Description:
Pre-exposure immunization of susceptible persons with Hepatitis A & B vaccines is the most effective way to prevent hepatitis transmission. To reduce transmission of Hepatitis B and eventually to eliminate it, universal immunization is necessary. Vaccination against Hepatitis B has been recommended as part of routine early childhood immunizations since 1991. Accordingly, immunization of all children before or during adolescence is necessary and recommended. Additionally, immunization of adults belonging to identified high-risk groups is appropriate.

Hepatitis B vaccines are administered by intramuscular injection and induce immunity by stimulating the productions of neutralizing antibody to surface antigen (HbsAg). There are two recombinant vaccines that are available, Engerix-B (GlaxoSmithKline Biologics) and Recombivax HB (Merck). These vaccines prevent Hepatitis B and are most effective when administered in a three-dose schedule with different dosages for pediatric and adult patients.

There are two Hepatitis A vaccines available: Havrix (GlaxoSmithKline Biologics) and Vaqta (Merck). These are administered in a two-dose schedule with different dosages for pediatric and adult patients.

There is a combination vaccine: Twinrix (GlaxoSmithKline Biologics), which combines Havrix for Hepatitis A, and Engerix-B for Hepatitis B. It protects adults 18 years of age or older against diseases caused by Hepatitis A and Hepatitis B viruses, and is administered in a three-dose schedule.

Criteria:
I. Moda Health will provide coverage for Hepatitis A and B vaccines when one of the following criteria is met:
   A. All newborns, children and adolescents age 17 and under; or
   B. Adults age 18 and older who may be at risk for exposure to Hepatitis virus due to one or more of the following:
      i. Sexually active homosexual and bisexual persons
      ii. Sexually active heterosexual persons with more than 1 partner in the past 6 months
      iii. Persons recently diagnosed with a sexually transmitted disease
      iv. Household contacts and sexual partners of Hepatitis B virus carriers
      v. Patients who require dialysis
      vi. Patients with bleeding disorders who may receive clotting factor concentrates
      vii. IV drug users and/or their sexual partners
      viii. Patients who are immunocompromised
Subject: Hepatitis A and B Immunizations

Moda Health Plan, Inc.
Medical Necessity Criteria

Origination Date: 10/02
Revision Date(s): 04/03, 11/03, 11/04, 11/05, 12/06, 12/07, 01/09, 2/11, 2/12, 11/12, 09/13, 08/14
Developed By: Medical Criteria Committee

ix. Patients who have Hepatitis C
x. Patients with chronic liver disease
xi. Transplant candidates of any age

C. Prophylactic Hepatitis A vaccine is considered medically necessary if given within two weeks time frame after hepatitis A exposure.

II. Moda Health does not cover immunizations for travel or work. Therefore, while immunization may be recommended, Hepatitis A & B immunizations are not covered for members who are at risk due to:
   A. Travelers to areas where Hepatitis A & B are endemic
   B. Military personnel
   C. Individuals with occupational risk of exposure, such as healthcare or childcare workers, or institutional workers, as well as primate animal handlers

Information to be Submitted with Pre-Authorization Request:
- No preauthorization is required for children age 17 and under.
- For adults 18 years and older, physician charts notes documenting the high-risk medical necessity will need to be submitted

<table>
<thead>
<tr>
<th>CPT/HCPC</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1571</td>
<td>Injection, Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml</td>
</tr>
<tr>
<td>J1573</td>
<td>Injection, Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml</td>
</tr>
<tr>
<td>90632</td>
<td>Hepatitis A vaccine, adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90633</td>
<td>Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90634</td>
<td>Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90636</td>
<td>Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</td>
</tr>
</tbody>
</table>

Review Date  | Revisions                                                                 | Effective Date |
--------------|---------------------------------------------------------------------------|----------------|
11/2012       | Annual Review: Added table with review date, revisions, and effective date. Added table with applicable HCPC/CPT codes | 12/01/2012    |
09/2013       | Annual Review: No changes                                                | 09/25/2013    |
08/2014       | Annual Review: No changes                                                | 08/30/2014    |
## Medical Necessity Criteria

Subject: Hepatitis A and B Immunizations

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### References:
- Center for Disease Control Recommendations for Childhood, Adolescent and Adult, 2003
- National Digestive Diseases Information Clearinghouse (NDDIC); Vaccinations for Hepatitis A and B; nih.gov; October 19, 2005.
- Physician Advisors