Renflexis (infliximab-abda)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications	Dosing Limit
Renflexis (infliximab-abda) 100 mg vial	5 mg/kg as frequently as every 8 weeks

Dosing Override Criteria:

. For initiation of therapy, may approve up to 5 mg/kg at weeks 0, 2, and 6; **OR**
I. For Ankylosing Spondylitis (AS) may approve 5 mg/kg as frequent as every 6 weeks; **OR**
II. For Rheumatoid Arthritis (RA), may approve dose escalation up to 10 mg/kg every 8 weeks **OR** 5 mg/kg every 4 weeks for individuals who have an incomplete response; **OR**
V. For Crohn's Disease (CD), may approve dose escalation up to 10 mg/kg every 8 weeks if the individual has previously achieved response to infliximab at standard dosing and subsequently lost response; **OR**
/. For pediatric individuals less than 18 years of age with severe Crohn's Disease (CD) or severe Ulcerative Colitis (UC), may approve up to 10 mg/kg every 4 weeks for initial or continuation of therapy. Adults with CD or UC who initiated treatment at less than 18 years of age may continue current dosage (up to 10 mg/kg every 4 weeks) if stable.

For Ulcerative Colitis (UC), may approve increased dosing, up to 10 mg/kg every 8 weeks if the following criteria are met:

A. Individual has been treated with standard maintenance dosing (i.e. 5 mg/kg every 8 weeks) for *at least* 2 doses or 16 weeks; **AND**
B. The increased dosing is being prescribed by or in consultation with a gastroenterologist; **AND**
C. Individual initially achieved an adequate response to standard maintenance dosing but has subsequently lost response, as determined by the prescriber; **OR**
D. Individual partially responded but had an inadequate response to standard maintenance dosing as determined by the prescriber; **AND**
E. Symptoms, if present, are not due to active infections or any other gastrointestinal disorder other than the primary disease; **AND**
F. Requested dosing does not exceed up to up to 10 mg/kg every 8 weeks.

Initial approval duration for increased dosing for UC: 16 weeks

Requests for continued escalated dosing for UC may be approved if the following criteria are met:

A. Requested dosing does not exceed up to 10 mg/kg every 8 weeks; **AND**
B. Individual has subsequently regained response or achieved adequate response following increased dosing, as shown by improvement in signs and symptoms of the disease (including but not limited to reduction in stool frequency/bloody stools, improvement abdominal pain, or endoscopic response); **AND**

C. Individual is not experiencing unacceptable adverse effects from increased dosing; **AND**
D. Individual will be assessed regularly for dose de-escalation.

Continued approval duration for increased dosing for UC: 6 months

For UC, Increased dosing may not be approved for the following:

E. Individual has had no response to infliximab at standard maintenance dosing (i.e. 5 mg/kg every 8 weeks); **OR**
F. Individual is requesting dose escalation in absence of signs and symptoms of the disease (for example, requesting based on results of therapeutic drug level or anti-drug antibody testing alone).

PRIOR AUTHORIZATION APPROVAL CRITERIA

Initial requests for Renflexis (infliximab-abda) may be approved for the following:

I. Crohn's disease (CD) when each of the following criteria are met:
   A. Individual is 6 year of age or older with moderate to severe CD; **AND**
   B. Individual has had an inadequate response to or is intolerant of conventional therapy (such as systemic corticosteroids or immunosuppressants [such as thiopurines or methotrexate]); **OR**
   C. Individual has a contraindication to systemic corticosteroids or thiopurines or methotrexate;
   OR
   D. Individual is 6 years of age of older with fistulizing CD;

OR

II. Ulcerative colitis (UC) when each of the following criteria are met:
   A. Individual is 6 years of age or older with moderate to severe UC; **AND**
   B. Individual has had an inadequate response to or is intolerant of conventional therapy (such as 5-Aminosalicylic acid products, systemic corticosteroids, or immunosuppressants [such as thiopurines]); **OR**
   C. Individual has a contraindication to 5-ASA products or systemic corticosteroids or thiopurines;

OR

III. Rheumatoid arthritis (RA) when each of the following criteria are met:
   A. Individual is 18 years of age or older with moderate to severe RA; **AND**
   B. Documentation is provided that individual has had an inadequate response to methotrexate titrated to maximally tolerated dose (ACR 2021); **OR**
   C. Documentation is provided that if methotrexate is not tolerated or contraindicated, individual has had an inadequate response to or is intolerant of other conventional therapy (sulfasalazine, leflunomide, or hydroxychloroquine); **OR**
   D. Documentation is provided that individual has a contraindication to methotrexate, sulfasalazine, leflunomide, and hydroxychloroquine;

OR

IV. Ankylosing spondylitis (AS) when each of the following criteria are met:

A. Individual is 18 years of age or older with moderate to severe AS; **AND**
B. Individual has had an inadequate response to or is intolerant of conventional therapy [such as NSAIDs or nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as sulfasalazine)] (ACR 2019); **OR**
C. Individual has a contraindication to NSAIDs or sulfasalazine;

OR

V. Psoriatic arthritis (PsA) when each of the following criteria are met:
A. Individual is 18 years of age or older with moderate to severe PsA; **AND**
B. Individual has had an inadequate response to, is intolerant of, or has a contraindication to conventional therapy [nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate, sulfasalazine, cyclosporine, or leflunomide); **OR**
C. Individual has a contraindication to methotrexate, sulfasalazine, cyclosporine, and leflunomide;

