, PA; Janssen Biotech, Inc; October 2017.
3. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2015 Nov 6. doi: 10.1002/acr.22783.
4. Ward MM, Deodhar, A, Akl, EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis Rheumatol. 2015 Sep 24. doi: 10.1002/art.39298.
5. Menter A, Feldman SR, Weinstein GD, et al. A randomized comparison of continuous vs. intermittent infliximab maintenance regimens over 1 year in the treatment of moderate-tosevere plaque psoriasis. J Am Acad Dermatol 2007;56:31e1-15.
6. Niccoli L, Nannini C, Benucci M, Chindamo D, Cassarà E, Salvarani C, Cimino L, Gini G, Lenzetti I, Cantini F. Long-term efficacy of infliximab in refractory posterior uveitis of Behcet's disease: a 24-month follow-up study. Rheumatology (Oxford). 2007 Jul;46(7):1161-4. Epub 2007 May 3.
7. Giardina A, Ferrante A, Ciccia F, et al. One year study of efficacy and safety of infliximab in the treatment of patients with ocular and neurological Behcet's disease refractory to standard immunosuppressive drugs. Rheumatol Int 2011;31:33–37.
8. Okada A, Goto H, Ohno S, et al. Multicenter study of infliximab for refractory uveoretinitis in Behcet disease. Arch Ophthalmol 2012;130(5):592-598.
9. Lichtenstein GR, Hanauer SB, Sandborn WJ, Practice Parameters Committee of American College of Gastroenterology. Management of Crohn's disease in adults. Am J Gastroenterol. 2009;104(2):465.

10. Kornbluth, A, Sachar, DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. Am J Gastroenterol. 2010 Mar;105(3):501-23.
11. Terdiman JP, Gruss CB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF-α biologic drugs for the induction and maintenance of remission in inflammatory Crohn's disease. Gastroenterology. 2013 Dec;145(6):1459-63. doi: 10.1053/j.gastro.2013.10.047.
12. Hsu S, Papp KA, Lebwohl MG, et al. Consensus guidelines for the management of plaque psoriasis. Arch Dermatol. 2012 Jan;148(1):95-102.
13. Gottlieb A, Korman NJ, Gordon KB, Feldman SR, Lebwohl M, Koo JY, Van Voorhees AS, Elmets CA, Leonardi CL, Beutner KR, Bhushan R, Menter A. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. J Am Acad Dermatol 2008 May;58(5):851-64.
14. National Institute for Health and Clinical Excellence (NICE). Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor. London (UK): National Institute for Health and Clinical Excellence (NICE); 2010 Aug. 73 p. (Technology appraisal guidance; no. 195)
15. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. Ann Rheum Dis. 2015 Dec 7. pii: annrheumdis-2015-208337. doi: 10.1136/annrheumdis-2015-208337.
16. Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Ann Rheum Dis. 2017 Mar 6. pii: annrheumdis-2016-210715.
17. Van Der Heijde D, Ramiro S, Landewe R, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. Ann Rheum Dis doi:10.1136/annrheumdis-2016-210770.
18. Harbord M, Eliakim R, Bettenworth D, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management. J Crohns Colitis. 2017 Jan 28. doi: 10.1093/ecco-jcc/jjx009.
19. Jabs DA, Rosenbaum JT, Foster CS, et al. Guidelines for the use of immunosuppressive drugs in patients with ocular inflammatory disorders: recommendations of an expert panel. Am J Ophthalmol. 2000 Oct;130(4):492-513.
20. Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of antitumor necrosis factor biologic agents in patients with ocular inflammatory disorders. Ophthalmology. 2014 Mar;121(3):785-96.e3. doi: 10.1016/j.ophtha.2013.09.048.
21. National Institute for Health and Care Excellence. NICE 2012. Crohn's Disease: Management. Published 10 October 2012. Clinical Guideline [CG152]. https://www.nice.org.uk/guidance/cg152/resources/crohns-disease-management-pdf-35109627942085 .
22. Lewis JD, Chuai S, Nessel L, et al. Use of the Non-invasive Components of the Mayo Score to Assess Clinical Response in Ulcerative Colitis. Inflamm Bowel Dis. 2008 Dec; 14(12): 1660–1666. doi: 10.1002/ibd.20520

