

Medical Policy

Infliximabs

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Avsola (Infliximab-axxq)

Renflexis (infliximab-abda)

Inflectra (Infliximab-dyyb)

Zymfentra (infliximab-dyyb)

Remicade (infliximab)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Drug-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Crohn's Disease (Avsola, Inflectra, Remicade, Renflexis, Zymfentra)

- Patient is 6 years of age or older; **AND**
- Patient has moderate to severe Crohn's disease; **AND**
- Patient has had an inadequate response to conventional therapy with one of the following:
 - Corticosteroids
 - 6-mercaptopurine/azathioprine
 - 5-aminosalicylates; **AND**
- For Zymfentra only, administered after treatment with an intravenous infliximab product

Pediatric Crohn's Disease (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 6 years of age or older; **AND**
- Patient has moderate to severe Crohn's disease; **AND**
- Patient has had an inadequate response to conventional therapy with one of the following:
 - Corticosteroids
 - 6-mercaptopurine/azathioprine
 - 5-aminosalicylates

Ulcerative Colitis (Avsola, Inflectra, Remicade, Renflexis, Zymfentra)

- Patient is 18 years of age or older; **AND**
- Patient has moderate to severe Ulcerative Colitis; **AND**
- Patient has had an inadequate response to conventional therapy with one of the following; **AND**
 - Corticosteroids
 - 5-aminosalicylic acid agents
 - Immunosuppressants; **AND**
- For Zymfentra only, administered after treatment with an intravenous infliximab product

Pediatric Ulcerative Colitis (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 6 years of age or older; **AND**
- Patient has moderate to severe Ulcerative Colitis; **AND**
- Patient has had an inadequate response to conventional therapy with one of the following; **AND**
 - Corticosteroids
 - 5-aminosalicylic acid agents
 - Immunosuppressants

Rheumatoid Arthritis (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 18 years of age or older; **AND**
- Patient has moderate to severe Rheumatoid Arthritis; **AND**
- Used in combination with methotrexate if there was an inadequate response to methotrexate as standard therapy

Ankylosing Spondylitis (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 18 years of age or older; **AND**
- Patient had an adequate trial and failure of at least one non-steroidal anti-inflammatory agent (NSAID)

Psoriatic Arthritis (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 18 years of age or older; **AND**
- Patient had an adequate trial and failure of at least one traditional non-biologic systemic agent (e.g., methotrexate, leflunomide, sulfasalazine, or azathioprine)

Plaque Psoriasis (Avsola, Inflectra, Remicade, Renflexis)

- Patient is 18 years of age or older; **AND**
- Patient had an adequate trial and failure of at least one traditional non-biologic systemic agent (e.g., methotrexate, leflunomide, sulfasalazine, or azathioprine)

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization

12 Months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.