

## UTILIZATION MANAGEMENT MEDICAL POLICY

- POLICY:** Inflammatory Conditions – Infliximab Products Utilization Management Medical Policy
- Avsola™ (infliximab-axxq intravenous infusion – Amgen)
  - Inflectra® (infliximab-dyyb intravenous infusion – Hospira/Pfizer)
  - Infliximab intravenous infusion – Janssen/Johnson & Johnson
  - Remicade® (infliximab intravenous infusion – Janssen/Johnson & Johnson)
  - Renflexis® (infliximab-abda intravenous infusion – Samsung Bioepis/Organon)

**REVIEW DATE:** 10/26/2022

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### OVERVIEW

Infliximab products are tumor necrosis factor inhibitors (TNFis) approved for the following indications:<sup>1-3</sup>

- **Ankylosing spondylitis**, for reducing signs and symptoms of active disease.
- **Crohn's disease**, for the following uses:
  - Reducing the signs and symptoms and inducing and maintaining clinical remission in patients  $\geq 6$  years of age with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy; AND
  - Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adults with fistulizing Crohn's disease.
- **Plaque psoriasis**, for treatment of adults with chronic severe (i.e., extensive and/or disabling) disease who are candidates for systemic therapy and when other systemic therapies are less appropriate.
- **Psoriatic arthritis**, for reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage and improving physical function.
- **Rheumatoid arthritis**, in combination with methotrexate for reducing signs and symptoms, inhibiting the progression of structural damage and improving physical function in patients with moderately to severely active disease.
- **Ulcerative colitis**, for the following uses:
  - Reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adults with moderately to severely active disease who have had an inadequate response to conventional therapy; AND
  - Reducing signs and symptoms and inducing and maintaining clinical remission in patients  $\geq 6$  years of age with moderately to severely active disease who have had an inadequate response to conventional therapy.

Avsola, Inflectra, and Renflexis were approved as biosimilar to Remicade, indicating no clinically meaningful differences in safety and effectiveness and the same mechanism of action, route of administration, dosage form, and strength as Remicade.<sup>2-3</sup> However, minor differences in clinically inactive components are allowed. At this time, only biosimilarity has been demonstrated (not interchangeability).

### Guidelines

TNFis feature prominently in guidelines for treatment of many inflammatory conditions.

- **Ankylosing Spondylitis and Non-Radiographic Spondyloarthritis:** Guidelines for ankylosing spondylitis and non-radiographic axial spondyloarthritis are published by the American College of Rheumatology (ACR)/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (2019).<sup>9</sup> Following primary nonresponse to a TNFi, an interleukin (IL)-17 blocker is recommended; however, if the patient is a secondary nonresponder, a second TNFi is

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recommended over switching out of the class. In patients with a contraindication to a TNFi, use of an IL-17 blocker is recommended over traditional oral agents such as methotrexate or sulfasalazine.

- **Crohn's Disease:** The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).<sup>4</sup> TNFis are listed as an option for disease that is resistant to corticosteroids, severely active disease, perianal fistulizing disease, and maintenance of remission. In post-operative Crohn's disease, a TNFi should be started within 4 weeks of surgery to prevent recurrence. Guidelines from the American Gastroenterological Association (AGA) [2021] include infliximab among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.<sup>5</sup>
- **Plaque Psoriasis:** Guidelines from the American Academy of Dermatologists (AAD) and National Psoriasis Foundation (NPF) [2019] recommend infliximab as a monotherapy treatment option for adults with moderate to severe disease.<sup>6</sup>
- **Psoriatic Arthritis:** Guidelines from ACR (2019) recommend TNFis over other biologics for use in treatment-naïve patients with psoriatic arthritis, and in those who were previously treated with an oral therapy.<sup>7</sup>
- **Rheumatoid Arthritis:** Guidelines from ACR (2021) recommend addition of a biologic or a targeted synthetic disease modifying anti-rheumatic drug (DMARD) for a patient taking the maximum tolerated dose of methotrexate who is not at target.<sup>8</sup>
- **Ulcerative Colitis:** Updated ACG guidelines for ulcerative colitis (2019) note that the following agents can be used for induction of remission in moderately to severely active disease: budesonide extended-release tablets; oral or intravenous systemic corticosteroids, Entyvio<sup>®</sup> (vedolizumab intravenous infusion), Xeljanz<sup>®</sup>/XR (tofacitinib tablets/extended-release tablets), or TNFis.<sup>10</sup> In addition to the approved indication, clinical guidelines for the management of pouchitis, published in 2009 indicate that first-line therapy for pouchitis is antibiotic therapy (e.g. metronidazole, ciprofloxacin).<sup>11</sup> Other treatment options include maintenance probiotics, oral or topical budesonide, anti-inflammatory drugs (e.g., mesalamine), or immunosuppressive drugs (e.g., infliximab). Guidelines from the AGA (2020) recommend infliximab for moderate to severe ulcerative colitis.<sup>12</sup>

