

Humana

Healthy Horizons® in Louisiana

<u>Notification:</u>	<u>HUM 7787</u>
<u>Category:</u>	<u>HCPCS - Drugs & Biologicals</u>
<u>Topic:</u>	<u>Louisiana Medicaid: emicizumab-kxwh, 0.5 mg – HCPCS code J7170</u>
<u>What is changing? / Change Description:</u>	<u>We limit reimbursement of charges for HCPCS code J7170 to no more than 2,160 units every 26 weeks for patients 4 years old and younger if the diagnosis on the claim is hereditary factor VIII deficiency.</u>
<u>Why is Humana making this change? / Change Reason:</u>	<u>The above limitations are based on the FDA-approved package insert and prescribing information for injection, emicizumab-kxwh, 0.5 mg. 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>