

## Corporate Medical Policy

### Infliximab

**File Name:** infliximab  
**Guideline Number:** DRU4120  
**Origination:** 5/2002  
**Last Review:** 1/2009  
**Next Review:** 1/2011

#### Description of Procedure or Service

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Remicade (infliximab) is a genetically engineered human/ mouse monoclonal [antibody](#) that binds to and inhibits the activity of tumor necrosis factor alpha (TNF-alpha). Remicade (infliximab) is a drug used as a therapy for some patients with Crohn's disease or [rheumatoid arthritis](#). Remicade (infliximab) is also used in the treatment of conditions such as ankylosing spondylitis, psoriatic arthritis, ulcerative colitis, and chronic severe plaque psoriasis. This drug acts by reducing inflammation. It is usually administered via intravenous infusion in the physician's office, outpatient setting or infusion center.

Crohn's disease is the inflammation of the ileum, where the small intestine joins the large intestine. Complications of Crohn's disease may lead to small bowel stricture or obstruction. Fistulas may form in the areas that are the most inflamed. Patients with Crohn's disease have elevated levels of tumor necrosis factor alpha (TNF-alpha) which damages the GI tract and over time develops into extensive intestinal wall destruction causing ulcers, bleeding, weight loss, skin lesions and other problems due to nutritional deficiencies.

[Rheumatoid arthritis](#) is a chronic condition where the person's own immune system causes inflammation of the joints and the tissue around the joints. The body is equipped with a defense mechanism called the immune system which protects you from disease and infection. When a person has an autoimmune condition, the immune system creates [antibodies](#) that attacks its own tissues by mistake. [Rheumatoid arthritis](#) usually starts between the age of 25 and 55 and the cause is unknown. Symptoms of [rheumatoid arthritis](#) (RA) are described as painful inflammation of the synovial tissue lining the joints. These patients have elevated levels of tumor necrosis factor alpha (TNF-alpha) in their joints. Chronic joint inflammation leads to tissue break down, cell damage to the bone, edema, warmth, redness, joint stiffness, and pain. These patients are also fatigued, weak, have a low-grade fever, and loss of appetite.

#### Policy

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**BCBSNC will provide coverage for Remicade (infliximab) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

## Policy: Infliximab

### When Remicade (Infliximab) is covered

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Remicade (infliximab) may be medically necessary when **both** of the following criteria are met:

1. Remicade (infliximab) is being used for one of the following indications:
  - a. to reduce the number of draining enterocutaneous fistulas in patients with fistulizing Crohn's disease; **or**
  - b. to reduce signs or symptoms or maintain clinical remission of moderately to severely active Crohn's disease; **or**
  - c. when used alone or in combination with Methotrexate to reduce the signs and symptoms of moderate to severe **rheumatoid arthritis**, rapidly advancing progressive **rheumatoid arthritis**, or psoriatic arthritis; **or**
  - d. ankylosing spondylitis refractory to conventional therapies (inadequate symptom relief from other treatments such as NSAIDs, COX-2 inhibitors, or methotrexate unless unable to take these drugs); **or**
  - e. as treatment of severe plaque type psoriasis as evidenced by psoriatic plaques covering at least 10% of the body surface and have failed prior treatment with psoralen-UVA or other systemic therapies (refractory to conventional therapies); **or**
  - f. moderate to severe ulcerative colitis; **or**
  - g. ulcerative colitis where the patient has inadequate response to conventional treatment such as aminosalicylates, corticosteroids, or immunosuppressants (unless unable to tolerate these drugs); **and**
2. The patient has no contraindications to the use of Remicade (infliximab), including:
  - a. Class III or IV Congestive Heart Failure, **or**
  - b. Untreated active or latent tuberculosis.

### When Remicade (Infliximab) is not covered

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1. Other off-label uses not listed above, including but not limited to graft-versus-host disease (GVHD), juvenile **rheumatoid arthritis** (JRA), juvenile idiopathic arthritis-associated uveitis, polyarteritis nodosa, Bechet's syndrome, sarcoidosis, and systemic lupus erythematosus.
2. When used in combination with other biologics such as Enbrel (etanercept), Kineret (anakinra), Orencia (abatacept), Rituxan (rituximab), or Humira (adalimumab).

### Policy Guidelines

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Initial treatment is typically administered in a three-dose induction. Continued treatment may be considered when the member has shown biological response to treatment as evidenced by any of the disease assessment tools. Maintenance therapy is given typically every 6 - 8 weeks.