#### *Other Uses with Supportive Evidence*

There are guidelines and/or published data supporting the use of infliximab products in the following conditions:

- **Behcet's Disease:** The European League Against Rheumatism (EULAR) recommendations (2018) include TNFis for initial or recurrent sight-threatening uveitis.<sup>13</sup> For patients refractory to first-line treatments (e.g., corticosteroids), TNFis are among the treatment options for mucocutaneous manifestations, venous thrombosis, severe or refractory gastrointestinal disease, and recurrent/chronic joint involvement. Recommendations for the use of TNFis in ocular inflammatory disorders from the American Academy of Ophthalmology (AAO) [2014] note that TNFis may be used first-line in patients with ophthalmic manifestations of Behcet's disease and for acute exacerbations of pre-existing Behcet's disease.<sup>14</sup>
- **Graft-Versus-Host Disease:** Guidelines from the National Comprehensive Cancer network (NCCN) [version 2.2022 – September 28, 2022] list infliximab among the agents used for steroid-refractory disease.<sup>15</sup>
- **Hidradenitis Suppurativa:** In a Phase II double-blind, placebo-controlled crossover trial, adult patients with moderate to severe hidradenitis suppurativa were randomized to placebo (n = 23) or infliximab 5 mg/kg (n = 15) at Weeks 0, 2, and 6.<sup>16</sup> Maintenance was continued through 22 weeks of treatment. Following Week 8, more patients in the infliximab-treatment group experienced a 50% or greater decrease in the Hidradenitis Suppurativa Severity Index (HSSI) score (approximately 26% and 5% of patients receiving infliximab and placebo, respectively [data presented graphically]; P = 0.092). In post-hoc analysis, significantly more patients treated with

infliximab responded with a 25% to < 50% response (60% and 5.6% for infliximab and placebo, respectively;  $P < 0.001$ ). Improvement was noted through Week 30. In case series, infliximab has been effective in treating hidradenitis suppurativa that was refractory to other therapies.<sup>17-19</sup>

- **Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitors:** NCCN has guidelines (version 1.2022 – February 28, 2022) for Management of Immunotherapy-Related Toxicities.<sup>20</sup> Infliximab is recommended among the alternatives to manage steroid-refractory inflammatory arthritis, vision changes, myocarditis, pericarditis, acute kidney injury (e.g., azotemia, creatinine elevation, inability to maintain acid/base or electrolyte balance, urine output change), pneumonitis, myalgia, or myositis, and diarrhea/colitis. Additionally, the guidelines also note that infliximab should not be used to treat hepatitis associated with an immunotherapy-related toxicity.
- **Indeterminate Colitis:** Infliximab has been effective in some patients with refractory indeterminate colitis (retrospective reviews).<sup>21,22</sup> When patients who are refractory to standard therapy can be definitively classified as having ulcerative colitis, colectomy is considered an effective long-term surgical treatment. Patient's with Crohn's disease, however, have a high risk of complications after ileal pouch-anal anastomosis and are treated more aggressively with medical interventions since surgical options cannot offer the same likelihood of success as in ulcerative colitis.
- **Juvenile Idiopathic Arthritis (JIA):** There are guidelines from ACR and the Arthritis Foundation for the treatment of JIA (2021) which address oligoarthritis and temporomandibular joint (TMJ) arthritis. For oligoarthritis, a biologic is recommended following a trial of a conventional synthetic DMARD.<sup>32</sup> In patients with TMJ arthritis, scheduled nonsteroidal anti-inflammatory drugs (NSAIDs) and/or intra-articular glucocorticoids are recommended first-line. A biologic is a therapeutic option if there is an inadequate response or intolerance. Additionally, rapid escalation to a biologic ± conventional synthetic DMARD (methotrexate preferred) is often appropriate given the impact and destructive nature of TMJ arthritis. In these guidelines, there is not a preferred biologic that should be initiated for JIA. The ACR/Arthritis Foundation Guideline for the treatment of JIA (2019) provides updated recommendations for juvenile non-systemic polyarthritis, sacroiliitis, and enthesitis.<sup>23</sup> Infliximab is among the TNFis recommended as subsequent therapy following treatment with a conventional synthetic DMARD such as methotrexate. TNF antagonists such as infliximab may also be used as second- or third-line treatment for systemic JIA.<sup>24</sup>
- **Ocular Inflammatory Disorders:** Recommendations for the use of TNFis in ocular inflammatory disorders from the AAO (2014) note that infliximab may be used as second-line corticosteroid-sparing therapy for chronic and severe scleritis.<sup>14</sup> Infliximab may be used in patients with uveitis due to various causes (e.g., spondyloarthritis-associated or human leukocyte antigen [HLA]-B27-associated uveitis, juvenile idiopathic arthritis-associated uveitis, and other posterior uveitides and panuveitis syndromes). Infliximab should be considered second-line in vision-threatening JIA-associated uveitis when methotrexate has failed or is not tolerated (strong recommendation) and vision-threatening chronic uveitis from seronegative spondyloarthritis (strong recommendation). Infliximab may also be considered in other patients who have vision-threatening or corticosteroid-dependent disease who have failed first-line therapies. The recommendations point out that studies evaluating infliximab in uveitis included patients with birdshot chorioretinitis (BSCR), a bilateral posterior uveitis generally treated with systemic immunomodulation; these patients showed a good response to infliximab.
- **Pyoderma Gangrenosum:** Although guidelines are not current, multiple topical and systemic therapies have been used for pyoderma gangrenosum. Oral prednisone is the most common initial immunosuppressant medication.<sup>25</sup> Other systemic therapies include cyclosporine, methotrexate, azathioprine, cyclophosphamide, mycophenolate mofetil, and TNFis (i.e., infliximab, etanercept, and adalimumab products). In case reports, TNFis have been effective.

