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Revised Dates: July 13, 2016, April 13, 2016;
January 27, 2006, January 10, 2007
July 9, 2008, November 12, 2008
October 13, 2010, January 12, 2011
June 15, 2011, April 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Remicade®, Inflectra® (infliximab)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Infliximab (Remicade®, Inflectra®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA): (must meet all of the following)

- Patient has a diagnosis of rheumatoid arthritis
- The patient is 18 years of age or older
- The prescriber is a rheumatologist
- Must be taken in combination with methotrexate
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

CRITERIA FOR ANKYLOSING SPONDYLITIS (AS): (must meet all of the following)

- Patient has a diagnosis of ankylosing spondylitis
- The patient is 18 years of age or older
- The prescriber is a rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

CRITERIA FOR PSORIATIC ARTHRITIS: (must meet all of the following)

- Patient has a diagnosis of psoriatic arthritis
- The patient is 18 years of age or older
- The prescriber is a dermatologist or rheumatologist
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

PA Criteria

CRITERIA FOR ULCERATIVE COLITIS: (must meet all of the following)

- Patient has a diagnosis ulcerative colitis
- The patient is 6 years of age or older
- The prescriber is a gastroenterologist
- The patient has used conventional ulcerative colitis therapies (see attached table) **or** there is documentation of inadequate response, contraindication, allergy or intolerable side effects to conventional ulcerative colitis therapies (see attached table)
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

CRITERIA FOR CROHN’S DISEASE: (must meet all of the following)

- Patient has a diagnosis of Crohn’s Disease
- The patient is 6 years of age or older
- The prescriber is a gastroenterologist
- The patient has used conventional Crohn’s Disease therapies (see attached table) **or** there is documentation of inadequate response, contraindication, allergy or intolerable side effects to conventional Crohn’s Disease therapies (see attached table)
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

CRITERIA FOR PLAQUE PSORIASIS: Must meet all of the following:

- Patient has a diagnosis of plaque psoriasis
- The patient is 18 years of age or older
- The prescriber is a dermatologist or rheumatologist
- The patient has taken oral agents for the treatment of plaque psoriasis (see attached table) **or** patient is a candidate for systemic therapy or phototherapy
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA
- Patient has not taken another biologic agent (see attached table) in the past 30 days

LENGTH OF APPROVAL 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

DATE

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

Biologic Agents	
Generic Name	Brand Name
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®
Ustekinumab	Stelara®
Etanercept	Enbrel®
Canakinumab	Ilaris
Apremilast	Otezla
Secukinumab	Cosentyx
Vedolizumab	Entyvio

Oral Plaque Psoriasis Therapy

Generic Name	Brand Name
Acitretin	Soriatane®
Cyclosporine	Sandimmune®
Methotrexate	Trexall®, Rheumatrex®