

 Aetna Better Health® of Kentucky  Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date:	7/19/2022
	To	All Network Providers
	From	Provider Experience
	Subject	<b>New Policy Updates</b>
	Document ID	Aetna - 1092

## NEW POLICY UPDATES – Drug and Biologicals and IUD

### CLINICAL PAYMENT, CODING AND POLICY CHANGES

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below of upcoming new policies.

Effective for dates of service beginning 8/19/2022:

#### **Drugs and Biologicals Policies-**

Kentucky Medicaid supports FDA label, off-label compendia (Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network, Lexi-Drugs, American Hospital Formulary Service Drug Information®), AMA/ CPT, state Medicaid guidelines and other sources for Drugs and Biologicals. These supported policies include:

- Indication (FDA-label and off-label approved compendia indications)
- Age restrictions
- Dosage Limitations
- Requisite laboratory services
- Drug Wastage

#### **New Drug/Biological Policies-**

##### Infliximab (J1745, Q5103, Q5104, Q5109, Q5121):

For Example:

-Indications (not all-inclusive): FDA Label-ankylosing spondylitis (adult); Off-Label- hidradenitis suppurativa, sarcoidosis

- According to our policy, which is based on the FDA -approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage of infliximab for reported condition is 5 mg/kg

##### Intrauterine Contraceptive Systems and Contraceptive Implants (J7296, J7297, J7298, J7300, J7301, J7307):

For Example:

-Indications (not all-inclusive): -Menorrhagia; Prevention of pregnancy

- According to our policy, which is based on the FDA -approved package insert/prescribing information and the pharmaceutical compendia, levonorgestrel-releasing intrauterine contraceptive systems/ contraceptive implants are appropriate for certain FDA-approved indications

Ravulizumab (J1303):

For Example:

- Indications (not all-inclusive)- Atypical hemolytic uremic syndrome; Paroxysmal nocturnal hemoglobinuria
- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, ravulizumab is appropriate for certain FDA-approved indications.

Vedolizumab (J3380):

For Example:

- Indications (not all-inclusive)- Regional enteritis (Crohn's disease); Ulcerative colitis
- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, vedolizumab is appropriate for certain FDA-approved and non-FDA-approved indications.

**Questions?**

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

**\*\*\*INSERT NETWORK CONTACT LISTING\*\*\***