- **Sarcoidosis:** The European Respiratory Society Task Force has guidelines for treatment of pulmonary, cutaneous, cardiac, and neurologic sarcoidosis.<sup>26</sup> Infliximab is a recommended therapy after continued disease or relapse while taking systemic corticosteroids and immunosuppressants (e.g., methotrexate, azathioprine, leflunomide, mycophenolate mofetil, hydroxychloroquine).
- **Still's Disease:** Still's disease presents in adults with features similar to those of systemic onset JIA.<sup>27,28</sup> In case series, infliximab has been effective in patients with Still's disease that was refractory to therapy with corticosteroids, methotrexate, azathioprine, and cyclophosphamide.<sup>29</sup>

### Dosing Information

The recommended dose of infliximab is weight-based and varies slightly by indication.<sup>1-3</sup> Dosing increase, interval shortening, or changing to another therapy is generally recommended for attenuation of response. Thus, published recommendations note that the dose and interval of infliximab may be adjusted, as needed, in patients who initially respond but then lose that response.<sup>2</sup> Additionally, data are emerging concerning tapering of infliximab dosage in patients with inflammatory conditions who are in remission or have low disease activity.<sup>110-113</sup> At this time, there is not a consensus regarding tapering. The 2015 ACR guidelines for RA mention tapering, defined as scaling back therapy (reducing dose or frequency) as a treatment option for patients who are in remission.<sup>18</sup> Although specific tapering schedules are not recommended, it is noted that minimizing therapy may decrease toxicity and lowers the risk of treating patients unnecessarily. When the dose of any RA therapy is tapered, it is recommended that there be a comprehensive plan to monitor disease activity and address possible flares.

### POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of infliximab products. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of a patient treated with infliximab products as well as the monitoring required for adverse events and long-term efficacy, initial approval requires infliximab products to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of infliximab products is recommended in those who meet one of the following criteria:

#### FDA-Approved Indications

1. **Ankylosing Spondylitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
  - A) **Initial Therapy.** Approve for 6 months if prescribed by or in consultation with a rheumatologist.
  - B) **Patient is Currently Receiving an Infliximab Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
    - i. Patient has been established on therapy for at least 6 months; AND  
**Note:** A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
    - ii. Patient meets at least one of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondyloarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
- b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 6 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

2. **Crohn’s Disease.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets the following criteria (i, ii, and iii):
  - i. Patient is  $\geq$  6 years of age; AND
  - ii. Patient meets ONE of the following conditions (a, b, c, or d):
    - a) Patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient; OR  
Note: Examples of corticosteroids are prednisone and methylprednisolone.
    - b) Patient has tried one other conventional systemic therapy for Crohn’s disease; OR  
Note: Examples of conventional systemic therapies for Crohn’s disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for Crohn’s disease. A trial of mesalamine does not count as a systemic therapy for Crohn’s disease.
    - c) Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
    - d) Patient had ileocolonic resection (to reduce the chance of Crohn’s disease recurrence); AND
  - iii. The medication is prescribed by or in consultation with a gastroenterologist.
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures include fecal markers (e.g., fecal lactoferrin, fecal calprotectin), serum markers (e.g., C-reactive protein), imaging studies (magnetic

resonance enterography [MRE], computed tomography enterography [CTE]), endoscopic assessment, and/or reduced dose of corticosteroids.

