



<b>CLINICAL MEDICATION POLICY</b>	
<b>Policy Name:</b>	Remicade® (Infliximab)
<b>Policy Number:</b>	MP-026-MD-PA
<b>Responsible Departments:</b>	Medical Management, Clinical Pharmacy
<b>Provider Notice Date:</b>	09/01/2016
<b>Original Effective Date:</b>	11/1/2015
<b>Annual Approval Date:</b>	08/01/2016
<b>Revision Date:</b>	08/01/2016
<b>Products:</b>	Pennsylvania Medicaid
<b>Application:</b>	All participating hospitals and providers
<b>Page Number(s):</b>	1 of 15

**DISCLAIMER**

**Gateway Health<sup>SM</sup> (Gateway) clinical medication policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.**

<http://gatewayhealthplan.com/MedicalPolicies>

**POLICY STATEMENT:**

Gateway Health<sup>SM</sup> provides coverage for Remicade® under the medical benefits administered through Gateway Health Specialty Pharmacy for medically necessary therapy with Remicade® utilizing the criteria developed by the Gateway Health’s Pharmacy and Therapeutics Subcommittee and approved by the Quality Improvement/Utilization Management Committee. Covered conditions include: Adult and Pediatric Crohn’s disease, Ulcerative Colitis, both adult and pediatric, Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis and Plaque Psoriasis.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Commonwealth of Pennsylvania (PA) Department of Human Services (DHS) and all applicable state and federal regulations.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

*(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)*

## **DEFINITIONS:**

**Prior Authorization Review Panel (PARP):** A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

**Prior Authorization:** A medication benefit that is approved once established criteria are met. The criteria are medication specific and may be based on FDA and manufacturer guidelines, medical literature, safety, appropriate use, and benefit design. A prior authorization may be established to address appropriate utilization due to patient safety concerns, limited indications, and potential for misuse/abuse.

**Medical necessity** – A service or benefit is medically necessary if it is compensable under the Medical Assistance program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist the patient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the patient and those functional capacities that are appropriate for patients of the same age.

## **Attachments**

Attachment A: Procedure Codes

Attachment B: Diagnosis Codes

Attachment C: Reference Sources

## **PROCEDURES:**

Remicade® (Infliximab) by intravenous infusion is covered when members meet the following medically necessary criteria:

1. For all medically necessary indications, the patient, if less than 21 years of age, must be up to date with immunizations in accordance with The Early and Period Screening Diagnostic, and Treatment (EPSDT) guidelines; AND
2. Prior to treatment, the patient must have been evaluated and where warranted, screened for the presence of latent TB infection and for the presence of Hepatitis B (antibody and/or surface antigen). The date and tests results must be provided at the time of request; AND
3. The prescribing physician must be a specialist in rheumatology, gastroenterology or dermatology;

AND

4. Rheumatoid Arthritis

- A. Moderate to severe active rheumatoid within the FDA recommended dosing guidelines; AND
- B. The patient has tried methotrexate for three months with an inadequate response; OR
- C. The patient has a contraindication or intolerance to methotrexate; AND
- D. The patient has tried/failed a DMARD other than methotrexate (e.g., sulfasalazine, azathioprine, cyclophosphamide, cyclosporine, other anti-tumor necrosis factor agents) for at least three months at maximum recommended or tolerated anti-inflammatory dose ; AND
- E. Remicade will be used in combination with methotrexate, or as a monotherapy when the individual is intolerant of, or has a contraindication to, methotrexate;

Note: Remicade is not FDA approved for the treatment of rheumatoid arthritis without methotrexate. However there is acceptance with the medical community to provide this therapy for patients who are unable to tolerate methotrexate (e.g., abnormal liver function, depressed hemopoietic function, etc.).

