

Remicade (Infliximab)

Administrative Process

Infliximab (Remicade) requires prior authorization from HealthPartners Pharmacy Services. Claims will not be covered without prior authorization.

A quantity limit of 80 units (800 mg) will be applied to all claims. Claims for greater than 80 units (800 mg) will not be covered without prior authorization for the higher dose. Claims for greater amounts will be reviewed for billing accuracy, accurate weight-based dosing, and an inadequate response to standard dosing.

The prior authorization form is available at www.healthpartners.com/files/34431.pdf.

Coverage

Infliximab is generally covered as follows:

1. For **Rheumatoid Arthritis** and related disorders, Remicade is reserved for:
 - a. prescribing by Rheumatology, and
 - b. for patients with moderately to severely active rheumatoid arthritis, and
 - c. for patients who have tried and failed methotrexate or have medical contraindications to its use.
2. For **Crohn's Disease and Ulcerative Colitis**, Remicade is reserved for:
 - a. prescribing by GI, and
 - b. for patients with moderately to severely active disease, and
 - c. for patients who have had an inadequate response to conventional therapy, or with medical justification for the earlier use of Remicade.

Conventional therapy includes 5-ASA products, steroids, and immunomodulators (such as azathioprine, 6-mercaptopurine, or methotrexate).

3. For **Psoriasis**, Remicade is reserved for:
 - a. prescribing by Dermatology, and
 - b. for patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis, and
 - c. for patients who have had an inadequate response to systemic therapies (methotrexate, cyclosporine, or Soriatane, or with medical contraindications to their use), or an inadequate response to UVB phototherapy.

Definition

Infliximab (Remicade) is a monoclonal antibody that inhibits the functional activity of human tumor necrosis factor alpha (TNFa).

Infliximab is an intravenous biologic drug usually administered every eight weeks. It has received FDA-approval for:

1. **Rheumatoid arthritis (RA)** - Infliximab in combination with methotrexate, is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis.
2. **Ankylosing Spondylitis** - Infliximab is indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.
3. **Psoriatic Arthritis** - Infliximab is indicated for reducing signs and symptoms of active arthritis in patients with psoriatic arthritis.
4. **Crohn's disease** (also known as regional enteritis) - Infliximab is indicated for the reduction in signs and symptoms, achieving clinical remission and mucosal healing, and eliminating corticosteroid use in patients with moderately to severely active ulcerative colitis who have had an inadequate response to conventional therapy.
5. **Ulcerative Colitis** – Infliximab is indicated for reducing signs and symptoms, achieving clinical remission and mucosal healing, and eliminating corticosteroid use in patients with moderately to severely active ulcerative colitis who have had an inadequate response to conventional therapy.

6. **Plaque Psoriasis** - Infliximab is indicated for the treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

Products

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

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