

<b>Policy Title:</b>	Infliximab Products: Remicade, Renflexis, Avsola, Infliximab (Intravenous)		
		<b>Department:</b>	PHA
<b>Effective Date:</b>	01/01/2020		
<b>Review Date:</b>	09/18/2019, 12/20/2019, 1/22/2020, 8/5/2021, 1/20/2022, 2/10/2022, 3/02/2023, 8/10/23, 12/7/2023, 01/04/2024, 02/14/2014, 05/08/2024		

**Purpose:** To support safe, effective, and appropriate use of Infliximab.

**Scope:** Medicaid\*, Commercial, Medicare-Medicaid Plan (MMP)

\*(Medication only available on the Medical Benefit)

**Policy Statement:**

Infliximab is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process. This policy applies to Infliximab therapies including, but not limited to, the following: Remicade, Renflexis, and Avsola. Please see Appendix A for Neighborhood's Site of Care Policy as it relates to Infliximab unbranded products, Remicade, Renflexis, and Avsola. The Site of Care Policy will be effective as of February 1, 2022.

**Procedure:**

Coverage of (Infliximab) will be reviewed prospectively via the prior authorization process based on criteria below.

**Summary of Evidence:**

Clinical trials evaluating the efficacy and safety of Infliximab have demonstrated its effectiveness in the management of various inflammatory conditions, including rheumatoid arthritis, Crohn's disease, ulcerative colitis, psoriasis, psoriatic arthritis, and ankylosing spondylitis. Key findings from pivotal trials, such as the ATTRACT, ACCENT I, and ACT trials, have shown significant improvements in disease activity, symptom control, and quality of life outcomes in patients receiving Infliximab compared to placebo or conventional therapies. Notably, Infliximab has been shown to induce and maintain clinical remission, reduce the progression of structural damage, and decrease the need for corticosteroids and other immunosuppressive medications in patients with inflammatory arthritis and bowel diseases.

**Initial Criteria:**

- MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements; OR
- If the patient is requesting J1745 (Remicade or infliximab unbranded), the patient must have failure or intolerable side effects to Inflectra or Avsola AND Renflexis; AND
- If the patient is requesting Renflexis, the patient must have failure or intolerable side effects to Inflectra or Avsola; AND

- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; AND
- Patient has been evaluated and screened for the presence of hepatitis B virus (HBV) prior to initiating treatment; AND
- Patient does not have an active infection, including clinically important localized infections; AND
- Must not be administered concurrently with live vaccines; AND
- Patient is not on concomitant treatment with an injectable biologic response modifier including TNF-inhibitors (e.g., Humira (adalimumab), Enbrel (etanercept), Simponi (golimumab), etc.) and IL-inhibitors (e.g., Cosentyx (secukinumab), Stelara (ustekinumab), Tremfya (guselkumab), Ilumya (tildrakizumab), Skyrizi (risankizumab), Bimzelx (bimekizumab), Omvoh (mirikizumab), etc.) or other oral non-biologic agent (e.g., Otezla (apremilast), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Velsipity (etrasimod), etc.)
- Dosing and frequency is within FDA guidelines; AND
- Physician has assessed baseline disease severity utilizing an objective measure/tool; AND

#### Crohn's disease:

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate).

#### Pediatric Crohn's disease:

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Patient is at least 6 years of age; AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, etc.).

#### Ulcerative Colitis:

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate).

Pediatric Ulcerative Colitis:

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Patient is at least 6 years of age; AND
- Documented moderate to severe disease; AND
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g., azathioprine, etc.).

Fistulizing Crohn's Disease:

- Must be prescribed by, or in consultation with, a specialist in gastroenterology; AND
- Adult patient (18 years or older); AND
- Patient has at least one or more draining fistulas (i.e., enterovesical, enterocutaneous, enteroenteric, or enterovaginal fistulas) for at least 3 months

Rheumatoid Arthritis (RA):

- Must be prescribed by, or in consultation with, a specialist in rheumatology; AND
- Patient is 18 years of age or older AND
- Documented moderate to severe active disease; AND
- Patient has had at least a 3-month trial and failed previous therapy with ONE formulary oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine hydroxychloroquine, sulfasalazine, leflunomide, etc; AND
- Prescribed in combination with methotrexate (MTX) unless contraindicated.