OR

5. Ankylosing Spondylitis

- A. The patient is over 18 years of age with evidence of active disease (increasing inflammation, pain, disability and decreased function); AND
- B. If the patient has peripheral arthritis and has had an inadequate response or intolerability to at least two NSAIDs for at least three months AND tried/failed one or more DMARDs (e.g., sulfasalazine, methotrexate) for at least three months at maximum recommended or tolerated anti-inflammatory dose unless treatment is discontinued due to lack of response, tolerance, toxicity or contraindication; AND
- C. The patient must have active disease for at least four weeks as defined by both a sustained Bath AS Disease Activity Index (BASDAI)  $\geq$  and a Physician Global Assessment of two or greater in the Likert Scale; AND
- D. If the patient has axial or enthesitis and has had an inadequate response or intolerability to at least two NSAIDs for at least a three month trial;

OR

6. Psoriatic Arthritis

- A. The patient is over 18 years of age with evidence of active disease (increasing inflammation, pain, disability and decreased function); AND
- B. The patient has tried methotrexate for three months with an inadequate response; OR
- C. The patient has a contraindication or intolerance to methotrexate; AND

- D. The patient has tried/failed a DMARD other than methotrexate (e.g., sulfasalazine, azathioprine, cyclophosphamide, cyclosporine, other anti-tumor necrosis factor agents) for at least three months at maximum recommended or tolerated anti-inflammatory dose;

OR

7. Crohn's Disease, nonfistulizing

- A. Presence of active Crohn's disease (CD) in adults or pediatric individuals 6 years of age or older, as indicated by any of the following signs or symptoms:
- B. Gastrointestinal bleeding, weight loss, diarrhea, perianal disease, internal fistula(ae), intestinal obstruction, megacolon or extraintestinal manifestations, such as arthritis or spondylitis that have had an inadequate response to at least 3 months of conventional therapy (e.g., antidiarrheal agents, bile acid sequestrants, and antibiotics or intolerance or contraindication to conventional therapy)
- C. Active CD despite treatment with one of the following agents: 6-mercaptopurine/azathioprine or corticosteroids; OR
- D. The patient has steroid dependent Crohn's disease with contraindications or intolerance to an alternative steroid-sparing agent (e.g., 6-mercaptopurine, azathioprine); OR
- E. There is a presence of severe inflammatory disease involving the distal small bowel and/or large bowel who is having symptoms of profound anemia, gastrointestinal bleeding, poor nutritional intake associated with weight loss, and abdominal pain;

OR

8. Crohn's Disease, fistulizing

- A. The adult or pediatric patient is six years of age or older whose Crohn's disease involves the formation of a fistula(ae); AND
- B. The adult or pediatric patient is six years of age or older with diffuse inflammatory disease involving the distal small bowel and/or large bowel who is having symptoms of profound anemia, gastrointestinal bleeding, poor nutritional intake associated with weight loss, and abdominal pain;

OR

9. Ulcerative Colitis-Adult

- A. The patient is 18 years of age or older with moderately to severely active ulcerative colitis who have had an inadequate response to therapy, including a three month failure, contraindication, or intolerance to at least two of the following:

- 1) 5-aminosalicylic acid (mesalamine) agents: (e.g., sulfasalazine [Azulfidine], Asacol, Canasa, Pentasa, Rowasa, Lialda, Apriso, olsalazine (Dipentum); OR
- 2) Systemic corticosteroids (e.g., prednisone, prednisolone); OR
- 3) Immunomodulators such as 6 mercaptopurine (6-MP) or azathioprine (Imuran), methotrexate (Rheumatrex, Trexall), cyclosporine (Neoral, Gengraf); OR
- 4) The patient is 18 years of age or older, when there is a clinical presentation that requires an intervention with a more immediate effect to resolve colitis such as: symptoms of profound anemia, poor nutritional intake associated with weight loss, and abdominal pain or patients who have the potential for adverse events to the other, more common treatment regimens or who contraindication to the use of these treatment regimens (e.g., patients with underlying diabetes may have worsening control with the addition of prednisone);

