Remicade® (infliximab)

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Prior Auth Available:	√	**Post-service edit:**	√	**Medical Necessity Criteria Number**: IC-0104

The medical necessity criteria were developed by ICORE Healthcare for the purpose of making clinical review determinations for requests for medications commonly used in various diseases. The clinical disciplines of oncology, hematology, rheumatology, neurology, internal medicine, pharmacy and nursing were consulted as part of the criteria development. The development followed an extensive literature search pertaining to established clinical guidelines and accepted prescribing patterns for each individual drug. The indications for the medications are consistent with FDA approved indications, CMS coverage guidelines, National Comprehensive Cancer Network (NCCN) guidelines and/or other published peer reviewed research literature.

I. Medication Description:

Remicade® (Infliximab) is a tumor necrosis factor (TNF) blocker indicated to reduce the signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate, active psoriatic arthritis, active ankylosing spondylitis, chronic severe (i.e., extensive and/or disabling) plaque psoriasis (PsO). Remicade® (Infliximab) is indicated to reduce signs and inducing and maintaining clinical remission in adult and pediatric patients with moderately to severely active crohn's disease (CD) and reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Remicade® (Infliximab) is indicated to reduce signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active ulcerative colitis (UC). Remicade® (Infliximab) is indicated to reduce signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active crohn's disease (CD).

II. Length of Authorization:

Coverage is provided for 6 months and may be renewed

III. Review Criteria:

Coverage is provided in the following conditions:

Crohn's disease †

- Adult patient (18 years or older); **AND**
- Documented moderate to severe disease; **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented trial and failure on ONE conventional oral agent for at least 3 months, unless use is contraindicated, such as as mesalamine, corticosteroids, 6-mercaptopurine or azathioprine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Pediatric Crohn's disease †

- Patient at least 6 years of age; **AND**
- Documented moderate to severe disease; **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**

- Documented trial and failure on ONE conventional oral agent for at least 3 months, unless use is contraindicated, such as as mesalamine, corticosteroids, 6-mercaptopurine or azathioprine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Ulcerative colitis†
- Adult patient (18 years or older); **AND**
- Documented moderate to severe disease; **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented trial and failure on ONE conventional oral therapy such as corticosteroids, 6-mercaptopurine or azathioprine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Pediatric Ulcerative colitis†
- Patient at least 6 years of age; **AND**
- Documented moderate to severe disease; **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented trial and failure on ONE conventional oral therapy such as corticosteroids, 6-mercaptopurine or azathioprine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Fistulizing Crohn's disease†
- Adult patient (18 years or older); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented trial and failure on ONE conventional oral therapy such as corticosteroids, 6-mercaptopurine or azathioprine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Rheumatoid Arthritis (RA)†
- Adult patient (18 years or older); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented moderate to severe disease; **AND**
- Patient has had at least a 3 month trial and failed previous therapy with ONE oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, Imuran, Ridaura, Plaquenil, Cuprimine, Azulfidine, or Arava; **AND**
- Previous failure with preferred self-injectable TNF antagonist; **AND**
- Used in combination with methotrexate (MTX) unless contraindicated; **AND**
- Not on concurrent treatment with another TNF inhibitor

Psoriatic Arthritis†
- Adult patient (18 years or older); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented moderate to severe active disease; **AND**

- Patient has tried and failed at least a 3 month trial of ONE oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, or hydroxychloroquine; **AND**
- Not on concurrent treatment with another TNF inhibitor

Ankylosing Spondylitis†

- Adult patient (18 years or older); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Documented active disease; **AND**
- Patient had an adequate trial and failure of at least TWO (2) non-steroidal anti-inflammatory agents (NSAIDs), unless use is contraindicated; **AND**
- Not on concurrent treatment with another TNF inhibitor

