

Inflectra® (infliximab-dyyb)



Pharmacy Coverage Policy

Effective Date: January 01, 2019

Revision Date: March 23, 2022

Review Date: March 16, 2022

Line of Business: Medicare, Medicaid - Humana, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 1 of 8

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 to verify that this is the current version before utilizing.

Disclaimer Description Coverage Determination

Background Medical Terms References

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.

Description

Inflectra (infliximab-dyyb) is biosimilar to Remicade (infliximab). Infliximab neutralizes the biological activity of TNF- α by binding to the soluble and transmembrane forms of TNF- α therefore effectively inhibiting the binding of TNF- α 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

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 to verify that this is the current version before utilizing.

- 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.

Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- American Hospital Formulary Service-Drug Information (AHFS-DI)

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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 to verify that this is the current version before utilizing.

- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- Truven Health Analytics Micromedex DrugDEX
- Elsevier/Gold Standard Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

Inflectra (infliximab-dyyb) will require prior authorization. This agent may be considered medically necessary when the following criteria are met:

Rheumatoid Arthritis

- The member must have a diagnosis of moderately to severely active rheumatoid arthritis.
- The member must be at least 18 years of age or older.
- The member must be on concomitant treatment with methotrexate during Inflectra (infliximab-dyyb) therapy, unless contraindicated or intolerant to methotrexate.
- The member has had prior therapy with or intolerance to a single DMARD (e.g. methotrexate, sulfasalazine, hydroxychloroquine, leflunomide), or contraindication to all DMARDs.

Crohn's Disease

- The member must have a diagnosis of moderate to severely active Crohn's disease **OR** Crohn's disease with one or more draining fistulas.
- The member must be at least 6 years of age.
- The member has had prior therapy, contraindication, or intolerance with a corticosteroid (e.g. prednisone, hydrocortisone, methylprednisolone) **OR** immunosuppressive agents (e.g. mesalamine, olsalazine, azathioprine, or 6-mercaptopurine).

Ankylosing Spondylitis

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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 to verify that this is the current version before utilizing.

- The member must have a diagnosis of highly persistent, active ankylosing spondylitis.
- The member must be at least 18 years of age or older.
- The member has had prior therapy, contraindication, or intolerance with at least one non-steroidal anti-inflammatory drug (NSAID) (e.g. ibuprofen, meloxicam, naproxen).

Psoriatic Arthritis

- The member must have a diagnosis of active psoriatic arthritis.
 - The member must be at least 18 years of age or older.
 - 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**
- The member has had prior therapy with or intolerance to a single DMARD (e.g. methotrexate, sulfasalazine, hydroxychloroquine, leflunomide), or contraindication to all DMARDs.

Plaque Psoriasis

- The member must have a diagnosis of moderate to severe, extensive chronic plaque psoriasis.
- The member must be at least 18 years of age.
- 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.

Ulcerative Colitis

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Inflectra® (infliximab-dyyb)

Effective Date: 1/1/2019

Revision Date: 3/23/2022

Review Date: 3/16/2022

Line of Business: Medicare, Medicaid - Humana, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 5 of 8

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 to verify that this is the current version before utilizing.

- The member must have a diagnosis of moderately to severely active ulcerative colitis.
- The member must be at least 6 years of age.
- 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** immunomodulators (e.g. azathioprine, 6-mercaptopurine).

Inflectra (infliximab-dyyb) will be approved for plan year durations or as deemed appropriate by clinical review.

Coverage Limitations

Inflectra (infliximab-dyyb) therapy is not considered medically necessary for members with the following concomitant conditions:

- Combination therapy with other biologics (e.g. Cosentyx, Enbrel, Humira, Kevzara, Remicade).
- Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

Background

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.

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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 to verify that this is the current version before utilizing.

- 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.

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
- 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

Inflectra® (infliximab-dyyb)

Effective Date: 1/1/2019

Revision Date: 3/23/2022

Review Date: 3/16/2022

Line of Business: Medicare, Medicaid - Humana, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 7 of 8

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 to verify that this is the current version before utilizing.

- 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 Claims 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

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; URL: <http://clinicalpharmacology.com> (Updated Periodically).
2. Feurerstein JD, Isaacs KL, et. al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology 2020. vol. 158, Issue 5, P1400-1461.
3. Fraenkel L, Bathon JM, et. al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. Arthritis and Research. 2021; DOI 10.1002/acr.24596
4. IBM Micromedex DRUGDEX (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com>. (Updated Periodically).
5. Inflectra [package insert]. Hospira, a Pfizer Company: Lake Forest, IL; June 2021.
6. Lichtenstein G, Loftus E, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. American Journal of Gastroenterology 2018; 113;4:p481-517.
7. Rubin D, Ananthakrishnan A, et al. ACG Clinical Guideline: Ulcerative Colitis in Adults.

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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 to verify that this is the current version before utilizing.

American Journal of Gastroenterology 2019; 114;3:p385-413.

8. Menter A, Strober B, et al. Joint AAD-NPF Guidelines of Care for the Management and Treatment of Psoriasis with biologics. Journal of the American Academy of Dermatology. 2019; 80;4:p1029-1072.
9. Singh JA, Guyatt G, et al. 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. Arthritis and Rheumatology. 2019; 71;1:p5-32.
10. Ward MM, Deodhar A, et al. 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis and Rheumatology 2019. 71; 10;p1599-1613.