- b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or blood in stool.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**3. Plaque Psoriasis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i, ii, and iii):

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient meets ONE of the following conditions (a or b):
  - a) Patient has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; OR
 

Note: Examples include methotrexate, cyclosporine, acitretin (Soriatane<sup>®</sup>, generics), or psoralen plus ultraviolet A light (PUVA). An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient already had a 3-month trial or previous intolerance to at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for psoriasis. A patient who has already tried a biologic for psoriasis is not required to “step back” and try a traditional systemic agent for psoriasis.
  - b) Patient has a contraindication to methotrexate, as determined by the prescriber; AND
- iii. The medication is prescribed by or in consultation with a dermatologist.

B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

- i. Patient has been established on therapy for at least 90 days; AND
 

Note: A patient who has received < 90 days of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
- ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an infliximab product) in at least one of the following: estimated body surface area affected, erythema, induration/thickness, and/or scale of areas affected by psoriasis; AND
- iii. Compared with baseline (prior to receiving an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**4. Psoriatic Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if prescribed by or in consultation with a rheumatologist or a dermatologist.
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
    - b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**5. Rheumatoid Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following criteria (i and ii):
  - i. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND  
Note: Examples include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient already had a 3-month trial of at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for rheumatoid arthritis. A patient who has already tried a biologic is not required to “step back” and try a conventional synthetic DMARD.
  - ii. The medication is prescribed by or in consultation with a rheumatologist.
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):

- a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples of objective measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate or C-reactive protein, Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

- b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 3 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**6. Ulcerative Colitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets the following criteria (i, ii, and iii):

- i. Patient is  $\geq$  6 years of age; AND

- ii. Patient meets ONE of the following conditions (a or b):

- a) Patient had a trial of one systemic agent or was intolerant to one of these agents for ulcerative colitis; OR

Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A previous trial of one biologic other than the requested medication also counts as a trial of one systemic agent for ulcerative colitis. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for ulcerative colitis.

- b) Patient meets BOTH of the following [(1) and (2)]:

- (1) Patient has pouchitis; AND

- (2) Patient has tried therapy with an antibiotic, probiotic, corticosteroid enema, or Rowasa<sup>®</sup> (mesalamine enema); AND

Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema (Cortenema, generics).

- iii. The medication is prescribed by or in consultation with a gastroenterologist.

- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least one of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR

Note: Examples of objective measures include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.

- b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or rectal bleeding.



**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

### Other Uses with Supportive Evidence

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7. **Behcet's Disease.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets BOTH of the following conditions (i and ii):

i. Patient meets ONE of the following (a or b):

i. Patient has tried at least ONE conventional therapy; OR

Note: Examples include systemic corticosteroids (e.g., methylprednisolone), immunosuppressants (azathioprine, methotrexate, mycophenolate mofetil, cyclosporine, tacrolimus, Leukeran<sup>®</sup> [chlorambucil tablet], cyclophosphamide, interferon alfa). An exception to the requirement for a trial of one conventional therapy can be made if the patient has already had a trial of at least one tumor necrosis factor inhibitor (e.g., an adalimumab product, an etanercept product). A patient who has already tried one biologic other than the requested drug for Behcet's disease is not required to "step back" and try a conventional therapy. A biosimilar of the requested biologic does not count.

ii. Patient has ophthalmic manifestations of Behcet's disease; AND

ii. The medication is prescribed by or in consultation with a rheumatologist, dermatologist, ophthalmologist, gastroenterologist, or neurologist.

B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

i. Patient has been established on therapy for at least 90 days; AND

Note: A patient who has received < 90 days of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).

ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); AND

Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate); or ulcer depth, number, and/or lesion size.

Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain or improved visual acuity (if ophthalmic manifestations).

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, then no more frequently than once every 6 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**8. Graft-Versus-Host Disease.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) Initial Therapy. Approve for 1 month if the patient meets BOTH of the following (i and ii):
  - i. Patient has tried at least one conventional systemic treatment for graft-versus-host disease; AND  
Note: Examples of conventional treatments include corticosteroids (e.g., methylprednisolone), antithymocyte globulin, cyclosporine, tacrolimus, and mycophenolate mofetil.
  - ii. The medication is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center; OR
- B) Patient is Currently Receiving an Infliximab Product. Approve for 3 months if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on an infliximab product for at least 1 month; AND  
Note: A patient who has received < 1 month of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: An example of objective measures is normalization of liver function tests, red blood cell count, or platelet count, or resolution of fever or rash.
    - b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms (e.g., nausea, vomiting, anorexia).

**Dosing.** Approve the following regimens (A and B):

- A) The dose is up to 10 mg/kg given intravenously; AND
- B) Doses are administered no more frequently than once weekly.

