

**Medical Benefit Updates for Members**

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

**Starting September 16, 2024**, the changes listed in the table below will go into effect. Please see the list below for the updated drug(s).

<b>Drug Name (Brand Name)</b>	<b>CPT code<sup>1</sup></b>	<b>Used in</b>	<b>Drug Limits<sup>2</sup></b>	<b>Prior Authorization (PA) Criteria<sup>3</sup></b>	<b>Specialist Needed<sup>4</sup></b>
INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA)	Q5121	Ankylosing Spondylitis, Rheumatoid Arthritis	PA	Ankylosing Spondylitis: Tried and failed at least 2 drugs such as Ibuprofen and Naproxen for 1 month.	Yes
INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA)	Q5103				
INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS)	Q5104			Rheumatoid Arthritis: Tried and failed drugs such as (a) Methotrexate at 15-25mg a week, Leflunomide, Hydroxychloroquine, Sulfasalazine, Azathioprine; OR (b) a biologic such as Humira, Kevzara; OR (c) Olumiant, Xeljanz, Rinvoq for 3 months each.	
INFLIXIMAB, EXCLUDES BIOSIMILAR, (REMICADE)	J1745				
RITUXIMAB-ARRX (RIABNI)	Q5123	Rheumatoid Arthritis	PA	Tried and failed drugs such as (a) Methotrexate at 15-25mg a week, Leflunomide, Hydroxychloroquine, Sulfasalazine, Azathioprine; OR (b) a biologic such as Humira, Kevzara; OR (c) Olumiant, Xeljanz, Rinvoq for 3 months each.	Yes
RITUXIMAB-PVVR (RUXIENC)	Q5119				
RITUXIMAB-ABBS (TRUXIMA)	Q5115				
GOLIMUMAB (SIMPONI, SIMPONI ARIA)	J1602				
TOCILIZUMAB, (ACTEMRA)	J3262	Rheumatoid Arthritis	PA	Tried and failed drugs such as Remicade, Enbrel, Simponi or Rituximab biosimilars.	Yes
RITUXIMAB (RITUXAN)	J9312				
RISANKIZUMAB-RZAA, IV (SKYRIZI)	J2327	Crohn's Disease	PA	Tried and failed drugs such as Remicade, Humira, Enbrel, Cimzia, Simponi AND Stelara.	Yes
MIRIKIZUMAB-MRKZ, (OMVOH)	J2267	Ulcerative Colitis			



CERTOLIZUMAB PEGOL, (CIMZIA)	J0717	Rheumatoid Arthritis	PA	(a) Tried and failed drugs such as Remicade, Humira, Enbrel, Simponi, Rituxan, Kevzara; OR (b) for women that are currently pregnant or breastfeeding.	Yes
ABATACEPT, (ORENCIA)	J0129	Rheumatoid arthritis	PA	(a) Tried and failed drugs such as Remicade, Humira, Enbrel, Rituxan, Kevzara; OR (b) patients with lung disease, serious infections, or cannot use drugs listed in option (a) AND tried and failed 12 weeks of drugs such as Methotrexate 15-25mg a week, Leflunomide, Hydroxychloroquine, Sulfasalazine, Azathioprine.	Yes
USTEKINUMAB, FOR IV INJECTION, (STELARA)	J3358	Crohn's Disease and Ulcerative Colitis	PA	Tried and failed drugs such as Remicade, Humira, Enbrel, Cimzia, Simponi.	Yes
SECUKINUMAB, IV, (COSENTYX)	C9166	Psoriatic Arthritis	PA	(a) Tried and failed drugs such as Renflexis, Inflectra, Avsola, or Remicade; OR (b) have skin disease and tried and failed drugs such as Methotrexate 15-25mg a week, Leflunomide, Cyclosporine, or Sulfasalazine for 3 months each. The skin disease must be a lot or badly affect your quality of life.	Yes
		Axial Spondyloarthritis		(a) Tried and failed drugs such as Renflexis, Inflectra, Avsola, or Remicade, Humira, or Enbrel with ankylosing spondylitis; OR (b) tried and failed at least 2 drugs such as Ibuprofen and Naproxen for over 1 month with non-radiographic axial spondyloarthritis; (c) have skin disease and tried and failed at least 2 drugs such as Ibuprofen and Naproxen for over 1 month. The skin disease must be a lot or badly affect your quality of life.	

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

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

<sup>3</sup>Details about what criteria must be met before a drug can be approved.

<sup>4</sup>Examples 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/>.