This policy applies to the following:

<u> </u>	This policy applies to the following:									
	Standard Control	Managed Medicaid	ACSF Chart	Medical Benefit		Medicare Part B				
	(SF)	Template (MMT)	(ACSFC)							
	Preferred Drug Plan	Marketplace	SF Chart	Medical Benefit:	1	Medicare Part B:				
	Design (PDPD)	(MF)	(SFC)	Biosimilars First	•	Biosimilars First				
	Advanced Control	New to Market	VF Chart	Medical Benefit:		Medicare Part B:				
	Specialty (ACSF)	(NTM)	(VFC)	Add-on		Advanced				
						Biosimilars First				
	Value (VF)	Aetna Health		Medical Benefit:						
		Exchange (AHE)		Managed Medicaid						
		IVL								

Reference #
5291-D

# EXCEPTIONS CRITERIA INFLIXIMAB

PREFERRED PRODUCTS: AVSOLA, 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*	Avsola (infliximab-axxq)	
	Inflectra (infliximab-dyyb)	
	Renflexis (infliximab-abda)	
Targeted	infliximab	
	Remicade (infliximab)	

<sup>\*:</sup> 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 all 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).

Specialty Exceptions Autoimmune-Infliximab MED B BF 5291-D P2024

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This policy applies to the following:

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

Reference #	
5291-D	

## **REFERENCES**

- 1. Avsola [package insert]. Thousand Oaks, CA: Amgen; September 2021.
- 2. Inflectra [package insert]. New York, NY: Pfizer Inc; March 2022.
- 3. Remicade [package insert]. Horsham, PA: Janssen Biotech, Inc.; October 2021.
- 4. Renflexis [package insert]. Jersey City, NJ: Organon & Co.; January 2022.

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