

<b>Reference number</b>
2274-H

## SPECIALTY QUANTITY LIMIT PROGRAM

**REMICADE (infliximab)  
AVSOLA (infliximab-axxq)  
INFLECTRA (infliximab-dyyb)  
RENFLEXIS (infliximab-abda)**

### I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

### II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Remicade (infliximab) injection 100 mg vial	10 vials per 28 days	Induction dose <ul style="list-style-type: none"> <li>• Up to 100 kg: 30 vials per 42 days</li> <li>• Above 100 kg: up to 60 vials per 42 days</li> </ul> Maintenance dose <ul style="list-style-type: none"> <li>• Up to 20 vials per 4 weeks</li> </ul>	<b>Adult CD</b> <ul style="list-style-type: none"> <li>• 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks (may increase the dose up to 10 mg/kg for loss of response)</li> </ul>
Avsola (infliximab-axxq) injection 100 mg vial			<b>UC/PsA/Pediatric CD/Pediatric UC/Plaque psoriasis</b> <ul style="list-style-type: none"> <li>• 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks</li> </ul>
Inflectra (infliximab-dyyb) injection 100 mg vial			<b>RA</b> <ul style="list-style-type: none"> <li>• 3 mg/kg at 0, 2 and 6 weeks, then every 8 weeks, in combination with methotrexate (may increase the dose up to 10 mg/kg or treat as often as every 4 weeks)</li> </ul> <b>AS</b>

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<b>Medication</b>	<b>Standard Limit</b>	<b>Exception Limit*</b>	<b>FDA-recommended dosing</b>
Renflexis (infliximab-abda) injection 100 mg vial			<ul style="list-style-type: none"> <li>• 5 mg/kg at 0, 2 and 6 weeks, then every 6 weeks</li> </ul>

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing spondylitis; CD = Crohn's disease; UC = ulcerative colitis

\* Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

### III. REFERENCES

1. Remicade [package insert]. Horsham, PA: Janssen Biotech, Inc.; June 2018.
2. Avsola [package insert]. Thousand Oaks, CA: Amgen; December 2019.
3. Inflectra [package insert]. Lake Forest, IL: Hospira, a Pfizer Company; July 2018.
4. Renflexis [package insert]. Kenilworth, NJ. Merck &Co., Inc; November 2017.