

Medical Benefit Updates for Members

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

Starting June 13, 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
AVACINCAPTAD PEGOL, (IZERVAY)	C9162	Eye Disease	PA, QL	For use in on-label eye diseases. No infections or swelling in or around the eye. Limited to ages 50 years or older. Limited to 12 months total for treatment.	No
PEGCETACOPLAN, INTRAVITREAL, (SYFOVRE)	J2781	Eye Disease	PA, QL	For use in on-label eye diseases. No infections or swelling in or around the eye. Limited to ages 60 years or older. Limited to one dose every 25 days per affected eye.	No
RANIBIZUMAB, (LUCENTIS)	J2778	Eye Disease	PA, QL	For use in on-label eye diseases. No infections in or around the eye. Limited to ages 18 years or older. Must have tried and failed Bevacizumab (AVASTIN). Lucentis: Limited to one (1) dose per eye every 4 weeks. Susvimo: Limited to one (1) dose per eye every 24 weeks (6 months).	No
RANIBIZUMAB VIA IVT IMPLANT, (SUSVIMO)	J2779				
RANIBIZUMAB-EQRN BS, (CIMERLI)	Q5128				
RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ)	Q5124				
AFLIBERCEPT, (EYLEA)	J0178	Eye Disease	PA, QL	For use in on-label eye diseases. No infections in or around the eye. Limited to ages 18 years or older. Must have tried and failed Bevacizumab (AVASTIN). For Eylea: Limited to one (1) 2 mg dose per eye every 4 weeks. For Eylea HD: Limited to one (1) 8 mg dose every 4 weeks for the first three (3) doses. Followed by 8 mg once every 8 to 16 weeks (± 1 week).	No
AFLIBERCEPT HD, (EYLEA HD)	J0177				



Starting March 19, 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
SARSCOV2 VACC SAPONIN-BSD ADJT (COVID-19 VACCINE, mRNA)	91304	COVID-19	None	PA not required.	No
RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, (ABRYSVO)	90678	RSV	None	PA not required.	No
RSV VACC PREF RECOMBINANT ADJUVANTED (AREXVY)	90679	RSV	None	PA not required.	No
MENINGOCOCCAL PENTAVALENT VACCINE, CONJUGATED MEN A, C, W, Y-TETANUS TOXOID CARRIER, AND MEN B-FHBP (PENBRAYA)	90623	Meningococcal and Meningococcal B	None	PA not 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/>.