Plaque psoriasis†

- Documented moderate to severe chronic disease (for at least 1 year); **AND**
- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; **AND**
- Adult patient (18 years or older); **AND**
- Patient must have plaques covering ≥ 10% of their body surface area or <10% of BSA, but with involvement of palms, soles, head and neck, or genitalia which causes disruption of normal activities; **AND**
- Topical therapy is no longer tolerated or effective with agents such as corticosteroids, anthralin, calcipotriene, or tazarotene; **AND**
- Previous treatment failure with phototherapy: (Psoralens with UVA light (PUVA) OR UVB with coal tar or dithranol; **AND**
- Patient is a candidate for systemic therapy (i.e., Acitretin, methotrexate, or cyclosporine) with adequate trial and failure or intolerance to treatment ; **AND**
  Not on concurrent treatment with another TNF inhibitor

Uveitis Associated with Behcet's Syndrome

- Patient's disease is refractory to immunosuppressive therapy

†FDA Approved Indication(s)

IV. Renewal Criteria:

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; **AND**
- Disease response; **AND**
- Absence of unacceptable toxicity from the drug

V. Dosage/Administration:

Indication	Dose
Rheumatoid Arthritis	Up to 10mg/kg every 4 weeks
Crohn's Disease	Up to 10mg/kg every 8 weeks
Ankylosing Spondylitis	Up to 5mg/kg every 6 weeks

All other indications	Up to 5mg/kg every 8 weeks

Loading Dose:

RA – 3mg/kg at weeks 0, 2, 6 and then every 8 week thereafter

Ankylosing spondylitis – 5mg/kg at weeks 0, 2, 6 and then every 6 weeks after

All other indications – 5mg/kg at weeks 0, 2, 6 and then every 8 week thereafter

VI. Billing/Code Information:

JCode:

J1745 – Remicade (Janssen) 100mg vial injection: 1 billable unit = 10 mg

Max Units:

Loading Dose:

Rheumatoid Arthritis (RA)

Male 40 billable units at weeks 0, 2, 6

Female 30 billable units at weeks 0, 2, 6

All other indications

Male 60 billable units at weeks 0, 2, 6

Female 50 billable units at weeks 0, 2, 6

Maintenance Dose:

Rheumatoid Arthritis (RA)

Male 100 billable units every 4 weeks

Female 80 billable units every 4 weeks

Crohn's Disease

Male 100 billable units every 8 weeks

Female 80 billable units every 8 weeks

Ankylosing spondylitis

Male 60 billable units every 6 weeks

Female 50 billable units every 6 weeks

All other indications

Male 60 billable units every 8 weeks

Female 50 billable units every 8 weeks

Covered Diagnosis:

ICD-9 Codes	Diagnosis
136.1	Behcet's syndrome

363.20	Chorioretinitis, unspecified
555.0	Regional enteritis of small intestine
555.1	Regional enteritis of large intestine
555.2	Regional enteritis of small intestine with large intestine
555.9	Regional enteritis of unspecified site
556.0	Ulcerative (chronic) enterocolitis
556.1	Ulcerative (chronic) ileocolitis
556.2	Ulcerative (chronic) proctitis
556.3	Ulcerative (chronic) proctosigmoiditis
556.5	Pseudopolyposis of colon
556.6	Left-sided ulcerative (chronic) colitis
556.8	Universal ulcerative (chronic) colitis
556.9	Other ulcerative colitis
696.0	Psoriatic arthropathy
696.1	Other psoriasis
714.0	Rheumatoid arthritis
714.1	Felty's syndrome
714.2	Other rheumatoid arthritis with visceral or systemic involvement
714.4	Chronic postrheumatic arthropathy
714.81	Rheumatoid lung
714.89	Other specified inflammatory polyarthropathies
714.9	Unspecified inflammatory polyarthropathy
720.0	Ankylosing spondylitis

VII. Centers for Medicare and Medicaid Services (CMS):

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 10 (J)	**NCD/LCD Document (s):** L30030
ICD-9 Codes	**Diagnosis**
555.0 - 555.2	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF UNSPECIFIED SITE

