

Medical Benefit Updates for Members

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

Starting **June 9, 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
TEPROTUMUMAB -TRBW (TEPEZZA)	J3241	Thyroid Disorders	Up to 10 mg/kg for the first IV infusion, followed by 20 mg/kg IV every 3 weeks for 7 additional infusions.	PA required. Must meet all of the following: Patient must have A or B. A) Moderate to severe and active thyroid eye disease. Patient must have tried and failed 4 weeks of a max dose steroid. A steroid does not have to be tried for 4 weeks if there are side effects. A steroid also does not have to be tried if there is bad bulging of the eyes or double vision. B) Inactive thyroid eye disease. Patient must have bulging of the eyes ≥ 3 mm from before having thyroid eye disease or from normal. Must have normal or mild thyroid labs. Must not have damaged the eye nerve in the last six months.	Yes
TESTOSTERONE CYPIONATE (DEPO- TESTOSTERONE)	J1071	Testosterone Therapy	None	None	No
TESTOSTERONE UNDECANOATE (AVEED)	J3145				
TESTOSTERONE PELLET (TESTOPEL)	S0189	Testosterone Therapy	Maximum of 450 mg every 90 days.	None	No



INTERFERON BETA-1B (BETASERON)	J1830	Multiple Sclerosis	None	PA is needed. If the doctor ordering this drug is in network and you have multiple sclerosis, then no PA is needed.	No
INTERFERON BETA-1A (AVONEX)	J1826				
INTERFERON BETA-1A, FOR SUBCUTANEOUS USE (REBIF)	Q3028				
GLATIRAMER ACETATE (GLATOPA)	J1595	Multiple Sclerosis	None	PA is needed. If the doctor ordering this drug is in network and you have multiple sclerosis, then no PA is needed.	No
MITOXANTRONE HCL (NOVANTRONE)	J9293	Multiple Sclerosis	None	PA is needed. Reserved as third line med for multiple sclerosis (MS). You must have used [1] Betaseron / Avonex / Rebif / Glatopa, AND [2] Gilenya, Aubagio, Tecfidera, or Vumerity. This is because there is a high risk of getting progressive multifocal leukoencephalopathy (PML). We also need labs when you start this med and every year.	Yes
ALEMTUZUMAB (LEMTRADA)	J0202	Multiple Sclerosis	None	PA is needed. It is for use if you have relapsing remitting multiple sclerosis (RRMS). You must have used [1] Betaseron / Avonex / Rebif / Glatopa, AND [2] Gilenya, Aubagio, Tecfidera, or Vumerity. There should be no history of malignancy. You also need to have labs performed.	Yes

OCRELIZUMAB (OCREVUS), OCRELIZUMAB	J2350	Multiple Sclerosis	None	PA is needed. [A] For Relapsing MS (RMS) you must meet [1] or [2]: [1] You have tried or failed the meds: [i] Betaseron / Avonex / Rebif / Glatopa, AND [ii] Gilenya, Aubagio, Tecfidera, or Vumerity; OR [2] Need to use a highly active med by having one of the below: <ul style="list-style-type: none"> • MS movement test score of 4 or more at 5 years of having MS. • MS movement test score of 6 or more by 40 years old. • More than 2 relapses of MS in the last year. • One relapse of MS in the last year with a poor outlook. • Tests showing worsening of MS when you have been on a MS med for at least 6 months. • Tests showing you have multiple MS spots. • Tests showing MS in your spine or some parts of the brain. • You have many causes showing a poor outlook. 	Yes
HYALURONIDASE -OCSQ (OCREVUS ZUNOVO)	J3590			[B] Med is given by a neurologist. [C] Lab tests when you start the med. For patients with Primary Progressive MS (PPMS), you must have lab tests done before you can start the med. It must be sent by a neurologist. We also need chart notes from your doctor showing that you have PPMS.	
UBLITUXIMAB- XIIY (BRIUMVI)	J2329	Multiple Sclerosis	None	PA is needed. [A] For Relapsing MS (RMS) you must meet [1] or [2]: [1] You have tried or failed the meds: [i] Betaseron / Avonex / Rebif / Glatopa, AND [ii] Gilenya, Aubagio, Tecfidera, or Vumerity;	Yes



				<p>OR</p> <p>[2] Need to use a highly active med by having one of the below:</p> <ul style="list-style-type: none"> • MS movement test score of 4 or more at 5 years of having MS. • MS movement test score of 6 or more by 40 years old. • More than 2 relapses of MS in the last year. • One relapse of MS in the last year with a poor outlook. • Tests showing worsening of MS when you have been on a MS med for at least 6 months. • Tests showing you have multiple MS spots. • Tests showing MS in your spine or some parts of the brain. • You have many causes showing a poor outlook. <p>[B] Med is given by a neurologist.</p> <p>[C] Lab tests when you start the med.</p>	
NATALIZUMAB (TYSABRI)	J2323	Multiple Sclerosis	None	PA is needed. Reserved as third line med for multiple sclerosis (MS). You must have used [1] Betaseron / Avonex / Rebif / Glatopa, AND [2] Gilenya, Aubagio, Tecfidera, or Vumerity. This is because there is a high risk of getting progressive multifocal leukoencephalopathy (PML) with this med. We also need labs when you start this med and every year.	Yes
NATALIZUMAB-SZTN (TYRUKO)	Q5134				
ALBUMIN (HUMAN), 25%, 20ML	P9046		25 units per date of service	None	No
ALBUMIN (HUMAN), 25%, 50 mL	P9047		20 units per date of service	None	No

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/>.