



INFLIXIMAB: REMICADE[®]; INFLECTRA[™]; RENFLEXIS[™]; AVSOLA[™]; INFLIXIMAB*
PREAUTHORIZATION REQUEST

(PREAUTHORIZATION IS NOT A GUARANTEE OF PAYMENT)

SECTION I – General information

Today's date: / /	<input type="checkbox"/> New request
Fax completed form to: 866.805.4150 toll free.	<input type="checkbox"/> Re-authorization

Level of urgency:

Standard request (routine care) - care/treatment that is not emergent, urgent, or preventive in nature.

Expedited request - care/treatment that is emergent or the application of the timeframe for making standard/routine or nonlife-threatening care determinations:

- Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state.
- In the opinion of the practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

For expedited request, please explain:

SECTION II – Member information

Patients name:	Member ID:	Patient information: DOB: __/__/__
Patients address:	Is Capital Blue Cross primary payer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: Age: Weight: <input type="checkbox"/> lbs. <input type="checkbox"/> kg Will the patient self-administer the requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

Plan type:

PPO POS KHPC CHIP
 Traditional Comprehensive Special Care Other* _____

***NOTE: For all Medicare Advantage products, please contact Prime Therapeutics at www.covermymeds.com/main or via phone at 866.260.0452.**

SECTION III – Provider information required

Requesting provider name: Address:	Requesting provider Capital # _____ NPI # _____
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Telephone #:	Secure fax #:
Office contact name:	Office contact telephone #:
Is the rendering/servicing provider different? <input type="checkbox"/> No <input type="checkbox"/> Yes – Complete rendering provider information below.	
Rendering provider name: Address: Telephone:	Rendering provider Capital # _____ NPI # _____
Site of service: <input type="checkbox"/> MD office. <input type="checkbox"/> Home health. <input type="checkbox"/> Non-hospital affiliated, outpatient infusion center. <input type="checkbox"/> Hospital affiliated, outpatient infusion center. <input type="checkbox"/> Other: Specify. _____ <i>*Please refer to MP 3.016 for site of service requirements.</i>	Check all that apply and include all applicable documentation: <input type="checkbox"/> There are contraindications to a less intensive site of care. <input type="checkbox"/> A less intensive site of care is not appropriate for the patient's condition. <input type="checkbox"/> Patient is being treated with a drug that cannot be administered in a less intensive site of care concurrently. <input type="checkbox"/> Less intensive site of care is not available. <i>*Please include all applicable documentation.</i>
SECTION IV – Preauthorization requirements and clinical criteria	
Is the prescriber a specialist in the area of the patient's diagnosis or has the prescriber consulted with a specialist in the area of the patient's diagnosis? <input type="checkbox"/> Yes Specialty: _____ <input type="checkbox"/> No	
<input type="checkbox"/> New to therapy. <input type="checkbox"/> Continuing therapy*: Initial start __/__/__. <input type="checkbox"/> Reinitiating therapy: Last treatment __/__/__. <i>*Please include documentation for changes in dose.</i>	Route of administration: <input type="checkbox"/> Intravenous (IV). <input type="checkbox"/> Injection (Sub Q or IM). <input type="checkbox"/> Oral (PO) or Enteral. <input type="checkbox"/> Other: Specify. _____
HCPCS Code(s):	Diagnosis code(s):
Medication requested:	Indication:
Does the patient have late-stage metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For patients with late-stage metastatic disease (Stage IV), please refer to MP 2.373 Step Therapy Treatment in Cancer, Including Treatments for Stage Four, Advanced Metastatic Cancer and Severe Related Health Conditions for additional guidance.</i>	
Type of drug requested: <input type="checkbox"/> Brand name <input type="checkbox"/> Generic <input type="checkbox"/> Biosimilar <input type="checkbox"/> Other: Specify _____	
Initial start date of therapy: __/__/__	Anticipated date of next administration: __/__/__

<p>Dosing period for request:</p> <p>Start date: __/__/__</p> <p>End date: __/__/__</p>	<p>Dosing Information:</p> <p>Dose:</p> <p>Strength:</p> <p>Frequency:</p> <p>Quantity requested per month:</p>
<p>Attach documentation demonstrating the medical necessity of the requested drug. Please list all reasons for selecting the requested medication, strength, dosing schedule, and quantity over alternatives (e.g., contraindications, allergies, history of adverse drug reactions to alternatives, lower dose has been tried, information supporting dose over FDA max.)</p>	
<p>Has the patient had medical testing completed for use of this drug? (labs, imaging) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Results: _____</p>	
<p>Is drug being requested for an “off label” indication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please see Medical Policy 2.103 and include any applicable documentation.</p>	
<p>Please list any previous medications that were tried and failed. Include reason for discontinuation (intolerance, hypersensitivity, inadequate response etc.). Please attach documentation.</p> <p>Drug(s) and strength:</p> <p>Documentation of failure:</p>	

