

# SPECIAL eBULLETIN

FOR PROFESSIONAL & FACILITY PROVIDERS

MAR. 12, 2019

**ATTENTION: MEDICARE ADVANTAGE PROVIDERS**

## STEP THERAPY PRIOR AUTHORIZATION REQUIREMENTS FOR MEDICARE ADVANTAGE

Beginning April 1, 2019, step therapy prior authorization requirements will be added to the select drugs on the list below.

Category	Preferred Drugs/Devices	Non-preferred Drugs/Devices
Hyaluronate Polymers	Euflexxa Durolane Supartz-FX Gelsyn-3	Gel-One GenVisc 850 Hymovis Monovisc Orthovisc Synvisc Synvisc One
Intravitreal Injectable	Avastin	Eylea Lucentis Macugen

Step therapy **does not apply** to members who are currently and actively receiving these drugs.

### HOW THE STEP THERAPY PRIOR AUTHORIZATION WORKS

The process of requesting authorization for coverage of a Part B medication covered by this policy is called an organizational determination. An organizational determination conducted as part of this process will evaluate whether the drug being requested is appropriate for the individual member, taking into account several factors, which include:

- Terms of the member's benefit plan
- Applicable Medicare guidance
- Diagnosis
- Trial and failure of preferred products
- The member's treatment history
- Dosage recommendation from FDA-approved labeling



## SUBMITTING STEP THERAPY PRIOR AUTHORIZATION REQUESTS

Additional criteria may be considered, so we encourage you to submit any information you would like us to review as part of your step therapy prior authorization request. We will inform you and our member once a decision on the organizational determination has been made. This will take no more than 14 days (72 hours for expedited requests). This notification will include appeals rights if the decision is unfavorable.

You can submit a step therapy prior authorization request by calling the Provider Service phone number on the back of the member's health care identification card.

## REVIEW APPLICABLE MEDICAL POLICIES

The following medical policies apply:

- G-52-012 WV MA Hyaluronate Polymers
- G-25-010 MA Hyaluronan Acid Therapies for Osteoarthritis of the Knee
- I-104-013 MA Billing and Coding Information Regarding Use of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for the Treatment of Ophthalmological Diseases
- I-94-009 WV MA Intravitreal Injections
- I-205-002 WV MA Afibercept (Eylea) Coding and Billing

These and other medical policies are available for your review on the Provider Resource Center (accessible via NaviNet<sup>®</sup> or our website). Click **Medical Policy Search** on the top navigation bar of the home page, select **Medicare Advantage Medical Policies**, and search for any of these policies in the search field.

As new medical policies are developed, they will be added to the Provider Resource Center. Check back regularly for the latest updates.

Thank you for your continued assistance in ensuring that Highmark members receive necessary services in a high-quality, clinically appropriate fashion. We appreciate your support and the care you provide to our members and your patients.