23. Paine ER. Colonoscopic evaluation in ulcerative colitis. Gastroenterol Rep (Oxf). 2014 Aug; 2(3): 161–168.
24. Walsh AJ, Bryant RV, Travis SPL. Current best practice for disease activity assessment in IBD. Nature Reviews Gastroenterology & Hepatology 13, 567–579 (2016) doi:10.1038/nrgastro.2016.128
25. Kornbluth, A, Sachar, DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. Am J Gastroenterol. 2010 Mar;105(3):501-23.
26. National Institute for Health and Care Excellence. NICE 2017. Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs. Published 24 May 2017. Technology Appraisal Guidance [TA445]. https://www.nice.org.uk/guidance/TA445/chapter/1-Recommendations. Accessed August 2017.
27. National Institute for Health and Care Excellence. NICE 2009. Rheumatoid Arthritis in Adults: Management. Published 25 February 2009. Clinical Guideline [CG79]. https://www.nice.org.uk/guidance/cg79/resources/rheumatoid-arthritis-in-adultsmanagement-pdf-975636823525.
28. National Institute for Health and Care Excellence. NICE 2010. Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after failure of a TNF inhibitor. Published 10 October 2012. Clinical Guideline [TA195]. https://www.nice.org.uk/guidance/ta195/resources/adalimumab-etanercept-infliximabrituximab-and-abatacept-for-the-treatment-of-rheumatoid-arthritis-after-the-failure-of-atnf-inhibitor-pdf-82598558287813.
29. Ward MM, Guthri LC, Alba MI. Rheumatoid Arthritis Response Criteria And Patient-Reported Improvement in Arthritis Activity: Is an ACR20 Response Meaningful to Patients". Arthritis Rheumatol. 2014 Sep; 66(9): 2339–2343. doi: 10.1002/art.38705
30. National Institute for Health and Care Excellence. NICE 2008. Infliximab for the treatment of adults with psoriasis. Published 23 January 2008. Technology Appraisal Guidance [TA134]. https://www.nice.org.uk/guidance/ta134/resources/infliximab-for-the-treatment-ofadults-with-psoriasis-pdf-82598193811141.
31. Smith CH, Jabbar-Lopez ZK, Yiu ZK, et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2017. Br J Dermatol. 2017 Sep;177(3):628-636. doi: 10.1111/bjd.15665.
32. Jabs DA, Rosenbaum JT, Foster CS, et al. Guidelines for the use of immunosuppressive drugs in patients with ocular inflammatory disorders: recommendations of an expert panel. Am J Ophthalmol. 2000 Oct;130(4):492-513.
33. Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of antitumor necrosis factor biologic agents in patients with ocular inflammatory disorders. Ophthalmology. 2014 Mar;121(3):785-96.e3. doi: 10.1016/j.ophtha.2013.09.048.
34. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD): Drugs and Biologics (Non-chemotherapy) (L34741). Centers for Medicare & Medicaid Services, Inc. Updated on 11/21/2017 with effective date 12/1/2017. Accessed January 2018.
35. First Coast Service Options, Inc. Local Coverage Determination (LCD): Infliximab (Remicade™) (L33704). Centers for Medicare & Medicaid Services, Inc. Updated on 10/12/2017 with effective date 10/01/2017. Accessed January 2018.
36. National Government Services, Inc. Local Coverage Article: Infliximab, Infliximab-dyyb, Infliximab-abda (e.g., Remicade™, Inflectra™, Renflexis) – Related to LCD L33394 (A52423). Centers for

Medicare & Medicaid Services, Inc. Updated on 10/20/2017 with effective date 11/01/2017. Accessed January 2018.
37. Palmetto GBA. Local Coverage Determination (LCD): Infliximab (L35677). Centers for Medicare & Medicaid Services, Inc. Updated on 12/07/2017 with effective date 02/26/2018. Accessed January 2018.
38. CMS Memorandum titled Prior Authorization and Step Therapy for Part B Drugs in Medicare Advantage, dated August 7, 2018; see: https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/MA_Step_Therapy_HPMS_Memo_8_7_2018.pdf

VII. CMS information

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicarecoverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Jurisdiction(s): 6, K	NCD/LCD Document (s): A52423
https://www.cms.gov/medicare-coverage-database/search/article-datesearch.aspx?DocID=A52423&bc=gAAAAAAAAAAAAA==	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
6	MN, WI, IL	National Government Services, Inc. (NGS)