Check drug being prescribed:

- Remicade
- Inflectra
- Renflexis
- Avsola
- Infiximab* (*unbranded*)

Other (enter name) _____

Check if contraindication or intolerance to a trial of any of the following:

- Remicade
- Infiximab* (*unbranded*)
- Avsola

- Has the patient has been evaluated and screened for the presence of hepatitis B virus (HBV) prior to initiating treatment? Yes No
- Is the patient up to date with all vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy? Yes No
- Is the patient at least 18 years of age (unless otherwise specified)? Yes No
- Has the patient been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment? Yes No
- If yes, will the patient receive ongoing monitoring for presence of TB during treatment? Yes No
- Does the patient have an active infection (including clinically important localized infections)?
 Yes No
- Will the medication be administered concurrently with live vaccines or therapeutic infectious agents (i.e., BCG bladder instillation for bladder cancer, etc.)? Yes No
- Is the patient on a concurrent treatment with another TNF-inhibitor, IL-inhibitor, biologic response modifier or other non-biologic agent (i.e., apremilast, abrocitinib, tofacitinib, baricitinib, upadacitinib, deucravacitinib, etc.)?
 Yes No
- Does the patient have moderate or severe heart failure (i.e., New York Heart Association [NYHA] Functional Class III/IV)? Yes No

COMPLETE BELOW FOR RELEVANT DIAGNOSIS

Crohn's Disease (non-pediatric)

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of moderate to severe disease? Yes No

Pediatric Crohn's Disease

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is the patient is at least 6 years of age? Yes No
Is there documented moderate to severe disease? Yes No

Ulcerative Colitis (non-pediatric)

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of moderate to severe disease? Yes No

Pediatric Ulcerative Colitis

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is the patient is at least 6 years of age? Yes No
Is there documented moderate to severe disease? Yes No

Fistulizing Crohn's Disease

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Does the patient have at least one draining fistula (i.e., enterovesical, enterocutaneous, enteroenteric, or enterovaginal fistulas) for at least 3 months? Yes No

Rheumatoid Arthritis (RA)

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of moderate to severe disease? Yes No
Has the patient had at least a 3-month trial and failed previous therapy with ONE oral disease modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, auranofin, hydroxychloroquine, penicillamine, sulfasalazine, leflunomide, etc.? Yes No
Will the drug be used in combination with methotrexate (MTX) unless contraindicated? Yes No

Psoriatic Arthritis

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of moderate to severe disease? Yes No
Does the patient have predominantly axial disease, a trial and failure of at least a 4-week trial of ONE non-steroidal anti-inflammatory agent (NSAID)? Yes No

- Is NSAID use contraindicated? Yes No

Does the patient have peripheral arthritis or dactylitis or active enthesitis, a trial and failure of at least a 3-month trial of ONE oral disease-modifying anti-rheumatic agent (DMARD) such as methotrexate, azathioprine, sulfasalazine, hydroxychloroquine, etc.? Yes No

Ankylosing Spondylitis

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of active disease? Yes No
Has the patient had an adequate trial and failure of at least TWO (2) non-steroidal anti-inflammatory agents (NSAIDs) over 4 weeks (in total) OR is use contraindicated? Yes No

Plaque Psoriasis

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is there documentation of moderate to severe chronic disease for at least 6 months? Yes No
Does the patient have any of the following? (check all that apply)

- Involvement of at least 3% of body surface area (BSA)
- Psoriasis Area and Severity Index (PASI) score of 10 or greater
- Incapacitation or serious emotional consequences due to plaque location (i.e., hands, feet, head and neck, genitalia, etc.) or with intractable pruritis

Did the patient did **not** respond adequately (or is not a candidate) to a 4-week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, retinoic acid derivatives, and/or vitamin D analogues)? Yes No
Did the patient **did not respond** adequately (or is not a candidate) to a 3-month minimum trial of at least one non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate, etc.)? Yes No
Did the patient did **not** respond adequately (or is not a candidate) to a 3-month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol, etc.)
 Yes No

Uveitis Associated with Behçet's Syndrome

Has the physician assessed baseline disease severity utilizing an objective measuring tool? Yes No
Is the patient's disease refractory to immunosuppressive therapy (e.g., corticosteroids, cyclosporine, azathioprine, etc.)? Yes No
Did the patient have an inadequate response to a self-administered biologic therapy (e.g., adalimumab)?
 Yes No

Graft Versus Host Disease (GVHD)

Has the patient received a hematopoietic stem cell transplant? Yes No

Will the drug be used for steroid-refractory acute GVHD? Yes No

Will the drug be used in combination with systemic corticosteroids as additional therapy following no response to first-line therapies? Yes No

Management of Immune Checkpoint Inhibitor Related Toxicity

Has the patient been receiving therapy with an immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, cemiplimab, ipilimumab, dostarlimab, tremelimumab, retifanlimab, etc.)?

