

Medical Benefit Updates for Members

Health care items or services available to you that are covered by your plan.

Starting September 18, 2023, the changes listed in the table below will go into effect. Please see the list below for the updated drug(s).

Drug Name (Brand Name)	CPT code ¹	Used in	Drug Limits ²	Prior Authorization (PA) Criteria ³	Specialist Needed ⁴
INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA)	Q5121	Psoriasis	PA	Tried and failed at least one drug such as Methotrexate 15-25mg a week, Cyclosporine, or Acitretin for 3 months.	Yes
		Ankylosing Spondylitis	PA	Tried and failed at least 2 drugs such as Ibuprofen and Naproxen for 2 months.	Yes
		Rheumatoid Arthritis	PA	Tried and failed at least one drug such as Methotrexate 15-25mg a week, Leflunomide, Hydroxychloroquine, Sulfasalazine, or Azathioprine for 3 months.	Yes
		Psoriatic Arthritis	PA	Tried and failed at least one drug such as Methotrexate 15-25mg a week, Cyclosporine, Sulfasalazine, or Leflunomide for 3 months.	Yes
SPESOLIMAB-SBZO, (SPEVIGO)	J1747	Psoriasis	PA	For the diagnosis of short-term flare of Generalized Pustular Psoriasis with the disease present outside of psoriatic plaques. Limited to two 900mg doses per month if needed for a short-term flare.	Yes
INFLIXIMAB, EXCLUDES BIOSIMILAR, (REMICADE)	J1745	Psoriatic Arthritis	PA	Tried and failed at least one drug such as Methotrexate 15-25mg/week, Cyclosporine, Sulfasalazine, or Leflunomide for 3 months.	Yes
GOLIMUMAB, (SIMPONI)	J1602	Psoriatic Arthritis	PA	Tried and failed drugs such as Renflexis, Inflectra, Avsola, or infliximab (Remicade).	Yes
CERTOLIZUMAB PEGOL, (CIMZIA)	J1602	Psoriatic Arthritis	PA	Tried and failed drugs such as Renflexis, Inflectra, Avsola, or infliximab (Remicade).	Yes
ABATACEPT, (ORENCIA)	J0129	Psoriatic Arthritis	PA	Tried and failed drugs such as Renflexis, Inflectra, Avsola, or infliximab (Remicade). Except in patients with recurrent or serious infections, abatacept can be used first.	Yes

¹Current Procedural Terminology; medical billing code used by your doctor's office to state what service(s) was/were given.

²Drugs may have a PA (submitted by your doctor), quantity limit (QL, max allowed number of services that your doctor can give you for a certain drug), or step therapy limit (ST, you must have a certain diagnosis or need a certain service to use the drug without a PA).

³Details about what criteria must be met before a drug can be approved.



⁴Examples of specialists are dermatologists (skin doctor), gastroenterologist (gut doctor), or pulmonologist (lung doctor).

You may contact our Customer Service Department with any questions or concerns, Monday through Friday, 8:00 am to 5:00 pm, at **1-888-936-7526 (PLAN)**, TDD/TTY 711. The most recent information about Health Plan of San Joaquin and our services is always available on our website https://www.hpsj.com/.