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**9. Hidradenitis Suppurativa.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) Initial Therapy. Approve for 3 months if the patient meets BOTH of the following (i and ii):
  - i. Patient has tried one other therapy; AND  
Note: Examples include intralesional or oral corticosteroids (e.g., triamcinolone, prednisone), systemic antibiotics (e.g., clindamycin, dicloxacillin, erythromycin), and isotretinoin.
  - ii. The medication is prescribed by or in consultation with a dermatologist.
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
  - i. Patient has been established on therapy for at least 90 days; AND  
Note: A patient who has received < 90 days of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); AND

Note: Examples of objective measures include Hurley staging, Sartorius score, Physician Global Assessment, and Hidradenitis Suppurativa Severity Index.

- iii. Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain or drainage of lesions, nodules, or cysts.

**Dosing.** Approve the following regimens (A and B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**10. Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, and iv):
  - i. Patient developed an immunotherapy-related toxicity other than hepatitis; AND  
Note: For example, gastrointestinal system toxicity (e.g., colitis), ocular toxicity (e.g., uveitis/iritis, episcleritis, and blepharitis), myocarditis, pericarditis, inflammatory arthritis, acute kidney injury (e.g., azotemia, creatinine elevation, inability to maintain acid/base or electrolyte balance, urine output change), pneumonitis, myalgia, or myositis.
  - ii. Patient developed this immune-related toxicity while receiving a checkpoint inhibitor; AND  
Note: Examples of checkpoint inhibitors include Keytruda (pembrolizumab intravenous [IV] infusion), Opdivo (nivolumab IV infusion), Yervoy (ipilimumab IV infusion), Tecentriq (atezolizumab IV infusion), Bavencio (avelumab IV infusion), or Imfinzi (durvalumab IV infusion).
  - iii. Patient has tried one systemic corticosteroid; AND  
Note: Examples include methylprednisone and prednisone.
  - iv. The medication is prescribed by or in consultation with an oncologist, gastroenterologist, rheumatologist, or ophthalmologist; OR
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least ONE of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures are dependent upon organ involvement but may include clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), fecal markers (e.g., fecal calprotectin), and/or reduced dosage of corticosteroids.

Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness or swelling (if joint symptoms), stool frequency and/or rectal bleeding (if gastrointestinal symptoms), and/or improved function or activities of daily living.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 10 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, then no more frequently than once every 4 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**11. Indeterminate Colitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: Indeterminate colitis is defined as colitis that cannot be classified with certainty as either ulcerative colitis or Crohn’s disease.

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, and v):
  - i. Patient is  $\geq$  6 years of age; AND
  - ii. Patient has tried one systemic corticosteroid; AND  
Note: Examples include prednisone and methylprednisolone.
  - iii. Patient has tried mesalamine; AND
  - iv. Patient has tried either azathioprine or 6-mercaptopurine; AND
  - v. The medication is prescribed by or in consultation with a gastroenterologist.
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - ii. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.
    - b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or rectal bleeding.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**12. Juvenile Idiopathic Arthritis (JIA).** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: This includes JIA regardless of type of onset, including a patient with juvenile spondyloarthropathy/active sacroiliac arthritis. JIA is also referred to as Juvenile Rheumatoid Arthritis.

- A) Initial Therapy. Approve for 6 months if the patient meets the following criteria (i and ii):
  - i. Patient meets ONE of the following conditions (a or b):
    - a) Patient has tried one other systemic medication for this condition; OR

Note: Examples of other medications for JIA include methotrexate, sulfasalazine, or leflunomide, a nonsteroidal anti-inflammatory drug (NSAID) [e.g., ibuprofen, naproxen]. A previous trial of one biologic other than the requested medication also counts as a trial of one medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for JIA.

- b)** Patient has aggressive disease, as determined by the prescriber; AND
- ii.** The medication is prescribed by or in consultation with a rheumatologist.
- B)** Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
  - i.** Patient has been established on therapy for at least 6 months; AND
 

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least one of the following (a or b):
    - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR
 

Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
    - b)** Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, or improved function or activities of daily living.

**Dosing.** Approve the following regimens (A or B):

- A)** Initial Therapy. Approve up to 6 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B)** Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

**13. Pyoderma Gangrenosum.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A)** Initial Therapy. Approve for 4 months if the patient meets BOTH of the following conditions (i and ii):
  - i.** Patient meets ONE of the following conditions (a or b):
    - A)** Patient has tried one systemic corticosteroid; OR
 

Note: Examples include prednisone and methylprednisolone.
    - B)** Patient has tried one other immunosuppressant for at least 2 months or was intolerant to one of these medications; AND
 

Note: Examples include mycophenolate mofetil and cyclosporine.
  - ii.** The medication is prescribed by or in consultation with a dermatologist; OR
- B)** Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
  - i.** Patient has been established on therapy for at least 4 months; AND
 

Note: A patient who has received < 4 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).

- ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an infliximab product) in at least one of the following: size, depth, and/or number of lesions; AND
- iii. Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain and/or tenderness of affected lesions.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**14. Sarcoidosis.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) Initial Therapy. Approve for 3 months if the patient meets ALL of the following conditions (i, ii, and iii):
  - i. Patient has tried at least one corticosteroid; AND  
Note: Examples include prednisone and methylprednisolone.
  - ii. Patient has tried at least one immunosuppressive medication; AND  
Note: Examples include methotrexate, azathioprine, leflunomide, mycophenolate mofetil, hydroxychloroquine, or chloroquine.
  - iii. The medication is prescribed by or in consultation with a pulmonologist, ophthalmologist, cardiologist, neurologist, or dermatologist; OR
- B) Patient is Currently Receiving an Infliximab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
  - i. Patient has been established on therapy for at least 90 days; AND  
Note: A patient who has received < 90 days of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); AND  
Note: Examples of objective measures are dependent upon organ involvement but may include lung function (e.g., predicted forced vital capacity and/or 6-minute walk distance); serum markers (e.g., C-reactive protein, liver enzymes, N-terminal pro-brain natriuretic peptide [NT-proBNP]); improvement in rash or skin manifestations, neurologic symptoms, or rhythm control; or imaging (e.g., if indicated, chest radiograph, magnetic resonance imaging [MRI], or echocardiography).
  - iii. Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased cough, fatigue, pain, palpitations, neurologic symptoms, and/or shortness of breath.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy. Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, then no more frequently than once every 6 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product. Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**15. Scleritis or Sterile Corneal Ulceration.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) **Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following conditions (i and ii):
- i. Patient has tried one other therapy for this condition; AND  
Note: Examples include oral non-steroidal anti-inflammatory drugs (NSAIDs) such as indomethacin; oral, topical (ophthalmic) or intravenous corticosteroids (such as prednisone, prednisolone, methylprednisolone); methotrexate; cyclosporine; or other immunosuppressants.
  - ii. The medication is prescribed by or in consultation with an ophthalmologist; OR
- B) **Patient is Currently Receiving an Infliximab Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii. Patient meets at least one of the following (a or b):
    - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
    - b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, tearing, and/or improvement in visual acuity.

**Dosing.** Approve the following regimens (A or B):

- A) **Initial Therapy.** Approve up to 10 mg/kg as an intravenous infusion administered at baseline and followed by up to three additional similar doses (for example, up to three additional doses given 2, 6, and 8 weeks after the initial infusion).
- B) **Patient is Currently Receiving an Infliximab Product.** Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**16. Spondyloarthritis, Other Subtypes** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

Note: Examples of other subtypes include undifferentiated arthritis, non-radiographic axial spondylitis, Reactive Arthritis [Reiter’s disease]. For ankylosing spondylitis or psoriatic arthritis, refer to the respective criteria under FDA-approved indications.

- A) **Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following conditions (i and ii):
- i. Patient meets ONE of the following (a or b):
    - a) Patient has arthritis primarily in the knees, ankles, elbows, wrists, hands, and/or feet AND has tried at least ONE conventional synthetic disease-modifying antirheumatic drug (DMARD); OR  
Note: Examples include methotrexate, leflunomide, and sulfasalazine.
    - b) Patient has axial spondyloarthritis with objective signs of inflammation, defined as at least one of the following [(1) or (2)]:
      - (1) C-reactive protein elevated beyond the upper limit of normal for the reporting laboratory; OR
      - (2) Sacroiliitis reported on magnetic resonance imaging; AND
  - ii. The medication is prescribed by or in consultation with a rheumatologist; OR

- B) Patient is Currently Receiving an Infliximab Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i.** Patient has been established on therapy for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least one of the following (a or b):
    - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS) and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).
    - b)** Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

**Dosing.** Approve the following regimens (A or B):

- A) Initial Therapy.** Approve up to 5 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 6 weeks thereafter.
- B) Patient is Currently Receiving an Infliximab Product.** Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**17. Still's Disease.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following conditions (i, ii, and iii):
- i.** Patient has tried one corticosteroid; AND  
Note: Examples include prednisone and methylprednisolone.
  - ii.** Patient has tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) given for at least 2 months or was intolerant; AND  
Note: An example is methotrexate. A previous trial of one biologic other than the requested drug (e.g., Actemra [tocilizumab intravenous injection, tocilizumab subcutaneous injection], Arcalyst [rilonacept subcutaneous injection], Ilaris [canakinumab subcutaneous injection]) also counts towards this requirement for previous therapy for Still's disease. A biosimilar of the requested biologic does not count.
  - iii.** The medication is prescribed by or in consultation with a rheumatologist.
- B) Patient is Currently Receiving an Infliximab Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i.** Patient has been established on this medication for at least 6 months; AND  
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).
  - ii.** Patient meets at least one of the following (a or b):
    - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR  
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.