Yes No

Has the patient had any of the following toxicities related to their immunotherapy? (check all that apply)

- Myocarditis if no improvement after 24-48 hours of starting high-dose methylprednisolone
- Mild (G1) diarrhea or colitis if persistent or progressive symptoms and positive lactoferrin/calprotectin
- Moderate (G2) to severe (G3-4) diarrhea or colitis
- Moderate (G2) pneumonitis if no improvement after 48-72 hours of corticosteroids
- Severe (G3-4) pneumonitis if no improvement after 48 hours of methylprednisolone
- Stage 3 acute kidney injury/ elevated serum creatinine if toxicity remains > G2 after 4-6 weeks of corticosteroids or if creatinine increases during steroid taper
- Uveitis (G1-4) that is refractory to high-dose systemic corticosteroids
- Moderate to severe inflammatory arthritis and drug is used as an additional disease-modifying DMARD therapy

RENEWAL CRITERIA (complete in addition to above)

Has the patient experienced unacceptable toxicity* from the drug? Yes No

**Examples of unacceptable toxicity include the following: severe hypersensitivity reactions, malignancy (e.g., lymphoma including hepatosplenic T-Cell lymphoma, skin cancers, cervical cancer, etc.), significant hematologic abnormalities (e.g., leukopenia, neutropenia, thrombocytopenia, pancytopenia), serious infections (i.e., TB, serious fungal infections, HBV reactivation, etc.), cardiovascular and cerebrovascular accidents, heart failure, neurotoxicity/ demyelinating disorders, hepatotoxicity, lupus-like syndrome, etc.*

Has the patient experienced a disease specific response as outlined below? Yes No

Crohn's Disease (including Pediatric Crohn's Disease)

Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra-intestinal complications, tapering or discontinuation of corticosteroid therapy, use of anti-diarrheal drugs, and/or an improvement on a disease activity scoring tool [e.g. an improvement on the Crohn's Disease Activity Index (CDAI) score, Pediatric Crohn's Disease Activity Index (PCDAI) score, or the Harvey-Bradshaw Index score].

Ulcerative Colitis Disease (including Pediatric Ulcerative Colitis)

Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g. an improvement on the Ulcerative Colitis Endoscopic Index of Severity (UCEIS) score, an improvement on the Pediatric Ulcerative Colitis Activity Index (PUCAI) score or the Mayo Score].

Fistulizing Crohn's Disease Disease

Disease response as indicated by improvement in signs and symptoms compared to baseline such as a reduction in number of enterocutaneous fistulas draining upon gentle compression, and/or an improvement on a disease activity scoring tool [e.g. an improvement on the Crohn's Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score].



Psoriatic Arthritis

Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g. defined as an improvement in at least 2 of the 4 Psoriatic Arthritis Response Criteria (PsARC), 1 of which must be joint tenderness or swelling score, with no worsening in any of the 4 criteria].

Rheumatoid Arthritis

Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Disease Activity Score-28 (DAS28) of 1.2 points or more or a ≥20% improvement on the American College of Rheumatology-20 (ACR20) criteria].

Ankylosing Spondylitis

Disease response as indicated by improvement in signs and symptoms compared to baseline such as total back pain, physical function, morning stiffness, and/or an improvement on a disease activity scoring tool [e.g. ≥ 1.1 improvement on the Ankylosing Spondylitis Disease Activity Score (ASDAS) or an improvement of ≥ 2 on the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)].

Plaque Psoriasis

Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement ≤1%), and/or an improvement on a disease activity scoring tool [e.g. a 75% reduction in the PASI score from when treatment started (PASI 75) or a 50% reduction in the PASI score (PASI 50) and a four-point reduction in the DLQI from when treatment started].

Uveitis Associated with Behçet’s Syndrome

Disease response as indicated by an improvement in signs and symptoms compared to baseline [e.g. reduction in inflammation and/or lesions, dose reduction of oral glucocorticoids and/or immunosuppressive agents, improvement in vitreous haze, improvement in best corrected visual acuity (BCVA), disease stability and/or reduced rate of decline].

Acute GVHD

May not be renewed (Note: Requests for continued therapy beyond four doses will be reviewed on a case-by-case basis.)

Management of Immune Checkpoint Inhibitor Related Toxicity

May not be renewed.

<p>Please use a separate form for each drug.</p> <p>To fill out form type or write using blue or black ink.</p> <p>Please fax this form to: <u>866.805.4150.</u></p> <p>Telephone: 800.471.2242.</p>	<p>CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 800.471.2242. Thank you for your cooperation.</p>
<p><i>Prior authorization is not a guarantee of payment; benefits and eligibility will apply at the time of claim adjudication.</i></p>	

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