Psoriatic Arthritis:

- Must be prescribed by, or in consultation with, a specialist in dermatology or rheumatology; AND
- Patient is 18 years of age or older; AND
- Documented moderate to severe active disease; AND
  - For patients with predominantly axial disease OR active enthesitis, a trial and failure of at least a 4-week trial of ONE (1) non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated; OR
  - For patients with peripheral arthritis or dactylitis, a trial and failure of at least a 3-month trial of ONE formulary oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine.

Ankylosing Spondylitis:

- Must be prescribed by, or in consultation with, a specialist in rheumatology; AND
- Patient is 18 years of age or older; AND

- Documented active disease; AND
- Patient had an adequate trial and failure of at least TWO (2) non-steroidal anti-inflammatory agents (NSAIDs) over 4 weeks (in total) unless use is contraindicated.

#### Plaque Psoriasis:

- Must be prescribed by, or in consultation with, a specialist in dermatology or rheumatology;
- Adult patient (18 years or older); AND
- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 10% of body surface area (BSA); OR
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; OR
  - Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritus” AND
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); OR
- Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of phototherapy [i.e., psoralens with UVA light (PUVA) or UVB with coal tar].

#### **Continuation of therapy Criteria:**

- Patient meets all initial criteria, including trials of biosimilar agent(s); AND
- Patient is tolerating medication; AND
- Crohn’s Disease: Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra-intestinal complications, tapering or discontinuation of corticosteroid therapy, use of anti-diarrheal drugs, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Crohn’s Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score].
- Pediatric Crohn’s Disease: Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra-intestinal complications, tapering or discontinuation of corticosteroid therapy, use of anti-diarrheal drugs and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Pediatric Crohn’s Disease Activity Index (PCDAI) score or the Harvey-Bradshaw Index score].
- Ulcerative Colitis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity,

tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Ulcerative Colitis Endoscopic Index of Severity (UCEIS) score or the Mayo Score].

- Pediatric Ulcerative Colitis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Pediatric Ulcerative Colitis Activity Index (PUCAI) score or the Mayo Score].
- Fistulizing Crohn's Disease: Disease response as indicated by improvement in signs and symptoms compared to baseline such as a reduction in number of enterocutaneous fistulas draining upon gentle compression, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Crohn's Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score].
- Psoriatic Arthritis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g., defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria].
- Rheumatoid Arthritis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, and/or an improvement on a disease activity scoring tool [e.g., an improvement on a composite scoring index such as Disease Activity Score-28 (DAS28) of 1.2 points or more or a  $\geq 20\%$  improvement on the American College of Rheumatology-20 (ACR20) criteria].
- Ankylosing Spondylitis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as total back pain, physical function, morning stiffness, and/or an improvement on a disease activity-scoring tool [e.g.,  $\geq 1.1$  improvement on the Ankylosing Spondylitis Disease Activity Score (ASDAS) or an improvement of  $\geq 2$  on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)].
- Plaque Psoriasis: Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement  $\leq 1\%$ ), and/or an improvement on a disease activity scoring tool [e.g., a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and a four-point reduction in the DLQI from when treatment started.]

**Coverage duration:**

- Initial coverage criteria = 6 months
- Continuation of therapy = 12 months

Per §§ 42 CFR 422.101, this clinical medical policy only applies to INTEGRITY in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD).

**Policy Rationale:**

Remicade, Renflexis, Avsola, and Infliximab were reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Remicade, Renflexis, Avsola, or Infliximab according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature.

Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. For INTEGRITY (Medicare-Medicaid Plan) members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.

**APPENDIX A****Appendix A: Site of Care Policy**

**Purpose:** This policy will specify member and drug inclusion and exclusion criteria for the Site of Care program.

**Policy Statement:** The Site of Care program allows members to obtain certain provider-administered medications at a location outside of the hospital outpatient facility when clinically appropriate. Evidence-based guidelines support the administration of injectable medications in alternative sites of care including in the home (via a home infusion provider). Administration of the injectable medications subject to this policy at alternate sites of care is based upon the professional judgment of the provider and Neighborhood takes into account the clinical appropriateness for each individual patient. Requests for drugs listed in this policy will be assessed for meeting medical necessity based on the clinical documentation provided by the requesting practitioner.