OR

#### 10. Ulcerative Colitis-Pediatric

- A. The child is at least six years of age; AND
- B. The child has moderately to severely active ulcerative colitis; AND
- C. There has been an inadequate response to conventional therapy (i.e., use of immunomodulators such as azathioprine [AZA, e.g., Imuran], 6-mercaptopurine [6-MP], methotrexate [MTX, Rheumatrex, Trexall] or corticosteroids [prednisone equivalents];

OR

#### 11. Plaque psoriasis

- A. The individual is over the age of 18 with chronic, severe psoriasis who is a candidate for systemic therapy but other systemic therapies are less medically appropriate (e.g., presence of other factors such as hypertension, alcohol consumption, the condition of pregnancy, non-melanoma skin cancers); AND
- B. Individual is affected with plaque psoriasis covering 10 percent or more of body surface area (BSA) or a lesser percentage if psoriasis affects sensitive, critical body areas (such as palms, feet, face, or genitals) that interferes with activities of daily living; AND
- C. Documentation of failure, contraindication, or intolerance to a trial of at least 3 months with at least two of the following:
  - 1) Topical steroids available by prescription only; OR
  - 2) Topical nonsteroids available by prescription only; OR
  - 3) Phototherapy: either UVB, PUVA; OR

4) Immunomodulators (e.g. Methotrexate, Trexall<sup>®</sup>, Rheumatrex<sup>®</sup>);  
OR

5) Retinoids (e.g., acitretin [Soriatane<sup>®</sup>]); OR

6) Cyclosporine (e.g., Neoral<sup>®</sup>, Gengraf<sup>®</sup>); OR

- D. If the above criteria are not met, there must be documentation of severe psoriasis (greater than 10 percent body surface area [BSA]) or a lesser percentage if psoriasis affects sensitive body areas, such as hands, feet, face, or genitals and is very symptomatic (e.g., pain, pruritus, burning, scaling), the symptoms significantly hinder the quality of life, and the use of other systemic therapy is not appropriate due to other factors (e.g., history of hypertension, alcohol consumption, the condition of pregnancy, non-melanoma skin cancers).

## 12. Contraindications

- A. Remicade doses >5 mg/kg in moderate to severe heart failure
- B. Previous severe hypersensitivity reaction to Remicade or known hypersensitivity to inactive components of Remicade or any murine proteins
- C. Remicade<sup>®</sup> has not been studied in children under the age of six with Crohn's disease or ulcerative colitis
- D. The combination of Remicade and Kineret or Orencia is not recommended

## 13. When Remicade is not covered

For conditions other than those listed above scientific evidence has not been established.

Coverage may be provided for any non-FDA labeled indication or a medically accepted indication that is supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis for which it is prescribed and will be reviewed on a case-by-case basis to determine medical necessity.

## 14. Length of Coverage

Coverage will be provided for 2 months for initial requests and 6 months when reauthorization criteria is met.

Requests for the continued use of Remicade will be approved if the patient has documented significant improvement with prior courses of treatment (described in chart notes as improvements in radiological findings and/or disease remission and/or improvement in the severity of symptoms) and the requested regimen remains within the recommended dosing parameters as listed in the dosing table. Requests falling outside recommend dosing for the patient's indication will be forwarded to the Medical Director for review

15. Post-Payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Gateway Health<sup>SM</sup> at any time pursuant to the terms of your provider agreement.

16. Place of Service-Inpatient or Outpatient

The place of service for the administration of Remicade is outpatient.