- b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

**Dosing.** Approve the following regimens (A or B):

**A) Initial Therapy.** Approve up to 6 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, and then no more frequently than once every 8 weeks thereafter.

**B) Patient is Currently Receiving an Infliximab Product.** Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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**18. Uveitis.** Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

**Note:** This includes other posterior uveitides and panuveitis syndromes.

**A) Initial Therapy.** Approve for 6 months if the patient meets BOTH of the following conditions (i and ii):

- i. Patient has tried one of the following therapies: periocular, intraocular, or systemic corticosteroids, or immunosuppressives; AND

**Note:** Examples of corticosteroids include prednisolone, triamcinolone, betamethasone, methylprednisolone, prednisone. Examples of immunosuppressives include methotrexate, mycophenolate mofetil, and cyclosporine. An exception to the requirement for a trial of one of these therapies can be made if the patient has already had a trial of an etanercept product or an adalimumab product for uveitis. A patient who has already tried one biologic other than the requested medication also counts. A biosimilar of the requested biologic does not count.

- ii. The medication is prescribed by or in consultation with an ophthalmologist.

**B) Patient is Currently Receiving an Infliximab Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND

**Note:** A patient who has received < 6 months of therapy or who is restarting therapy with an infliximab product is reviewed under criterion A (Initial Therapy).

- ii. Patient meets at least one of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an infliximab product); OR

**Note:** Examples of objective measures include best-corrected visual acuity, assessment of chorioretinal and/or inflammatory retinal vascular lesions, or anterior chamber cell grade or vitreous haze grade.

- b) Compared with baseline (prior to initiating an infliximab product), patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, and/or blurred vision; or improvement in visual acuity.

**Dosing.** Approve the following regimens (A or B):

**A) Initial Therapy.** Approve up to 10 mg/kg as an intravenous infusion followed by additional similar doses at 2 and 6 weeks after the first infusion, then no more frequently than once every 4 weeks thereafter.

**B) Patient is Currently Receiving an Infliximab Product.** Approve up to a maximum dose of 10 mg/kg administered intravenously no more frequently than once every 4 weeks.

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#### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of infliximab products is not recommended in the following situations:

1. **Concurrent Use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** Data are lacking evaluating concomitant use of an infliximab product in combination with another biologic or with a targeted synthetic DMARD used for an inflammatory condition (see [APPENDIX](#) for examples). Combination therapy with biologics and/or biologics + targeted synthetic DMARDs has a potential for a higher rate of AEs and lack controlled trial data in support of additive efficacy.  
Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with an infliximab product.
2. **Inflammatory Myopathies (Polymyositis, Dermatomyositis, Inclusion Body Myositis).** Exceptions are not recommended. In an open-label pilot study in 13 patients, four infliximab 5 mg/kg infusions given over 14 weeks were not effective in refractory inflammatory myopathies.<sup>30</sup> Infliximab could worsen muscle inflammation in these patients.
3. **Large Vessel Vasculitis (e.g., Giant Cell Arteritis, Takayasu’s Arteritis).** Guidelines from EULAR for the management of large vessel vasculitis (e.g., giant cell arteritis, Takayasu’s arteritis) recommend corticosteroids as first line therapy for giant cell arteritis.<sup>31</sup> For Takayasu’s arteritis, corticosteroids and conventional synthetic DMARDs are listed as first-line therapy.
4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<p><b>Juvenile Idiopathic Arthritis:</b> The approval condition was reworded to as listed. Previously the indication also included Juvenile Rheumatoid Arthritis (regardless of type of onset), which was moved into a Note.</p> <p><b>Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy:</b> The requirement that the patient has an immunotherapy-related toxicity was reworded to generally refer to an immunotherapy-related toxicity other than hepatitis. Specific toxicities related to the gastrointestinal system, inflammatory arthritis, and ocular toxicity were moved from the criteria into a note representing examples of various immunotherapy-related toxicities.</p> <p><b>Uveitis:</b> The approval condition was reworded to as listed. Previously, the indication included other posterior uveitides and panuveitis syndromes, which was moved into a note.</p>	09/29/2021
Selected Revision	Infliximab intravenous infusion (authorized generic to Remicade) was added to the policy. Criteria are the same as the other infliximab products addressed in the policy.	12/08/2021
Annual Revision	<p><b>Ankylosing Spondylitis:</b> Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for ≥ 6 months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Crohn's Disease:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does</u></p>	10/26/2022