## **Billing/Coding/Physician Documentation Information**

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: J1745*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## **Policy Key Words**

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Key Words: [Infliximab](#), [Off-Label Uses](#), [Remicade](#), [Rheumatoid Arthritis](#), [Crohn's Disease](#), [Fistula](#), [Methotrexate](#), [Ulcerative Colitis](#), [Spondyloarthropathy](#), [Psoriasis](#), [Colon](#), [Ankylosing Spondylitis](#), [Psoriatic Arthritis](#), [DRU4120](#)

## **Medical Term Definitions**

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### **Antibody**

a protein that is produced by the immune system against a specific antigen.

### **Rheumatoid arthritis**

a chronic disease considered to be autoimmune and characterized by pain, stiffness, inflammation, swelling, and sometimes destruction of joints.

## **Scientific Background and Reference Sources**

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BCBSA Medical Policy Reference Manual, 2/15/2002; 5.01.15.

2002 USPDI - 22nd Edition, Volume 1; pps. 1698-1701.

BCBSA Medical Policy Reference Manual, 10/8/2002; 5.01.15

2003 USPDI - 23rd Edition, Volume 1; pps. 1537-1540

Specialty Matched Consultant Advisory Panel - 3/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 5.01.15, 11/9/04

Specialty Matched Consultant Advisory Panel, 2/2005

BCBSA Medical Policy Reference Manual [Electronic Version]. 5.01.15, 9/27/05

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Specialty Matched Consultant Advisory Panel, 1/2007

Centocor, Inc. Understanding Remicade, product information. Retrieved 3/14/08 from <http://www.remicade.com/remicade/global/understanding/understanding.html>

Senior Medical Director review, 3/20/2008

BCBSA Medical Policy Reference Manual [Electronic Version]. 5.01.15, 6/14/07

Specialty Matched Consultant Advisory Panel, 1/2009

### Policy Implementation/Update Information

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- 5/2002 Original policy issued.
- 8/2002 Revised sections under when it is covered and when it is not covered for clarity. Revised the policy guidelines for clarity. Format changes.
- 10/2002 Revised the Policy Guidelines section regarding USPDI and FDA indications. System coding changes.
- 01/2003 System coding changes.
- 3/2003 Specialty Matched Consultant Advisory Panel review 3/2003. Revised under "when it is covered" to include maintenance of clinical remission for specific indications. Statements revised under "policy guidelines" section.
- 4/04 Billing/Coding section updated for consistency.
- 3/17/05 Specialty Matched Consultant Advisory Panel meeting 2/24/2005. Added new indications in "When Covered" section; i.c. "as maintenance of remission in Crohn's disease". Changed language in 1.d. to remove requirement of "inadequate response to Methotrexate or other first line disease-modifying agents (e.g., Imuran, Ridaura, Plaquenil, Cuprimine, Azulfidine, or Arava". Added "1.e. Ankylosing spondylitis refractory to conventional therapies; **or** 1.f. Psoriatic arthritis refractory to conventional therapies". Under the "When Not Covered" section added "Other off-label uses are considered investigational, including but not limited to, treatment of ulcerative colitis, the dermatologic manifestations of , and polyarteritis nodosa." Added "Ankylosing Spondylitis, Psoriatic Arthritis, DRU4120" to Key Word section. References added.
- 12/15/05 Updated policy with new FDA-labeled indication of acute ulcerative colitis. Added Off-label use for with criteria to "When Covered" section. Added to "Policy Guidelines" section that "Infliximab is typically administered initially in a three-dose induction regimen every 3 weeks, followed by maintenance therapy every 8 weeks." References added.
- 9/18/06 Medical Policy changed to Evidence Based Guideline.
- 2/26/07 Specialty Matched Consultant Advisory Panel review 1/29/2007. Clarified #2 under the "When Not Recommended" section to read; "Other off-label uses not indicated as appropriate above, including but not limited to polyarteritis nodosa." References added.
- 4/1/08 Evidence Based Guideline converted to Medical Policy. Additional information provided in "Description" and "Policy Guideline" section. Additional indications added to "When Covered" section; "1.c. when used alone or in combination with Methotrexate to reduce the signs and symptoms of moderate to severe rheumatoid arthritis, rapidly advancing progressive rheumatoid arthritis, or psoriatic arthritis;" and "1.h. mild ulcerative colitis where the patient has inadequate response to conventional treatment such as aminosalicylates, corticosteroids, or immunosuppressants (unless unable to tolerate these drugs)". References added. Senior Medical Director review, 3/20/2008. Notification given April 1, 2008. Policy effective 7/1/2008.

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- 11/3/08 Added "Class III or IV Congestive Heart Failure" to 2a. under the "When Covered" section. Revised "Policy Guidelines" section.
- 3/2/09 Specialty Matched Consultant Advisory Panel review 1/28/2009. No change in policy statement. Removed the word "mild" from 1.g. in the "When Covered" section. References added.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.