| Reference number |
|---|
| 2274-H |

# SPECIALTY QUANTITY LIMIT PROGRAM

## REMICADE (infliximab)
## 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<br>• Up to 100 kg: 30 vials per 42 days<br>• Above 100 kg: up to 60 vials per 42 days<br><br>Maintenance dose<br>• Up to 20 vials per 4 weeks | **Adult CD**<br>• 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)<br><br>**UC/PsA/Pediatric CD/Plaque psoriasis**<br>• 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks<br><br>**RA**<br>• 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)<br><br>**AS**<br>• 5 mg/kg at 0, 2 and 6 weeks, then every 6 weeks |
| Inflectra (infliximab-dyyb) injection 100 mg vial | | | |
| Renflexis (infliximab-abda) injection 100 mg vial | | | |

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. Inflectra [package insert]. Lake Forest, IL: Hospira, a Pfizer Company; July 2018.
3. Renflexis [package insert]. Kenilworth, NJ. Merck &Co., Inc; November 2017.

DOCUMENT HISTORY

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