Zymfentra *(infliximab-dyyb)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Zymfentra is a tumor necrosis factor inhibitor (TNFi) currently indicated for maintenance treatment of moderately to severe Crohn's disease (CD) and Ulcerative Colitis (UC) in those who have completed induction therapy with an intravenous infliximab product.
Exclusion Criteria	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).
Required Medical Information	Medical records supporting the request must be provided; A diagnosis of moderately to severely active ulcerative colitis or moderately to severely active Crohn's disease following treatment with an infliximab product administered intravenously;
Age Restriction	None.
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.
Coverage Duration	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J1748	Zymfentra (infliximab-dyyb)	**Billing unit: 10 mg** 120 mg/mL prefilled syringe and prefilled pen

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025