

Medical Benefit Updates for Members

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

Starting **September 8, 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
USTEKINUMAB- AAUZ (OTULFI)	Q9999	Crohn's Disease and Ulcerative Colitis	None	PA required. Tried and failed at least one drug such as Remicade, Humira, Enbrel, Cimzia, Simponi.	Yes
MIRIKIZUMAB- MRKZ (OMVOH)	J2267	Crohn's Disease and Ulcerative Colitis	None	PA required. Tried and failed (1) at least one drug such as Remicade, Humira, Cimzia, Simponi AND (2) Stelara.	Yes
GUSELKUMAB (TREMFA)	J1628				
RESPIRATORY SYNCYTIAL VIRUS VACCINE (MRESVIA®)	90683	Vaccine	None	No PA required.	No
AFLIBERCEPT- AYYH (PAVBLU)	Q5147	Eye Disease	Limited to standard dosing of one 2 mg dose per eye every 4 weeks.	PA required. [1] Eye condition must be one of these: <ul style="list-style-type: none"> • Diabetic macular edema (swelling in the eye from diabetes), with or without diabetic eye disease. • Macular edema after a blocked vein in the eye. • Wet/exudative age-related macular degeneration (a serious eye condition that causes vision loss). • Condition is Food and Drug Administration (FDA) approved or supported by guidelines. [2] No current infections in or around the eye; [3] Age 18 years or older; [4] AND must have tried and failed or had bad side effects to Avastin unless vision is 20/50 or worse.	Yes

CERTOLIZUMAB PEGOL (CIMZIA)	J0717	Axial Spondyloarthritis	None	PA required. Must meet one of the following: [a] Tried and failed drugs such as Remicade, Humira, Enbrel. [b] For women that are currently pregnant or breastfeeding. [c] Have Non-radiographic Axial Spondyloarthritis. Must have tried and failed at least 2 non-steroid pain pills such as Ibuprofen and Naproxen for 1 month.	Yes
TOCILIZUMAB-AAZG (TYENNE)	Q5135	Rheumatoid Arthritis	None	PA required. Tried and failed drugs such as Humira, Remicade, Enbrel, Simponi, Kevzara or Rituximab biosimilars.	Yes
TOCILIZUMAB-BAVI (TOFIDENCE)	Q5133				
ZOLEDGRONIC ACID	J3489	Reduce the risk of brittle bones	Limited to 5 units per 365 days.	No PA required.	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/>.