10/26/2022

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<p><u>not count</u>. A note was added to clarify that a trial of mesalamine does not count as a systemic agent for Crohn’s disease. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Plaque Psoriasis:</b> Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 90</math> days. Requirements were added that for a patient who is currently receiving an infliximab product, the patient must have at least one objective <u>and</u> at least one subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Psoriatic Arthritis:</b> Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Rheumatoid Arthritis:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Ulcerative Colitis:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Behcet’s Disease:</b> Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 90</math> days. Requirements were added that for a patient who is currently receiving an infliximab product, the patient must have at least one objective <u>and</u> at least one subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Graft-Versus-Host Disease:</b> For a patient currently receiving, it was clarified that this applies to a patient who is receiving an infliximab product for <math>\geq 1</math> month. Requirements were added for a patient who is currently receiving, that there has been at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Hidradenitis Suppurativa:</b> For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an adalimumab product for <math>\geq 90</math> days. Requirements were added that for a patient who is currently receiving an infliximab product, the patient must have at least one objective <u>and</u> at least one subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy:</b> Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Indeterminate Colitis:</b> The definition of indeterminate colitis (colitis that cannot be classified with certainty as either ulcerative colitis or Crohn’s disease) was moved to a</p>
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	<p>note; previously this was included in the indication. Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Juvenile Idiopathic Arthritis:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. For continuation, approvals were changed to be 1 year in duration. Previously, response was more general and according to the prescriber, and approvals were for 3 years.</p> <p><b>Pyoderma Gangrenosum:</b> For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 4</math> months. Requirements were added that for a patient who is currently receiving an infliximab product, the patient must have at least one objective <u>and</u> at least one subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Sarcoidosis:</b> To align with guidelines, the note that includes examples of immunosuppressive medications was updated to add leflunomide, mycophenolate mofetil, and hydroxychloroquine; cyclosporine, chlorambucil, and thalidomide were removed from the examples. Cardiologist and neurologist were added to the list of specialists who must prescribe or be consulted for this indication. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 90</math> days. Requirements were added that for a patient who is currently receiving an infliximab product, the patient must have at least one objective <u>and</u> at least one subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Scleritis or Sterile Corneal Ulceration:</b> Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Spondyloarthritis, Other Subtypes:</b> Initial approval duration was changed to 6 months (previously was 3 months). For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Still's Disease:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was updated to state that a previous trial of one biologic other than the requested drug counts towards a requirement for previous therapy. A biosimilar of the requested biologic does not count. For a patient currently receiving, it was clarified that this applies to a patient who is receiving an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p> <p><b>Uveitis:</b> Initial approval duration was changed to 6 months (previously was 3 months). Note was clarified to state that a previous trial of a biologic applies to at least one biologic other than the requested drug. A biosimilar of the requested biologic <u>does not count</u>. For a patient currently receiving an infliximab product, it was clarified that this applies to a patient who has received an infliximab product for <math>\geq 6</math> months. A requirement was added for a patient who is currently receiving an infliximab product to have at least one objective or subjective response to therapy. Previously, response was more general and according to the prescriber.</p>	
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**APPENDIX**

	<b>Mechanism of Action</b>	<b>Examples of Inflammatory Indications*</b>
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia<sup>®</sup></b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
<b>Infliximab IV Products</b> (Remicade <sup>®</sup> , biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Simponi<sup>®</sup>, Simponi<sup>®</sup> Aria<sup>™</sup></b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
<b>Actemra<sup>®</sup></b> (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
<b>Kezara<sup>®</sup></b> (sarilumab SC injection)	Inhibition of IL-6	RA
<b>Orencia<sup>®</sup></b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan <sup>®</sup> , biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret<sup>®</sup></b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Stelara<sup>®</sup></b> (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
<b>Siliq<sup>™</sup></b> (brodalumab SC injection)	Inhibition of IL-17	PsO
<b>Cosentyx<sup>®</sup></b> (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
<b>Taltz<sup>®</sup></b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Ilumya<sup>™</sup></b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi<sup>®</sup></b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO
		IV formulation: CD
<b>Tremfya<sup>™</sup></b> (guselkumab SC injection)	Inhibition of IL-23	PsO
<b>Entyvio<sup>™</sup></b> (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
<b>Oral Therapies/Targeted Synthetic DMARDs</b>		
<b>Otezla<sup>®</sup></b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo<sup>™</sup></b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant<sup>®</sup></b> (baricitinib tablets)	Inhibition of JAK pathways	RA
<b>Rinvoq<sup>®</sup></b> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, RA, PsA, UC
<b>Sotyktu<sup>™</sup></b> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz<sup>®</sup></b> (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz<sup>®</sup> XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

\* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; <sup>^</sup> Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.