**Procedure:** Medications identified in this policy are subject to meeting medical necessity standards. This policy applies to those 18 years of age and older. Once it is determined that medical necessity standards are met for the medication, Neighborhood will assess for appropriateness of Site of Care administration. Each case will be addressed on an individual basis. Hospital outpatient facility administration may be considered medically necessary if ANY of the following criteria are present to indicate the patient is medically unstable for infusions in settings other than an outpatient facility setting:

- Patient's home is considered unsuitable for care by the home infusion provider; or
- Patient's medical status requires enhanced monitoring beyond that which would be routinely required for infusion therapy or able to be provided by a home infusion provider; or
- Previous severe adverse reaction (including but not limited to anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure) during or following administration of prescribed medication despite standard pre-medication AND must be provided in written documentation; or
- Patient is receiving other medications that require close monitoring with a higher level of care (e.g., cytotoxic chemotherapy or blood products); or
- Patient is at high risk for complications due to medication administration (e.g., at risk for post-transplant complications, increased risk of infusion reactions due to presence of circulating antibodies, unstable vascular access, cardiopulmonary condition at risk for severe adverse reactions, unstable renal function with inability to safely tolerate IV volume loads, etc.); or
- Patient is initiating therapy or re-initiating therapy after a period of at least 6 months with no therapy; or
- Physically and/or cognitively impaired AND a home caregiver is not available to comply with the required treatment regimen and schedule.

If it is determined that the patient is not suited for medication administration in the home, Neighborhood reserves the right to have the medication purchased through a Specialty Pharmacy which will directly deliver the medication to the hospital pharmacy/facility that is administering the medication. In this scenario, the Specialty Pharmacy will bill Neighborhood for the cost of the medication, not the facility.

If initial infusions of a medication were administered in an outpatient facility, subsequent maintenance doses will be authorized in the home setting through a home infusion provider. \*\*\*

\*\*\*The timeframe of administration allowed at the outpatient facility is subject to change as recommended by the member's provider in consultation with Neighborhood's Pharmacy Department.

**Investigational use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**Dosing and Maximum units:**

<b>Indication</b>	<b>Loading doses</b>	<b>Maximum units for loading dose</b>	<b>Maintenance dosing</b>	<b>Maximum units for maintenance dosing</b>	<b>Maximum dose and frequency</b>
Rheumatoid Arthritis	3 mg/kg at weeks 0, 2, & 6	40 billable units at weeks 0, 2, 6	3 mg/kg every 8 weeks thereafter	100 billable units every 4 week	Up to 10 mg/kg every 4 weeks
Ankylosing Spondylitis	5 mg/kg at weeks 0, 2, & 6	60 billable units at weeks 0, 2, 6	5 mg/kg every 6 weeks thereafter	60 billable units every 6 weeks	5 mg/kg every 6 weeks
Crohn's Disease	5 mg/kg at weeks 0, 2, & 6	60 billable units at weeks 0, 2, 6	5 mg/kg every 8 weeks thereafter	100 billable units every 8 weeks	Up to 10 mg/kg every 8 weeks
Ulcerative Colitis	5 mg/kg at weeks 0, 2, & 6	60 billable units at weeks 0, 2, 6	5 mg/kg every 8 weeks thereafter	100 billable units every 8 weeks	Up to 10 mg/kg every 8 weeks
Psoriatic Arthritis	5 mg/kg at weeks 0, 2, & 6	60 billable units at weeks 0, 2, 6	5 mg/kg every 8 weeks thereafter	60 billable units every 8 weeks	5 mg/kg every 8 weeks
Plaque Psoriasis	5 mg/kg at weeks 0, 2, & 6	60 billable units at weeks 0, 2, 6	5 mg/kg every 8 weeks thereafter	60 billable units every 8 weeks	5 mg/kg every 8 weeks



The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
J1745	Injection, infliximab, excludes biosimilar, 10mg (Remicade, includes unbranded biologic)
Q5121	Injection, infliximab-axxq, biosimilar, (Avsola), 10mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10mg

