This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit	✓	Medicare Part B
	Standard Control – Choice (SCCF)		Marketplace (MF)		SF Chart (SFC)		Medical: Advanced Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First
	Preferred Drug Plan Design (PDPD)		Aetna Health Exchange (AHE)		VF Chart (VFC)		Medical Benefit: Managed Medicaid		
	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on		
	Advanced Control Specialty – Choice (ACSCF)		Value (VF)						

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EXCEPTIONS CRITERIA

INFLIXIMAB

PREFERRED PRODUCTS: INFLECTRA AND RENFLEXIS

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the infliximab products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Infliximab products

	Product(s)
Preferred*	• **Inflectra** (infliximab-dyyb) • **Renflexis** (infliximab-abda)
Targeted	• **Avsola** (infliximab-axxq) • **infliximab** • **Remicade** (infliximab)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when any of the following criteria is met:

A. Member has received treatment with the targeted product in the past 365 days.
B. Member has had a documented intolerable adverse event to both of the preferred products, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

REFERENCES

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**		**Medical Benefit**	✓	**Medicare Part B**
	Standard Control – Choice (SCCF)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical: Advanced Biosimilars First**	✓	**Medicare Part B: Advanced Biosimilars First**
	Preferred Drug Plan Design (PDPD)		**Aetna Health Exchange (AHE)**		**VF Chart (VFC)**		**Medical Benefit: Managed Medicaid**		
	Advanced Control Specialty (ACSF)		**IVL**		**New to Market (NTM)**		**Medical Benefit: Add-on**		
	Advanced Control Specialty – Choice (ACSCF)		**Value (VF)**						

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1. Avsola [package insert]. Thousand Oaks, CA: Amgen; September 2021.
2. Inflectra [package insert]. New York, NY: Pfizer Inc.; April 2023.
3. Infliximab [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2021.
4. Remicade [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2021.
5. Renflexis [package insert]. Jersey City, NJ: Organon & Co.; December 2023.