Neighborhood Health Plan OF RHODE ISLAND™

Effective Date: 03/01/2025
Reviewed: 12/24 Pharmacy Scope: Medicaid Medical Scope: Medicaid, Commercial, Medicare

Infliximab SC Products: ZYMFENTRA (infliximab-dyyb)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the patient has no exclusions to the prescribed therapy.

FDA-Approved Indications

Zymfentra

1. Maintenance treatment of moderately to severely active ulcerative colitis (UC) in adults following treatment with an infliximab product administered intravenously
2. Maintenance treatment of moderately to severely active Crohn's disease (CD) in adults following treatment with an infliximab product administered intravenously

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Authorization of 6 months may be granted for adult patients for treatment of moderately to severely active ulcerative colitis (UC) or Crohn's disease (CD) when all of the following criteria are met:

1. Patient is at least 18 years of age
2. Zymfentra must be prescribed by, or in consultation with, a specialist in gastroenterology
3. Only one formulation of infliximab will be used (intravenous or subcutaneous)
4. Documentation that the patient has received at least 10 weeks of IV infliximab therapy (3 induction doses), is in clinical remission, and cannot continue receiving maintenance IV infliximab therapy (e.g., Inflectra or Avsola) due to intolerable side effects with medical rationale provided
5. Patient has moderate to severe disease (e.g., Mayo Clinical Score 6-12, with Mayo Endoscopic Subscore 2 or 3 for UC and Crohn's Disease Activity Index (CDAI) score ≥220 for CD)
6. Patient does not have an active infection, including clinically important localized infections
7. The requested medication must not be administered concurrently with live vaccines
8. 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.)
9. Dosing and frequency are within FDA guidelines
10. Physician has assessed baseline disease severity utilizing an objective measure/tool

III. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all adult patients who are continuing the requested medication when all of the following criteria are met:

1. Patient meets all initial criteria
2. Patient is tolerating medication
3. Patient is receiving ongoing monitoring for presence of TB or other active infections
4. Patient meets either of the following criteria:
    A. For patients using the requested medication for moderately to severely active Crohn's disease, chart notes or medical record documentation is provided supporting achievement or maintenance of remission or a positive clinical response to therapy, as indicated by low disease activity or improvement in signs and symptoms compared to baseline such as 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, appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound 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].
    B. For patients using the requested medication for moderately to severely active ulcerative colitis, chart notes or medical record documentation is provided supporting achievement or maintenance of remission or a positive clinical response to therapy, as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, urgency of defecation, C-reactive protein (CRP), fecal calprotectin (FC), appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound, 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].

IV. DOSAGE AND ADMINISTRATION

Indication	Recommended Dosage
Ulcerative Colitis and Crohn's Disease (maintenance treatment only)	<u>Maintenance Dose Starting at Week 10 and thereafter:</u> • 120 mg subcutaneously once every two weeks • To switch patients who are responding to maintenance therapy with an infliximab product administered intravenously, administer the first subcutaneous dose of Zymfentra in place of the next scheduled intravenous infusion and every two weeks thereafter. *Note:* All patients must complete an intravenous induction regimen (5 mg/kg at Weeks 0, 2 and 6) with an infliximab product (e.g., Inflectra, Avsola, Remicade) before starting Zymfentra.

V. DOSING LIMITS

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

Drug Name	GPI	NDC	Quantity Limit	Daily Dose Limit
ZYMFENTRA 1-PEN	5250504020F530	72606-0025-01	2 pens per 28 days	0.072
ZYMFENTRA 2-PEN	5250504020F530	72606-0025-02	1 box (2 pens) per 28 days	0.036
ZYMFENTRA 2-SYRINGE	5250504020F830	72606-0025-10	1 box (2 syringes) per 28 days	0.036

B. Max Units (per dose and over time) [Medical Benefit]:

- Crohn's Disease and Ulcerative Colitis: 12 billable units (120 mg) every 2 weeks

VI. BILLING CODE

HCPCS Code	Description
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg

VII. REFERENCES

1. Zymfentra [package insert]. Jersey City, NJ: Celltrion USA, Inc.; October 2023.
2. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol.* 2011;106(Suppl 1):S2-S25.
3. Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol.* 2018;113:481-517.
4. Rubin DT, Ananthakrishnan AN, et al. 2019 ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol.* 2019;114:384-413.