

Medical Benefit Updates for Members

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

Starting **March 10, 2025**, 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 code¹	Used in	Drug Limits²	Prior Authorization (PA) Criteria³	Specialist Needed⁴
Brexanolone (Zulresso)	J1632	Postpartum depression (Sadness during or after birth)	PA, QL	1) Age is 15 years or more. 2) Moderate to severe sadness during or after birth. This should start a) in the third trimester of being pregnant or b) up to 4 weeks after you gave birth. 3) It has been 6 months or less after you gave birth. 4) You are not pregnant at this time.	Yes
Romosozumab- Aqqg (Evenity)	J3111	Osteoporosis	PA, QL	Evenity is used for either 1 or 2: 1) Failing a bisphosphonate with calcium. This means there was bone loss or a fracture. OR side effects to 2 bisphosphonates. 2) Treating patients at very high-risk for fractures. This means you have one of the following: o A history of more than one fracture; o A fracture within the past 12 months; o Fracture or bone loss while on other drugs used for osteoporosis; o Fracture while on drugs cause harm to the bone. This can be drugs like long time use of steroids; o Very low T-score <-3.0; o High risk for falls or history of falls causing injury; o FRAX >30% for major fracture or >4.5% for hip fracture; AND o Fracture in the spine with >40% loss of height.	No
Iron Sucrose (Venofer)	J1756	Anemia	None	PA not required.	No
Ferumoxytol (Feraheme)	Q0138 Q0139				

Ferric Carboxymaltose (Injectafer)	J1439	Anemia	PA	Injectafer and Monoferic are used to treat anemia. They are used if you have tried or had side effects to Infed, Ferrlecit, Venofer or Feraheme with: a) Low iron, after trying or having side effects to iron pills. b) Low iron, with inflaming disease. c) Kidney disease, after trying iron pills if not on dialysis. d) Chemotherapy, while using meds that boost red blood cells (like Epoetin) for 3 months. Iron levels must not be too high.	No
Ferric Derisomaltose (Monoferic)	J1437				
Luspatercept (Reblozyl)	J0896	Anemia	PA, QL	Reblozyl is used to treat anemia. It can be for many diseases. It can be used if you have a disease listed below: a) If you have a disease called beta thalassemia. You also need blood to be given to you (at least 6 units in 24 weeks). b) If you have a disease called Myelodysplastic Syndrome (MDS) at a low-risk level. You also need blood to be given to you (at least 2 units in 8 weeks).	No
Imetelstat (Rytelo)	J3490	Anemia	PA, QL	Rytelo is used to treat anemia in low-risk myelodysplastic syndromes (MDS): a) if you need regular blood transfusions (4 or more units in 8 weeks) AND b) after trying other meds that boost red blood cells (like Epoetin) for 3 months, but they didn't work or you had side effects and can't take them.	No
Immune Globulin (Alyglo; Asceniv; Bivigam; Carimune NF; Cutaquig; Cuvitru; Flebogamma DIF; GamaSTAN; Gammagard;	J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1576, J1599	Transplant	PA	Immune Globulin is approved for these uses in transplant: a) Avoiding high-risk rejection. b) Treating rejection. c) Treating low levels of a lab called "IgG". d) Treating BK virus after lowering meds for used to slow down the immune system. e) Other uses listed by guidelines.	No



Gammagard S/D Less IgA; Gammaked; Gammaplex; Gamunex-C; Hizentra; Hyqvia; Octagam; Panzyga; Privigen; Xembify)					
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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/Mountain Valley Health Plan ("Health Plan") and our services is always available on our website <https://www.hpsj.com/>.