**HEALTH PLAN OF SAN JOAQUIN/MOUNTAIN VALLEY HEALTH PLAN INTRAVITREAL INJECTIONS COVERAGE SUMMARY**

**EFFECTIVE JUNE 13, 2024 (PAGE 1 OF 2)**

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| --- | --- | --- | --- | --- | --- |
| **CPT** | **Drug Name** | **Indications** | **Prior treatment requirements** | **Dosing limits** | **Other notes** |
| **VEGF-inhibitors** |
| J9035 | Bevacizumab (Avastin) | * Diabetic macular edema
* Macular edema following retinal vein occlusion
* Myopic choroidal neovascularization
* Neovascular age-related macular degeneration
* Indication approved by FDA or society guidelines
 | n/a | Limitone dose per eye every four (4) weeks. | * No concurrent ocular or periocular infection
* Age 18 years or older

No authorization required when J9035 billed with CPT 67028 on the same date of service when submitted by an ophthalmologist. |
| J2778 | Ranibizumab (Lucentis) | * Diabetic macular edema
* Diabetic retinopathy
* Macular edema following retinal vein occlusion
* Myopic choroidal neovascularization
* Neovascular wet or exudative age-related macular degeneration
* Polypoid choroidal vasculopathy with active juxtafoveal or subfoveal lesions
* Indication approved by FDA or society guidelines
 | **AND** must have failed or had clinically significant adverse effects to bevacizumab. | Limitone dose per eye every four weeks for ranibizumab injection and every 24 weeks (6 months) for Susvimo implant. | * No concurrent ocular or periocular infection
* Age 18 years or older
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| J2779 | Ranibizumab (Susvimo) |
| Q5124 | Ranibizumab-nuna (Byooviz) |
| Q5128 | Ranibizumab-eqrn bs (Cimerli) |
| J0177 | Aflibercept HD (Eylea HD) | * Diabetic macular edema, with or without diabetic retinopathy
* Macular edema following central or branch vein occlusion
* Neovascular (wet or exudative) age-related macular degeneration
* Indication approved by FDA or society guidelines
 | **AND** must have failed or had clinically significant adverse effects to bevacizumab unless patient’s baseline visual acuity is 20/50 or worse. | Limit one dose per eye every four (4) weeks. | * No concurrent ocular or periocular infection
* Age 18 years or older
 |
| J0178 | Aflibercept (Eylea) |
| J0179 | Brolucizumab (Beovu) | * Neovascular (wet or exudative) age-related macular degeneration
* Diabetic macular edema, with or without diabetic retinopathy
* Indication approved by FDA or society guidelines
 | **AND** must have failed or had clinically significant adverse effects to bevacizumab. | Does not exceed standard dosing per FDA package insert. | * No concurrent ocular or periocular infection
* Age 18 years or older
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| J2777 | Faricimab (Vabysmo) | * Neovascular (wet or exudative) age-related macular degeneration
* Diabetic macular edema, with or without diabetic retinopathy
* Indication approved by FDA or society guidelines
 | **AND** must have failed or had clinically significant adverse effects to bevacizumab. | Does not exceed standard dosing per FDA package insert. | * No concurrent ocular or periocular infection
* Age 18 years or older
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**HEALTH PLAN OF SAN JOAQUIN INTRAVITREAL INJECTIONS COVERAGE SUMMARY**

**EFFECTIVE JUNE 13, 2024 (PAGE 2 OF 2)**

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| **CPT** | **Drug Name** | **Indications** | **Prior treatment requirements** | **Dosing limits** | **Other notes** |
| **Intravitreal Corticosteroids** |
| J3301 | Triamcinolone (Triescence) | n/a | n/a | n/a | No authorization required. |
| J3299 | Triamcinolone (Xipere) | n/a | n/a | n/a | No authorization required. |
| J7312 | Dexamethasone (Ozurdex) | * Diabetic macular edema
* Macular edema following retinal vein occlusion
* Non-infectious uveitis affecting posterior segment of the eye
* Indication approved by FDA or society guidelines
 | n/a | Does not exceed more than one dose per eye every four (4) months. | * No concurrent ocular or periocular infection
* Age 18 years or older
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| J7313 | Fluocinolone (Iluvien) | * Macular edema
* Diabetic macular edema
* Uveitis
* Indication approved by FDA or society guidelines
 |  | Does not exceedmore than one dose per eye every 12 months. | * No concurrent ocular or periocular infection
* Age 18 years or older for Yutiq and Iluvien.
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| J7311 | Fluocinolone (Retisert) | AND must have failed or had clinically significant adverse effects to Ozurdex, Iluvien, or Yutiq **unless** patient is younger than 18 years of age. | Does not exceedmore than one dose per eye every 30 months. |
| J7314 | Fluocinolone (Yutiq) | n/a | Does not exceedmore than one dose per eye every 36 months. |