



Change in Coverage for Infliximab Coming Soon!

Effective January 1, 2021, our Biosimilar Products policy will be updated to cover two biosimilar infliximab products—Inflectra and Renflexis. Remicade and other biosimilar infliximab products (e.g., Avsola) will no longer be preferred agents. Please see details of the updated policy below.

- The updated policy applies to HAP Commercial and Medicare members and HAP Empowered Medicaid members.
- The following codes will be preferred agents:
 - Q5103: Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
 - Q5104: Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
- The following codes will be non-preferred agents:
 - J1745: Injection, infliximab, excludes biosimilar, 10 mg
 - Q5121: Injection, infliximab-axxq, biosimilar, (avsola), 10 mgNote: These codes will deny and require prior authorization for payment.
- Members beginning infliximab therapy in 2021 will need to be given Inflectra or Renflexis.

Members continuing therapy with infliximab

Members can continue with Remicade or Avsola therapy. However, HAP may contact providers to recommend our preferred products for 2021. For Medicare members, we adhere to the Centers for Medicare & Medicaid Services policies governing biosimilar step therapy. Please note that conversion to the biosimilar product can benefit the member with lower out of pocket costs.

Prior authorization requirements

CMS periodically updates codes. We continuously review and monitor procedures to determine any potential changes in coverage. Therefore, it's important to always confirm if a drug requires prior authorization. To view the list:

- Log in at **hap.org**
- Select *Procedure Reference Lists* under *Quick links*
- Select *Services that Require Prior Authorization List*

You can review the updated policy when you log in at **hap.org**, select *Benefit Administration Manual* under *Quick links* and search for biosimilar products.