**Dosing:**

Indication	Dosing
Crohn's disease (moderate to severe) or fistulizing Crohn's disease	<p>Adults:                      Induction: 5 mg/kg IV at weeks 0, 2, and 6                      Maintenance: 5 mg/kg IV every 8 weeks.                      For adults only who respond and then lose their response, consideration may be given dose escalation with 10 mg/kg IV every 8 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Renewal: May approve up to six months</p> <p>Children:                      Induction: 5 mg/kg IV at weeks 0, 2, 6                      Maintenance: 5 mg/kg IV every 8 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Renewal: May approve up to six months</p>
Ulcerative colitis (adult and pediatric)	<p>Induction: 5 mg/kg IV at weeks 0, 2, and 6                      Maintenance: 5 mg/kg IV every 8 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Renewal: May approve up to six months</p>
Rheumatoid arthritis	<p>Induction: 3 mg/kg IV at weeks 0, 2, and 6                      Maintenance: 3 mg/kg IV every 8 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Initial approval: Approve for 60 days                      Renewal: May approve up to six months</p>
Ankylosing spondylitis	<p>Induction: 5 mg/kg IV at weeks 0, 2, and 6                      Maintenance: 5 mg/kg IV every 6 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Initial: Approve for 60 days                      Renewal: May approve up to six months</p>
Plaque Psoriasis, severe & Psoriatic Arthritis	<p>Induction: 5 mg/kg IV at weeks 0, 2, and 6                      Maintenance: 5 mg/kg IV every 8 weeks (up to a maximum of 10 mg/kg IV every 4 weeks)                      Initial: Approve for 60 days                      Renewal: May approve up to six months</p>

### Governing Bodies Approval

FDA approval of Remicade® for rheumatoid arthritis was granted on August 24, 1998 and indicate that appropriate treatment would be those individuals who had not had success with methotrexate alone. The safety and efficacy of Remicade® has only been studied when given in conjunction with methotrexate. Data on the use of Remicade® without methotrexate are limited. Supplemental FDA approvals have been granted since the initial issue date.

### CODING REQUIREMENTS:

#### Procedure Codes:

HCPCS Code	Description
J1745	Injection Infliximab, 10 mg

#### Diagnosis Codes:

ICD 10 Codes	Description
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complication
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of both small & large intestine with unspecified complications
K50.80	Crohn's disease of both small & large intestine without complication
K50.811	Crohn's disease of both small & large intestine with rectal bleeding
K50.812	Crohn's disease of both small & large intestine with intestinal obstruction
K50.813	Crohn's disease of both small & large intestine with fistula
K50.814	Crohn's disease of both small & large intestine with abscess
K50.818	Crohn's disease of both small & large intestine with other complications
K50.819	Crohn's disease of both small & large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complication
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complications
K50.919	Crohn's disease, unspecified, with unspecified complications



K51.00	Ulcerative (chronic) pancolitis without complication
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complication
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complications
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complications
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula

K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K60.3	Anal fistula
K60.4	Rectal fistula
K60.5	Anorectal fistula
K63.2	Fistula of intestine
N82.0	Vesicovaginal fistula
N82.2	Fistula of vagina to small intestine
N82.3	Fistula of vagina to large intestine
N82.4	Other female intestinal-genital tract fistulae
N82.8	Other female genital tract fistula
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
M05.011	Felty's Syndrome, right shoulder
M05.012	Felty's Syndrome, left shoulder
M05.021	Felty's Syndrome, right elbow
M05.022	Felty's Syndrome, left elbow
M05.031	Felty's Syndrome, right wrist
M05.032	Felty's Syndrome, left wrist
M05.041	Felty's Syndrome, right hand
M05.042	Felty's Syndrome, left hand
M05.051	Felty's Syndrome, right hip
M05.052	Felty's Syndrome, left hip
M05.061	Felty's Syndrome, right knee
M05.062	Felty's Syndrome, left knee
M05.071	Felty's Syndrome, right ankle and foot
M05.072	Felty's Syndrome, left ankle and foot
M05.09	Felty's Syndrome, multiple sites
M05.211	Rheumatoid vasculitis with rheumatoid arthritis, right shoulder
M05.212	Rheumatoid vasculitis with rheumatoid arthritis, left shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis, right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis, left elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis, right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis, left wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis, right hand
M05.242	Rheumatoid vasculitis with rheumatoid arthritis, left hand
M05.251	Rheumatoid vasculitis with rheumatoid arthritis, right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis, left hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis, right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis, left knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis, right ankle & foot

