Inflectra & Remicade (infliximab)

Member and Medication Information (required)

<table>
<thead>
<tr>
<th>Member ID:</th>
<th>Member Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Weight:</td>
</tr>
<tr>
<td>Medication Name/ Strength:</td>
<td>Dose:</td>
</tr>
<tr>
<td>Directions for use:</td>
<td></td>
</tr>
</tbody>
</table>

Provider Information (required)

<table>
<thead>
<tr>
<th>Name:</th>
<th>NPI:</th>
<th>Specialty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Office Phone:</td>
<td>Office Fax:</td>
</tr>
</tbody>
</table>

All information to be legible, complete and correct or form will be returned. FAX DOCUMENTATION INCLUDING PROGRESS NOTES or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992

Criteria for Approval (at least one of the following must be met):

- Trial and failure of Renflexis for at least 6 weeks:
  - Date(s) of use: __________________________
  - Details of failure: _______________________
  - Chart Note Page #: _______________________

- Detailed evidence of a potential drug interaction between current medication and Renflexis.
  - Chart Note Page #: _______________________

- Detailed evidence of a condition or contraindication that prevents the use of Renflexis.
  - Chart Note Page #: _______________________

- Objective clinical evidence that a patient is at high risk of adverse events due to a therapeutic interchange with Renflexis.
  - Chart Note Page #: _______________________

Re-authorization Criteria:
Updated letter of medical necessity or updated chart notes demonstrating positive clinical response.

Note: Use appropriate HCPCS code for billing
HCPCS NDC Crosswalk: https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php

Initial Authorization: Six months
Re-authorization: Up to one (1) year