556.0 - 556.9	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
565.1	ANAL FISTULA
569.81	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS
569.9	UNSPECIFIED DISORDER OF INTESTINE
619.1	DIGESTIVE-GENITAL TRACT FISTULA FEMALE
696.0	PSORIATIC ARTHROPATHY
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
711.10 - 711.49	ARTHROPATHY SITE UNSPECIFIED ASSOCIATED WITH REITER'S DISEASE AND NONSPECIFIC URETHRITIS - ARTHROPATHY INVOLVING MULTIPLE SITES ASSOCIATED WITH OTHER BACTERIAL DISEASES
713.1	ARTHROPATHY ASSOCIATED WITH GASTROINTESTINAL CONDITIONS OTHER THAN INFECTIONS
714.0	RHEUMATOID ARTHRITIS
714.1	FELTY'S SYNDROME
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
714.30 - 714.33	CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS - MONOARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.4	CHRONIC POSTRHEUMATIC ARTHROPATHY
714.81	RHEUMATOID LUNG
720.0	ANKYLOSING SPONDYLITIS
720.81	INFLAMMATORY SPONDYLOPATHIES IN DISEASES CLASSIFIED ELSEWHERE

Jurisdiction(s): 5, 8	**NCD/LCD Document (s):** L32013
ICD-9 Codes	**Diagnosis**
135	SARCOIDOSIS
136.1	BEHCET'S SYNDROME
364.00 – 364.24	ACUTE AND SUBACUTE IRIDOCYCLITIS UNSPECIFIED - VOGT-KOYANAGI SYNDROME
364.3	UNSPECIFIED IRIDOCYCLITIS
425.8	CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE
517.8	LUNG INVOLVEMENT IN OTHER DISEASES CLASSIFIED ELSEWHERE
555.0 - 555.9	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0 - 556.9	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
696.0	PSORIATIC ARTHROPATHY
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS

714.0	RHEUMATOID ARTHRITIS
714.1	FELTY'S SYNDROME
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
714.30 - 714.33	CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS - MONOARTICULAR JUVENILE RHEUMATOID ARTHRITIS
720.0	ANKYLOSING SPONDYLITIS

Jurisdiction(s): 9 (N)	**NCD/LCD Document (s):** L29198; L29440
ICD-9 Codes	**Diagnosis**
555.0	REGIONAL ENTERITIS OF SMALL INTESTINE
555.1	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0	ULCERATIVE (CHRONIC) ENTEROCOLITIS
556.1	ULCERATIVE (CHRONIC) ILEOCOLITIS
556.2	ULCERATIVE (CHRONIC) PROCTITIS
556.3	ULCERATIVE (CHRONIC) PROCTOSIGMOIDITIS
556.5	LEFT-SIDED ULCERATIVE (CHRONIC) COLITIS
556.6	UNIVERSAL ULCERATIVE (CHRONIC) COLITIS
556.8	OTHER ULCERATIVE COLITIS
556.9	ULCERATIVE COLITIS UNSPECIFIED
565.1	ANAL FISTULA
569.81	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS
696.0	PSORIATIC ARTHROPATHY
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
714.0	RHEUMATOID ARTHRITIS
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
720.0	ANKYLOSING SPONDYLITIS

Jurisdiction(s): 6,K	**NCD/LCD Document (s):** A46764
ICD-9 Codes	**Diagnosis**
135	SARCOIDOSIS
364.00	ACUTE AND SUBACUTE IRIDOCYCLITIS UNSPECIFIED
364.01	PRIMARY IRIDOCYCLITIS
364.02	RECURRENT IRIDOCYCLITIS
364.03	SECONDARY IRIDOCYCLITIS INFECTIOUS

