

Medical Benefit Updates for Members

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

Starting March 25, 2024, 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
INJECTION, HYDROXY- PROGESTERONE CAPROATE, (MAKENA)	J1726	Preterm Birth	PA	Requests for hydroxyprogesterone caproate will not be approved for the prevention of pre-term delivery due to FDA withdrawal.	No
INJECTION, HYDROXY- PROGESTERONE CAPROATE, (MAKENA)	J1729	Preterm Birth	PA	Requests for hydroxyprogesterone caproate will not be approved for the prevention of pre-term delivery due to FDA withdrawal.	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/>.