

## Infliximab Injection

**Effective for dates of service on or after September 1, 2019**, the policy for HCPCS code J1745 (injection, infliximab, excludes biosimilar, 10 mg) has been updated.

*For complete details, please refer to the following link:*

<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm201908.asp#a17>