

Humana

Healthy Horizons® in Louisiana

<u>Notification:</u>	<u>HUM 7655</u>
<u>Category:</u>	<u>HCPCS - Drugs & Biologicals</u>
<u>Topic:</u>	<u>Louisiana Medicaid: HCPCS codes J1745, Q5103, Q5104, Q5109 and Q5121 – infliximab and its biosimilars</u>
<u>What is changing? / Change Description:</u>	<u>For providers with a specialty other than home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS codes J1745, Q5103, Q5104, Q5109 or Q5121 to no more than 125 units per date of service if the patient is 15 or older and has a diagnosis of acute graft-versus-host disease following hematopoietic cell transplantation.</u>
<u>Why is Humana making this change? / Change Reason:</u>	<u>The limitations above are established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u> <u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>
<u>Language:</u>	<u>English</u>
<u>Impacted Products:</u>	<u>Medicaid- Louisiana</u>