OR

VI. Plaque psoriasis (Ps) (Psoriasis vulgaris) when each of the following criteria are met:
A. Individual is 18 years of age or older with chronic moderate to severe (that is, extensive or disabling) plaque Ps with either of the following (AAD 2019):
1. Plaque Ps (psoriasis vulgaris) involving greater than three percent (3%) body surface area (BSA); **OR**
2. Plaque Ps (psoriasis vulgaris) involving less than or equal to three percent (3%) BSA involving sensitive areas or areas that significantly impact daily function (such as palms, soles of feet, head/neck, or genitalia);

AND

B. Individual has had an inadequate response to or is intolerant of phototherapy or other systemic therapy (such as acitretin, cyclosporine, or methotrexate); **OR**
C. Individual has a contraindication to phototherapy, acitretin, cyclosporine, and methotrexate;

OR

VII. Polyarticular juvenile idiopathic arthritis (PJIA) when each of the following criteria are met (DP B IIb, Lahdenne 2003, Gerloni 2005):
A. Individual is 2 years of age or older with moderate to severe PIJA; **AND**
B. Individual has had an inadequate response to or is intolerant of conventional therapy [nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate)]; **OR**
C. Individual has a contraindication to methotrexate;

OR

VIII. Non-infectious uveitis (UV) when each of the following criteria are met (Levy-Clarke 2014):
A. Individual has chronic, recurrent, treatment-refractory or vision-threatening disease; **AND**
B. Individual has had an inadequate response to or is intolerant of conventional therapy [such as corticosteroids or immunosuppressants (azathioprine, cyclosporine, or methotrexate)]; **OR**
C. Individual has a contraindication to corticosteroids, azathioprine, cyclosporine, and methotrexate;

OR

IX. Immune checkpoint inhibitor therapy-related toxicities in an individual with any of the following conditions:
   A. Moderate to severe diarrhea or colitis unresponsive to high-dose systemic corticosteroids; **OR**
   B. Moderate to severe pneumonitis if no improvement after 48 hours of high-dose systemic corticosteroids; **OR**
   C. Acute kidney injury/elevated serum creatinine if toxicity remains greater than stage 2 after 4-6 weeks of corticosteroids or if creatinine increases during steroid taper (or once off steroids); **OR**
   D. Myocarditis if unresponsive to high-dose systemic corticosteroids; **OR**
   E. Moderate to severe inflammatory arthritis unresponsive to corticosteroids or nonbiologic DMARDs; **OR**
   F. Severe or life-threatening steroid-refractory myalgias or myositis; **OR**
   G. Grade 1-4 uveitis that is refractory to high-dose systemic corticosteroids;

OR

X. Acute Graft-versus-host disease (GVHD) when each of the following criteria are met (NCCN 2A)
   A. Individual has a diagnosis of steroid-refractory acute GVHD; **AND**
   B. Individual is initiating infliximab in combination with systemic corticosteroids;

OR

XI. Sarcoidosis when each of the following criteria are met (Baughman 2006):
   A. Individual is 18 years of age or older; **AND**
   B. Individual has chronic, progressive, treatment-refractory disease; **AND**
   C. Individual has had an inadequate response to or is intolerant of systemic corticosteroids; **AND**
   D. Individual has had an inadequate response to or is intolerant of nonbiologic disease modifying anti-rheumatic drugs (DMARDs) (such as methotrexate or azathioprine); **OR**
   E. Individual has a contraindication to methotrexate and azathioprine.

Continuation requests for Renflexis (infliximab-abda) may be approved if the following criterion is met:

I. Documentation is provided that individual has been receiving and is maintained on a stable dose of Renflexis (infliximab-abda). Medication samples/coupons/discount cards are excluded from consideration as a trial.; **AND**
II. There is confirmation of clinically significant improvement or stabilization in clinical signs and symptoms of the disease.

Requests for Renflexis (infliximab-abda) may **not** be approved for the following:

I. In combination with oral or topical JAK inhibitors, ozanimod, etrasimod, apremilast, deucravacitinib, or any of the following biologic immunomodulators: Other TNF antagonists, IL-23 inhibitors, IL-17 inhibitors, IL-6 inhibitors, IL-1 inhibitors, vedolizumab, ustekinumab, abatacept, rituximab, or natalizumab; **OR**
II. Tuberculosis, other active serious infections, or a history of recurrent infections [repeat

testing not required for ongoing authorization]; **OR**

III. If initiating therapy, individual has not had a tuberculin skin test (TST), or a Center for Disease Control (CDC-) and Prevention -recommended equivalent, to evaluate for latent tuberculosis (unless switching therapy from another targeted immune modulator and no new risk factors) OR

IV. When the above criteria are not met and for all other indications.

Note:
TNFi have black box warnings for serious infections and malignancy. Individuals treated with TNFi are at increased risk for developing serious infections that may lead to hospitalization or death. Most individuals who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids. TNFi should be discontinued if an individual develops a serious infection or sepsis. Individuals should be tested for latent tuberculosis (TB) before TNFi use and during therapy. Treatment for latent TB should be initiated prior to TNFi use. Risks and benefits of TNFi should be carefully considered prior to initiation of therapy in individuals with chronic or recurrent infection. Lymphoma and other malignancies have been reported in children and adolescents treated with TNFi. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL) have been reported in individuals treated with TNFi. Almost all cases had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNFi at or prior to diagnosis. It is uncertain whether HSTCL is related to the use of a TNFi or a TNFi in combination with these other immunosuppressants.

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