

# PROVIDER BULLETIN

## PROVIDER INFORMATION

December 1, 2020

### New Medicare Advantage Part B Step Therapy Program and Medical Policy

Effective February 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new step therapy program and medical policy for Part B outpatient medical drugs for our Medicare Advantage (MA) subscribers. This program applies to Medicare Advantage subscribers who are beginning medical drug therapy (new starts).

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. The purpose of the policy is to encourage use of safe, cost-effective (preferred drugs) to treat medical conditions when multiple versions of the same drug exist or before progressing to other drug therapies, when medically necessary.

Part B drugs addressed in the policy will not be covered unless a subscriber meets applicable drug-specific medical necessity criteria and step therapy requirements.

**The following new medical policy will be effective February 1, 2021 for Medicare Advantage lines of business along with the following preferred drugs under the Part B medical benefit.**

Policy #	Policy Title	Will Apply to Service Drug Class	Preferred Part B Drug Products (Covered)			Non-Preferred Drug Alternatives (Not Covered)*		
			Brand Name	NDC Codes	HCPCS Codes	Brand Name	NDC Codes	HCPCS Codes
II-247	Medicare Advantage Part B Step Therapy	Intra-articular hyaluronan injections for osteoarthritis <i>(existing prior authorization requirement will continue)</i>	SynVisc-One	58468-0090-xx	J7325	Durolane	89130-2020-xx	J7318
			Synvisc	58468-0090-xx	J7325	GenVisc 850	50653-0006-xx	J7320
			Euflexxa	55566-4100-xx	J7323	Hyalgan	89122-0724-xx	J7321
						Supartz Fx	89130-4444-xx	J7321
						Hymovis	89122-0496-xx	J7322
						OrthoVisc	59676-0360-xx	J7324
						Gel-One	50016-0957-xx	J7326
						MonoVisc	59676-0820-xx	J7327
						Gelsyn 3	89130-3111-xx	J7328
						Trivisc	50653-0006-xx	J7329
						Synojynt	57844-0181-xx	J7331
						Triluron	89122-0879-xx	J7332
						Visco-3	50016-0957-xx	J7333
87541-0301-xx								

**\*Any newly approved drugs in this drug class will be considered non-preferred until determined otherwise.**

#### Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to [providers.bluecrossmn.com](https://providers.bluecrossmn.com)

- Under Tools & Resources, select “Medical Policy”, and read/accept the Blue Cross Medical Policy Statement
- Select the option” Upcoming Medical Policy Notifications” under the “Medical and Behavioral Health Policies” section

We encourage providers to review the Medicare Advantage Part B Step Therapy policy frequently, as the preferred drug list in the policy is subject to change as new drug formulations and products are approved by the Food and Drug Administration (FDA) and enter the market. To review Blue Cross criteria after the policy goes into effect:

- Go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
- Under ‘Tools and Resources’ select ‘Medical policy’ and then acknowledge the Acceptance Statement
- Select the option “Blue Cross and Blue Shield of Minnesota Medical Policies” to access policy criteria

### **Products Impacted**

The information in this Bulletin applies only to subscribers who have coverage through Medicare Advantage lines of business.

### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.