M05.272	Rheumatoid vasculitis with rheumatoid arthritis, left ankle & foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.311	Rheumatoid heart disease with rheumatoid arthritis, right shoulder
M05.312	Rheumatoid heart disease with rheumatoid arthritis, left shoulder
M05.321	Rheumatoid heart disease with rheumatoid arthritis, right elbow
M05.322	Rheumatoid heart disease with rheumatoid arthritis, left elbow
M05.331	Rheumatoid heart disease with rheumatoid arthritis, right wrist
M05.332	Rheumatoid heart disease with rheumatoid arthritis, left wrist
M05.341	Rheumatoid heart disease with rheumatoid arthritis, right hand
M05.342	Rheumatoid heart disease with rheumatoid arthritis, left hand
M05.351	Rheumatoid heart disease with rheumatoid arthritis, right hip
M05.352	Rheumatoid heart disease with rheumatoid arthritis, left hip
M05.361	Rheumatoid heart disease with rheumatoid arthritis, right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis, left knee
M05.371	Rheumatoid heart disease with rheumatoid arthritis, right ankle & foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis, left ankle & foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
M05.411	Rheumatoid myopathy with rheumatoid arthritis, right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis, left shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis, right elbow
M05.422	Rheumatoid myopathy with rheumatoid arthritis, left elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis, right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis, left wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis, right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis, left hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis, right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis, left hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis, right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis, left knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis, right ankle & foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis, left ankle & foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis, right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis, left shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis, right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis, left elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis, right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis, left wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis, right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis, left hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis, right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis, left hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis, right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis, left knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis, right ankle & foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis, left ankle & foot

M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.611	Rheumatoid arthritis of right shoulder with involvement other organs/systems
M05.612	Rheumatoid arthritis of left shoulder with involvement other organs/systems
M05.621	Rheumatoid arthritis of right elbow with involvement other organs/systems
M05.622	Rheumatoid arthritis of left elbow with involvement other organs/systems
M05.631	Rheumatoid arthritis of right wrist with involvement other organs/systems
M05.632	Rheumatoid arthritis of left wrist with involvement other organs/systems
M05.641	Rheumatoid arthritis of right hand with involvement other organs/systems
M05.642	Rheumatoid arthritis of left hand with involvement other organs/systems
M05.651	Rheumatoid arthritis of right hip with involvement other organs/systems
M05.652	Rheumatoid arthritis of left hip with involvement other organs/systems
M05.661	Rheumatoid arthritis of right knee with involvement other organs/systems
M05.662	Rheumatoid arthritis of left knee with involvement other organs/systems
M05.671	Rheumatoid arthritis of right ankle & foot with involvement other organs/systems
M05.672	Rheumatoid arthritis of left ankle & foot with involvement other organs/systems
M05.69	Rheumatoid arthritis of multiple sites with involvement other organs/systems
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle & foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle & foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder

M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle & foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle & foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle & foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle & foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.871	Other specified rheumatoid arthritis, right ankle & foot
M06.872	Other specified rheumatoid arthritis, left ankle & foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites

M06.9	Rheumatoid arthritis, unspecified
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral & sacrococcygeal region
M48.8x1	Other specified spondylopathies, occipito-atlanto-axial region
M48.8x2	Other specified spondylopathies, cervical region
M48.8x3	Other specified spondylopathies cervicothoracic region
M48.8x4	Other specified spondylopathies thoracic region
M48.8x5	Other specified spondylopathies thoracolumbar region
M48.8x6	Other specified spondylopathies lumbar region
M48.8x7	Other specified spondylopathies lumbosacral region
M48.8x8	Other specified spondylopathies sacral & sacrococcygeal region

**REMBURSEMENT:**

Participating facilities will be reimbursed per their Gateway Health<sup>SM</sup> contract.

**POLICY SOURCE(S):**

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**Policy History:**

Date	Policy Information
06/20/2016	Initial policy developed
10/01/2016	Effective date
03/16/2017	Revisions: Annual Review; formatting updates