

## Update: Inflectra<sup>®</sup> and Avsola<sup>®</sup> are the preferred infliximab products for pediatric commercial members starting July 1

*We're updating an earlier communication to clarify the actions we're taking when pediatric members have active authorizations for nonpreferred infliximab products. These actions will assist those members in continuing their infliximab therapy without interruption.*

Starting July 1, 2022, the following drugs will be the preferred infliximab products for pediatric Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Inflectra (infliximab-dyyb), HCPCS code Q5103
- Avsola (infliximab-axxq), HCPCS code Q5121

The nonpreferred infliximab products will be:

- Remicade<sup>®</sup> (infliximab), HCPCS code J1745
- Renflexis<sup>®</sup> (infliximab-abda), HCPCS code Q5104

These drugs already require prior authorization for both adult and pediatric members.

### How this will affect pediatric members

- Pediatric members who have an active authorization for a **preferred infliximab product** as of July 1, 2022, will not be affected by this change.
- For pediatric members who have an active authorization for a **nonpreferred product**, their authorization will remain in effect through Aug. 31, 2022. In addition, we have approved authorizations for Inflectra and Avsola from July 1, 2022, through Aug. 31, 2023, so these members can continue their infliximab therapy without interruption. You don't need to submit prior authorization requests for dates of service within this time frame.
- For pediatric members who will be initiating therapy for an infliximab product, submit a prior authorization request.

### How to submit prior authorization requests

Submit prior authorization requests through the NovoLogix<sup>®</sup> online tool. To learn how to do this, visit [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) and do the following:

- **For Blue Cross commercial members:** Click *Blue Cross* and then click [Medical Benefit Drugs](#). In the Blue Cross commercial column, see the "How to submit requests electronically using NovoLogix" section.

- **For BCN commercial members:** Click *BCN* and then click [Medical Benefit Drugs](#). In the BCN commercial column, see the “How to submit requests electronically using NovoLogix” section.

### Definition of pediatric members

Pediatric members fit into one of these categories:

- 15 years old or younger, regardless of weight
- 16 through 18 years old who weigh 50 kilograms or less

### Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this authorization requirement applies only to groups that currently participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the [Specialty Pharmacy Prior Authorization Master Opt-in/out Group list](#).

### List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#).

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.