Geisinger Medicare
2021
Part B Step Therapy List & Criteria
# TABLE OF CONTENTS

- EYLEA ....................................................................................................................................... 3
- LUCENTIS .................................................................................................................................. 4
- INFLECTRA............................................................................................................................... 5-6
- RENFLEXIS............................................................................................................................. 7-8
- REMICADE.............................................................................................................................. 9-10
EYLEA (AFLIBERCEPT)

Affected Drugs
EYLEA INTRAOCULAR SOLUTION 2MG/0.05ML VIAL
EYLEA INTRAVITREAL SOLUTION 2MG/0.05ML VIAL
EYLEA INTRAVITREAL SOLUTION 2MG/0.05ML PREFILLED SYRINGE

Step Therapy Criteria
- Medical record documentation of a diagnosis of neovascular age-related macular degeneration AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Avastin

OR

- Medical record documentation of a diagnosis of diabetic retinopathy with or without macular edema AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Avastin OR medical record documentation of baseline visual acuity 20/50 or worse

OR

- Medical record documentation of a diagnosis of macular edema following retinal vein occlusion

Step 1 Drugs
Intravitreal Avastin (bevacizumab)

Number of days for claims review for select or first line drugs: 365 days, Geisinger Health Plan new starts only
LUCENTIS (RANIBIZUMAB)

Affected Drugs
LUCENTIS INTRAOCULAR SOLUTION 0.5MG/0.05ML VIAL
LUCENTIS INTRAOCULAR SOLUTION 0.3MG/0.05ML VIAL
LUCENTIS INTRAVITREAL SOLUTION 0.5MG/0.05ML VIAL
LUCENTIS INTRAVITREAL SOLUTION 0.3MG/0.05ML VIAL
LUCENTIS INTRAVITREAL SOLUTION 0.5MG/0.05ML PREFILLED SYRINGE
LUCENTIS INTRAVITREAL SOLUTION 0.3MG/0.05ML PREFILLED SYRINGE

Step Therapy Criteria
- Medical record documentation of a diagnosis of neovascular age-related macular degeneration AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Avastin

OR

- Medical record documentation of a diagnosis of diabetic retinopathy with or without macular edema AND
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to Avastin

OR

- Medical record documentation of a diagnosis of macular edema following retinal vein occlusion OR myopic choroidal neovascularization

Step 1 Drugs
Intravitreal Avastin (bevacizumab)

Number of days for claims review for select or first line drugs: 365 days, Geisinger Health Plan new starts only
INFLECTRA (INFLIXIMAB-DYYB)

Affected Drugs
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG VIAL

Step Therapy Criteria
For Treatment of Rheumatoid Arthritis:
• Must be 18 years of age or greater AND
• Requesting provider must be a rheumatologist AND
• Diagnosis of moderate to severe rheumatoid arthritis according the American College of Rheumatology Criteria for the Classification and Diagnosis of Rheumatoid Arthritis AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Continuation of effective dose of methotrexate during infliximab therapy AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Crohn’s Disease, Pediatric Crohn’s Disease, and/or Fistulizing Crohn’s Disease:
• Must be 6 years of age or older; AND
• Prescription is written by a gastroenterologist AND
• Medical record documentation of a diagnosis of moderate to severe Crohn’s disease AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Ulcerative Colitis:
• Must be at least 6 years of age; AND
• Must be prescribed by a gastroenterologist; AND
• Physician provided documentation of a diagnosis of moderate to severe ulcerative colitis AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Ankylosing Spondylitis:
• Physician documentation of a diagnosis of ankylosing spondylitis AND
• Prescribing physician must be a rheumatologist AND
• Must be at least 18 years of age AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For the treatment of Plaque Psoriasis:
• Prescribed by a dermatologist AND
• Insured individual must be at least 18 years of age AND
• Physician provided documentation of a diagnosis of moderate to severe plaque psoriasis characterized by greater than or equal to 5% body surface area involved or disease affecting crucial body areas such as the hands, feet, face, or genitals AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For the treatment of Psoriatic Arthritis:
• Physician provided documentation of a diagnosis of moderately to severely active psoriatic arthritis which must include the following:
  o Documentation of either active psoriatic lesions or a documented history of psoriasis

  AND
• Must be prescribed by a rheumatologist or dermatologist AND
• Must be at least 18 years of age AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

AUTHORIZATION DURATION: Approval will be given for an initial duration of six (6) months. For continuation of coverage, medical record documentation of clinical improvement or lack of progression in the signs and symptoms of the treated indication at six (6) months of infliximab therapy is required.

After the initial six (6) month approval, subsequent approvals for coverage will be for a duration of one (1) year. Reevaluation of coverage will be every one (1) year requiring medical record documentation of continued or sustained improvement in the signs and symptoms of the treated indication while on infliximab therapy.

