

Medical Benefit Updates for Members

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

Starting **August 31, 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 code ¹	Used in	Line of Business		Drug Limits ²	Prior Authorization (PA) Criteria ³	Specialist Needed ⁴
			Medi-Cal	Medicare			
INFLIXIMAB, EXCLUDES BIOSIMILAR (REMICADE)	J1745	Crohn's Disease and Ulcerative Colitis	X	X	None	PA required.	Yes
INFLIXIMAB-ABDA, BIOSIMILAR (RENFLEXIS)	Q5104					These can be approved if you have Crohn's Disease or moderate to severe Ulcerative Colitis. If you have mild-to-moderate Ulcerative Colitis, you need to have tried and failed meds such as Azathioprine, Mercaptopurine, Mesalamine, or Sulfasalazine.	
INFLIXIMAB-DYYB, BIOSIMILAR (INFLECTRA)	Q5103					For Remicade and Renflexis: you must have also tried and failed either Inflectra or Avsola first.	
INFLIXIMAB-AXXQ, BIOSIMILAR (AVSOLA)	Q5121						
RISANKIZUMAB- RZAA, IV (SKYRIZI)	J2327	Crohn's Disease and Ulcerative Colitis	X	X	None	PA required. You must have tried and failed meds like Humira or Remicade, AND also have tried and failed meds like Stelara.	Yes
NATALIZUMAB- SZTN (TYRUKO)	Q5134	Crohn's Disease	X	X	None	PA required. You must not be able to try all other meds available.	Yes
HEPA VACCINE ADULT DOSE (HAVRIX OR VAQTA)	90632	Hepatitis A vaccine, adult dosage	X	X	None	PA not required.	No



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			Medi-Cal	Medicare			
SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID- 19]) VACCINE, MRNA-LNP, 10 MCG/0.2 ML DOSAGE (mNEXSPIKE®)	91323	Covid Vaccine	X	X	None	PA not required.	No
INTRAMUSCULAR, TD VACCINE PRSRV FREE 7 YRS OR OLDER	90714	Td (tetanus and diphtheria toxoids)	X	X	None	PA not required. Administered to individuals 7 years or older.	No
TRIAMCINOLONE ACETONIDE (XIPERE)	J3299	Pain Injections			None	PA not required.	No
TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE	J3300						
TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED	J3301						
TRIAMCINOLONE DIACETATE	J3302						



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			Medi-Cal	Medicare			
TRIAMCINOLONE HEXACETONIDE	J3303	Pain Injections			None	PA not required.	No
TRIAMCINOLONE ACETONIDE, PRESERVATIVE- FREE, EXTENDED- RELEASE, MICROSPHERE FORMULATION	J3304						
USTEKINUMAB, FOR IV INJECTION (STELARA)	J3358	Crohn's Disease and Ulcerative Colitis	X	X	None	PA required. These are used for both Crohn's Disease and ulcerative colitis. You must have tried and failed meds like Humira or Remicade. For Selarsdi, Otulfi, Yesintek, Imuldosa, Steqeyma: you must have also failed either Stelara, Wezlana, Pyzchiva, or Starjemza first.	Yes
USTEKINUMAB- STBA, BIOSIMILAR (STEQEYMA)	Q5099						
USTEKINUMAB- KFCE BIOSIMILAR (YESINTEK)	Q5100						
WEZLANA SUB CU (WEZLANA)	Q5137						
WEZLANA IV, (WEZLANA)	Q5138						
USTEKINUMAB- TTWE PYZCHIVA SC (PYZCHIVA)	Q9996						
USTEKINUMAB- AEKN SELARSDI (SELARSDI)	Q9998						

Drug Name (Brand Name)	CPT code ¹	Used in	Line of Business		Drug Limits ²	Prior Authorization (PA) Criteria ³	Specialist Needed ⁴
			Medi-Cal	Medicare			
ABATACEPT (ORENCIA)	J0129	Rheumatoid Arthritis	X	X	None	<p>PA required.</p> <p>[1] You must have tried and failed meds such as Humira, Remicade, Enbrel, Kevzara or Rituxan.</p> <p>OR</p> <p>[2] You have one of the following:</p> <ul style="list-style-type: none"> • high level of Anticitrullinated Protein Antibodies (ACPA); • high level of Rheumatoid Factor (RF); • you have bacterial lung disease, or • reasons why you can't take meds like Remicade and Humira such as heart failure, infection history, or lung disease. <p>AND you will need to have tried and failed drugs such as Methotrexate 15-25mg a week, Leflunomide, Hydroxychloroquine, Sulfasalazine, Azathioprine.</p>	Yes

You may contact our Customer Service Department with any questions or concerns.

For Medi-Cal only members: Monday through Friday, 8:00 am to 5:00 pm, at **1-888-936-7526 (PLAN)**, TDD/TTY 711.

For Medicare (D-SNP) members: 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30, at **1-888-361-7526 (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/>.