

Medical Benefit Updates for Members

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

Starting **March 9, 2026**, 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
Remestemcel-L-rknd (Ryoncil)	J3402	Transplant	PA	Ryoncil can be approved if you have the following: 1) You have acute graft-versus-host disease that does not get better with steroids meds. 2) You are aged 2 months to ≤ 17 years of age. 3) You get worse within 3 days of ≥ 2 mg/kg/day of steroids (like Methylprednisolone or other meds). You may also not get better after 7 days of steroid meds.	No
Axatilimab-csfr (Niktimvo)	J9038	Transplant	PA	Niktimvo can be approved if you have the following: 1) You have Chronic graft-versus-host disease (cGVHD). 2) You tried and failed two other types of meds to treat this disease. 3) You weight at least 40 kg. 4) You are not using other meds called JAK inhibitors or BTK inhibitors with Niktimvo. 5) You do not have any returning cancer at the same time.	No
Zoledronic acid, 1 mg	J3489	Cancer	None	No PA Required.	No
Albumin (human), 25%, 20mL	P9046	Removing fluid from the abdomen	None	No PA Required.	No
Albumin (human), 25%, 25mL	P9047	Removing fluid from the abdomen	None	No PA Required.	No

Injection of a drug into the eye	67028	Eye injections	QL	Limited to 2 units per date of service.	No
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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/>.