**References:**

1. Remicade/Infliximab [package insert]. Horsham, PA; Janssen Biotech, Inc; 2022 April. Accessed February 2024.
2. Renflexis[package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; 2023 January. Accessed February 2024.
3. Avsola [package insert]. Thousand Oaks, CA; Amgen, Inc; 2023 April. Accessed February 2024.
4. Sing JA, Saag, KG, Bridges SL, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2016 Jan;68(1):1-26.
5. Ward MM, Deodhar, A, Akl, EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. *Arthritis Rheumatol*. 2015 Sep 24. doi: 10.1002/art.39298.
6. Menter A, Feldman SR, Weinstein GD, et al. A randomized comparison of continuous vs. intermittent infliximab maintenance regimens over 1 year in the treatment of moderate-to-severe plaque psoriasis. *J Am Acad Dermatol* 2007;56:31e1-15.
7. Niccoli L, Nannini C, Benucci M, Chindamo D, Cassarà E, Salvarani C, Cimino L, Gini G, Lenzetti I, Cantini F. Long-term efficacy of infliximab in refractory posterior uveitis of Behcet’s disease: a 24-month follow-up study. *Rheumatology (Oxford)*. 2007 Jul;46(7):1161-4. Epub 2007 May 3. 6. Giardina A, Ferrante A, Ciccio F, et al. One year study of efficacy and safety of infliximab in the treatment of patients with ocular and neurological Behcet’s disease refractory to standard immunosuppressive drugs. *Rheumatol Int* 2011;31:33–37.
8. Okada A, Goto H, Ohno S, et al. Multicenter study of infliximab for refractory uveoretinitis in Behcet disease. *Arch Ophthalmol* 2012;130(5):592-598.
9. Lichtenstein GR, Loftus EV, Isaacs KL, et al. American College of Gastroenterology. Clinical Guideline: Management of Crohn’s disease in adults. *Am J Gastroenterol*. 2018;113:481-517. 9. Kornbluth, A, Sachar, DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. *Am J Gastroenterol*. 2010 Mar;105(3):501-23. 10. Terdiman JP, Gruss CB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF- $\alpha$  biologic drugs for the induction and maintenance of remission in inflammatory Crohn’s disease. *Gastroenterology*. 2013 Dec;145(6):1459-63. doi: 10.1053/j.gastro.2013.09.010.
10. Hsu S, Papp KA, Lebwohl MG, et al. Consensus guidelines for the management of plaque psoriasis. *Arch Dermatol*. 2012 Jan;148(1):95-102.
11. Gottlieb A, Korman NJ, Gordon KB, Feldman SR, Lebwohl M, Koo JY, Van Voorhees AS, Elmets CA, Leonardi CL, Beutner KR, Bhushan R, Menter A. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. *J Am Acad Dermatol* 2008 May;58(5):851-64.
12. National Institute for Health and Clinical Excellence (NICE). Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor. London (UK): National Institute for Health and Clinical Excellence (NICE); 2010 Aug. 73 p. (Technology appraisal guidance; no. 195)
13. Gossec L, Smolen JS, Ramiro S, et al. European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies: 2015 update. *Ann Rheum Dis*. 2015 Dec 7. pii: annrheumdis-2015-208337. doi: 10.1136/annrheumdis-2015-208337.
14. Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis*. 2017 Mar 6. pii: annrheumdis-2016-210715.
15. Van Der Heijde D, Ramiro S, Landewe R, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. *Ann Rheum Dis* doi:10.1136/annrheumdis-2016-210770.
16. Harbord M, Eliakim R, Bettenworth D, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management. *J Crohns Colitis*. 2017 Jan 28. doi: 10.1093/ecco-jcc/jjx009.

