

Humana

Healthy Horizons®
in Louisiana

<u>Notification:</u>	<u>HUM 7547</u>
<u>Category:</u>	<u>HCPCS - Drugs & Biologicals</u>
<u>Topic:</u>	<u>Louisiana Medicaid: certolizumab pegol – HCPCS code J0717</u>
<u>What is changing? / Change Description:</u>	<u>We limit reimbursement of charges for HCPCS code J0717 to no more than 400 units per date of service if billed with any of the following diagnoses:</u> <ul style="list-style-type: none">• <u>Ankylosing spondylitis</u>• <u>Crohn's disease</u>• <u>Non-radiographic axial spondyloarthritis</u>• <u>Plaque psoriasis</u>• <u>Psoriatic arthritis</u>• <u>Rheumatoid arthritis</u>
<u>Why is Humana making this change? / Change Reason:</u>	<u>The above limitations are established according to the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u>
<u>Language:</u>	<u>English</u>
<u>Impacted Products:</u>	<u>Medicaid- Louisiana</u>