364.04	SECONDARY IRIDOCYCLITIS NONINFECTIOUS
364.05	HYPOPYON
364.10	CHRONIC IRIDOCYCLITIS UNSPECIFIED
364.11	CHRONIC IRIDOCYCLITIS IN DISEASES CLASSIFIED ELSEWHERE
364.21	FUCHS' HETEROCHROMIC CYCLITIS
364.22	GLAUCOMATOCYCLITIC CRISES
364.23	LENS-INDUCED IRIDOCYCLITIS
364.24	VOGT-KOYANAGI SYNDROME
364.3	UNSPECIFIED IRIDOCYCLITIS
446.4	WEGENER'S GRANULOMATOSIS
446.7	TAKAYASU'S DISEASE
555.0*	REGIONAL ENTERITIS OF SMALL INTESTINE
555.1*	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2*	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9*	REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0*	ULCERATIVE (CHRONIC) ENTEROCOLITIS
556.1*	ULCERATIVE (CHRONIC) ILEOCOLITIS
556.2*	ULCERATIVE (CHRONIC) PROCTITIS
556.3*	ULCERATIVE (CHRONIC) PROCTOSIGMOIDITIS
556.4*	PSEUDOPOLYPOSIS OF COLON
556.5*	LEFT-SIDED ULCERATIVE (CHRONIC) COLITIS
556.6*	UNIVERSAL ULCERATIVE (CHRONIC) COLITIS
556.8*	OTHER ULCERATIVE COLITIS
556.9*	ULCERATIVE COLITIS UNSPECIFIED
696.0	PSORIATIC ARTHROPATHY
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
705.83	HIDRADENITIS
714.0	RHEUMATOID ARTHRITIS
714.1	FELTY'S SYNDROME
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
714.30	CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.81	RHEUMATOID LUNG
720.0	ANKYLOSING SPONDYLITIS
727.00	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED

686.01 must be reported with one of the diagnosis codes listed with a *(555.0-556.9)

VIII. Criteria Exclusions:

- Treatment for diagnoses not FDA approved
- All indications not described in Section III Review criteria are not covered and may be considered experimental or investigational.

IX. Black Box Warnings/Contraindications:

- Increased risk of serious infections leading to hospitalization or death, including tuberculosis (TB), bacterial sepsis, invasive fungal infections (such as histoplasmosis) and infections due to other opportunistic pathogens.
- Discontinue REMICADE if a patient develops a serious infection.
- Perform test for latent TB; if positive, start treatment for TB prior to starting REMICADE. Monitor all patients for active TB during treatment, even if initial latent TB is negative.
- Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with tumor necrosis factor (TNF) blockers, including REMICADE
- Postmarketing cases of fatal hepatosplenic T-cell lymphoma (HSTCL) have been reported in patients treated with TNF blockers including REMICADE. All REMICADE cases were reported in patients with Crohn's disease or ulcerative colitis, the majority of whom were adolescent or young adult males. All had received azathioprine or 6-mercaptopurine concomitantly with REMICADE at or prior to diagnosis.

X. References:

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16. National Government Services, Inc. Local Coverage Article: Paclitaxel Infliximab (e.g., Remicade™) – Related to LCD L25820 (A46764). Centers for Medicare & Medicaid Services, Inc. Updated on 08/27/2013 with effective date 10/25/2013. Accessed March 2014.

XI. Appendix:

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E	CA,HI, NV, AS, GU, CNMI	Noridian Administrative Services (NAS)
F	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Administrative Services (NAS)
5	KS, NE, IA, MO	Wisconsin Physicians Service (WPS)
6	MN, WI, IL	National Government Services (NGS)
H	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions
8	MI, IN	Wisconsin Physicians Service (WPS)
9 (N)	FL, PR, VI	First Coast Service Options
10 (J)	TN, GA, AL	Cahaba Government Benefit Administrators
11 (M)	NC, SC, VA, WV	Palmetto GBA
12 (L)	DE, MD, PA, NJ, DC	Novitas Solutions
K	NY, CT, MA, RI, VT, ME, NH	National Government Services (NGS)
15	KY, OH	CGS Administrators, LLC