17. Jabs DA, Rosenbaum JT, Foster CS, et al. Guidelines for the use of immunosuppressive drugs in patients with ocular inflammatory disorders: recommendations of an expert panel. *Am J Ophthalmol.* 2000 Oct;130(4):492-513.
18. Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of antitumor necrosis factor biologic agents in patients with ocular inflammatory disorders. *Ophthalmology.* 2014 Mar;121(3):785-96.e3. doi: 10.1016/j.ophtha.2013.09.048.
19. National Institute for Health and Care Excellence. NICE 2012. Crohn's Disease: Management. Published 10 October 2012. Clinical Guideline [CG152]. <https://www.nice.org.uk/guidance/cg152/resources/crohns-disease-management-pdf35109627942085>.
20. Lewis JD, Chuai S, Nessel L, et al. Use of the Non-invasive Components of the Mayo Score to Assess Clinical Response in Ulcerative Colitis. *Inflamm Bowel Dis.* 2008 Dec; 14(12): 1660–1666. doi: 10.1002/ibd.20520 22. Paine ER. Colonoscopic evaluation in ulcerative colitis. *Gastroenterol Rep (Oxf).* 2014 Aug; 2(3): 161–168.
21. Walsh AJ, Bryant RV, Travis SPL. Current best practice for disease activity assessment in IBD. *Nature Reviews Gastroenterology & Hepatology* 13, 567–579 (2016) doi:10.1038/nrgastro.2016.128
22. Kornbluth, A, Sachar, DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. *Am J Gastroenterol.* 2010 Mar;105(3):501-23.
23. National Institute for Health and Care Excellence. NICE 2017. Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs. Published 24 May 2017. Technology Appraisal Guidance [TA445]. <https://www.nice.org.uk/guidance/TA445/chapter/1-Recommendations>. Accessed August 2017. 26. National Institute for Health and Care Excellence. NICE 2009. Rheumatoid Arthritis in Adults: Management. Published February 2009. Clinical Guideline [CG79]. <https://www.nice.org.uk/guidance/cg79/resources/rheumatoid-arthritis-in-adultsmanagement-pdf-975636823525>.
24. National Institute for Health and Care Excellence. NICE 2010. Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after failure of a TNF inhibitor. Published 10 October 2012. Clinical Guideline [TA195]. <https://www.nice.org.uk/guidance/ta195/resources/adalimumab-etanercept-infliximabrituximab-and-abatacept-for-the-treatment-of-rheumatoid-arthritis-after-the-failure-of-atnf-inhibitor-pdf-82598558287813>.
25. Ward MM, Guthri LC, Alba MI. Rheumatoid Arthritis Response Criteria And Patient Reported Improvement in Arthritis Activity: Is an ACR20 Response Meaningful to Patients?. *Arthritis Rheumatol.* 2014 Sep; 66(9): 2339–2343. doi: 10.1002/art.38705
26. National Institute for Health and Care Excellence. NICE 2008. Infliximab for the treatment of adults with psoriasis. Published 23 January 2008. Technology Appraisal Guidance [TA134]. <https://www.nice.org.uk/guidance/ta134/resources/infliximab-for-the-treatment-ofadults-with-psoriasis-pdf-82598193811141>.
27. Smith CH, Jabbar-Lopez ZK, Yiu ZK, et al. British Association of Dermatologists guidelines for biologic therapy for psoriasis 2017. *Br J Dermatol.* 2017 Sep;177(3):628-636. doi: 10.1111/bjd.15665.
28. Jabs DA, Rosenbaum JT, Foster CS, et al. Guidelines for the use of immunosuppressive drugs in patients with ocular inflammatory disorders: recommendations of an expert panel. *Am J Ophthalmol.* 2000 Oct;130(4):492-513.
29. Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of antitumor necrosis factor biologic agents in patients with ocular inflammatory disorders. *Ophthalmology.* 2014 Mar;121(3):785-96.e3. doi: 10.1016/j.ophtha.2013.09.048.
30. Minor DR, Chin K, Sashani-Sabet M, et al. Infliximab in the treatment of anti-CTLA4 antibody (Ipilimumab) induced immune-related colitis. *Cancer Biotherapy & Radiopharmaceuticals.* 2009 June; 24 (3). <https://doi.org/10.1089/cbr.2008.0607>
31. Villadolid J, Amin A. Immune checkpoint inhibitors in clinical practice: update on management of immune-related toxicities. *Translational Lung Cancer Research.* 2015;4(5):560-575. doi:10.3978/j.issn.2218-6751.2015.06.06.Appendix 1 – Covered Diagnosis Codes
32. Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LCD): Drugs and Biologics (Non-chemotherapy) (L34741). Centers for Medicare & Medicaid Services, Inc. Updated on 05/24/2018 with effective date 06/1/2018. Accessed September 2018.
33. First Coast Service Options, Inc. Local Coverage Determination (LCD): Infliximab (Remicade™) (L33704). Centers for Medicare & Medicaid Services, Inc. Updated on 4/23/2018 with effective date 4/1/2018. Accessed September 2018.
34. National Government Services, Inc. Local Coverage Article: Infliximab, Infliximab-dyyb, Infliximab-abda (e.g., Remicade™, Inflectra™, Renflexis) – Related to LCD L33394 (A52423). Centers for Medicare & Medicaid Services, Inc. Updated on 4/27/2018 with effective date 4/1/2018. Accessed September 2018.
35. Palmetto GBA. Local Coverage Determination (LCD): Infliximab (L35677). Centers for Medicare & Medicaid Services, Inc. Updated on 07/06/2018 with effective date 08/06/2018. Accessed September 2018.