Step 1 Drugs
Avsola (infliximab-axxq)

Number of days for claims review for select or first line drugs: 365 days, Geisinger Health Plan new starts only
REN FLEXIS (INFLIXIMAB-ABDA)

Affected Drugs
REN FLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG VIAL

Step Therapy Criteria
For Treatment of Rheumatoid Arthritis:
  • Must be 18 years of age or greater AND
  • Requesting provider must be a rheumatologist AND
  • Diagnosis of moderate to severe rheumatoid arthritis according the American College of Rheumatology Criteria for the Classification and Diagnosis of Rheumatoid Arthritis AND
  • Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
  • Continuation of effective dose of methotrexate during infliximab therapy AND
  • Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Crohn’s Disease, Pediatric Crohn’s Disease, and/or Fistulizing Crohn’s Disease:
  • Must be 6 years of age or older; AND
  • Prescription is written by a gastroenterologist AND
  • Medical record documentation of a diagnosis of moderate to severe Crohn’s disease AND
  • Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
  • Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Ulcerative Colitis:
  • Must be at least 6 years of age; AND
  • Must be prescribed by a gastroenterologist; AND
  • Physician provided documentation of a diagnosis of moderate to severe ulcerative colitis AND
  • Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
  • Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For Treatment of Ankylosing Spondylitis:
  • Physician documentation of a diagnosis of ankylosing spondylitis AND
  • Prescribing physician must be a rheumatologist AND
  • Must be at least 18 years of age AND
  • Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
  • Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For the treatment of Plaque Psoriasis:
  • Prescribed by a dermatologist AND
  • Insured individual must be at least 18 years of age AND
• Physician provided documentation of a diagnosis of moderate to severe plaque psoriasis characterized by greater than or equal to 5% body surface area involved or disease affecting crucial body areas such as the hands, feet, face, or genitals AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

For the treatment of Psoriatic Arthritis:
• Physician provided documentation of a diagnosis of moderately to severely active psoriatic arthritis which must include the following:
  o Documentation of either active psoriatic lesions or a documented history of psoriasis
  AND
• Must be prescribed by a rheumatologist or dermatologist AND
• Must be at least 18 years of age AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola)

AUTHORIZATION DURATION: Approval will be given for an initial duration of six (6) months. For continuation of coverage, medical record documentation of clinical improvement or lack of progression in the signs and symptoms of the treated indication at six (6) months of infliximab therapy is required.

After the initial six (6) month approval, subsequent approvals for coverage will be for a duration of one (1) year. Reevaluation of coverage will be every one (1) year requiring medical record documentation of continued or sustained improvement in the signs and symptoms of the treated indication while on infliximab therapy.

Step 1 Drugs
Avsola (infliximab-axxq)

Number of days for claims review for select or first line drugs: 365 days, Geisinger Health Plan new starts only
REMICADE (INFLIXIMAB)

Affected Drugs
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG VIAL

Step Therapy Criteria
For Treatment of Rheumatoid Arthritis:
• Must be 18 years of age or greater AND
• Requesting provider must be a rheumatologist AND
• Diagnosis of moderate to severe rheumatoid arthritis according the American College of Rheumatology Criteria for the Classification and Diagnosis of Rheumatoid Arthritis AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Continuation of effective dose of methotrexate during infliximab therapy AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).

For Treatment of Crohn’s Disease, Pediatric Crohn’s Disease, and/or Fistulizing Crohn’s Disease:
• Must be 6 years of age or older; AND
• Prescription is written by a gastroenterologist AND
• Medical record documentation of a diagnosis of moderate to severe Crohn’s disease AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).

For Treatment of Ulcerative Colitis:
• Must be at least 6 years of age; AND
• Must be prescribed by a gastroenterologist; AND
• Physician provided documentation of a diagnosis of moderate to severe ulcerative colitis AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).

For Treatment of Ankylosing Spondylitis:
• Physician documentation of a diagnosis of ankylosing spondylitis AND
• Prescribing physician must be a rheumatologist AND
• Must be at least 18 years of age AND
• Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
• Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).
For the treatment of Plaque Psoriasis:

- Prescribed by a dermatologist AND
- Insured individual must be at least 18 years of age AND
- Physician provided documentation of a diagnosis of moderate to severe plaque psoriasis characterized by greater than or equal to 5% body surface area involved or disease affecting crucial body areas such as the hands, feet, face, or genitals AND
- Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
- Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).

For the treatment of Psoriatic Arthritis:

- Physician provided documentation of a diagnosis of moderately to severely active psoriatic arthritis which must include the following:
  - Documentation of either active psoriatic lesions or a documented history of psoriasis
  - Must be prescribed by a rheumatologist or dermatologist AND
  - Must be at least 18 years of age AND
  - Medical record documentation that the infliximab product is not being used concurrently with a TNF blocker or other biologic agent AND
  - Medical record documentation of a therapeutic failure on, intolerance to, or contraindication to infliximab-axxq (Avsola) AND either infliximab-abda (Renflexis) OR infliximab-dyyb (Inflectra).

**AUTHORIZATION DURATION:** Approval will be given for an initial duration of six (6) months. For continuation of coverage, medical record documentation of clinical improvement or lack of progression in the signs and symptoms of the treated indication at six (6) months of infliximab therapy is required.

After the initial six (6) month approval, subsequent approvals for coverage will be for a duration of one (1) year. Reevaluation of coverage will be every one (1) year requiring medical record documentation of continued or sustained improvement in the signs and symptoms of the treated indication while on infliximab therapy.

**Step 1 Drugs**
Avsola (infliximab-axxq)

**Step 2 Drugs**
Inflectra (infliximab-dyyb)
Renflexis (infliximab-abda)

**Number of days for claims review for select or first line drugs:** 365 days, Geisinger Health Plan new starts only