

Change in Preferred Infliximab Product

Effective **April 1, 2020**:

- Renflexis (Q5104) and Inflectra (Q5103) will be preferred, with prior authorization
- Remicade (J1745) will be excluded

Active prior authorizations for Remicade (J1745) will be honored through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP pharmacy department.