

Continuation of Care



Pharmacy Coverage Policy

Effective Date: May 16, 2013

Revision Date: March 23, 2022

Review Date: March 16, 2022

Line of Business: Medicare, Medicaid - Florida, Commercial, Medicaid - South Carolina

Policy Type: Guidance

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.hhs.gov/>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without permission from Humana.

Description

Continuation of care is an important consideration for formulary management to ensure that access and coverage for certain therapies is ensured for a given period to avoid adverse clinical outcomes. This may involve allowing override of utilization management including step therapy and prior authorization for members already successfully stabilized on therapy. Prior use of sample medications alone does not constitute stable on therapy. Requests for continuation of medication where the member has received a transition fill remains subject to appropriate review in compliance with Part D coverage regulations.

Continuation of care is not to be confused with the grandfathering policy which allows payment of non-formulary medicines or override of utilization management including but not limited to quantity limits, step therapy and prior authorization for members already successfully stabilized on a therapy in one of the CMS-defined six protected classes that is not considered off-label/off-evidence or investigational and where, based on disease state and/or individual member history, a change in therapy has the propensity for adverse clinical outcomes. Whereas the grandfathering policy is specific for the six protected classes, the continuation of care policy may apply to other classes of drugs.

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Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- American Hospital Formulary Service-Drug Information (AHFS-DI)
- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- Truven Health Analytics Micromedex DrugDEX
- Elsevier/Gold Standard Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

Continuation of care may be considered medically necessary when the following criteria are met:

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The Continuation of Care policy may apply to one or more lines of business to allow override of utilization management including step therapy and prior authorization for individuals already successfully stabilized on therapy when:

- Member meets all criteria in applicable policy except having a previous treatment of the preferred agent(s) within the last 12 months, but the provider has clearly documented when the member has tried the preferred agent(s) and then was subsequently stabilized on the requested medication.

See the [DISCLAIMER](#). All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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Coverage Limitations

Continuation of care is not considered medically necessary for members with the following concomitant conditions:

- The Continuation of Care guidance does not override the possibility of new preferred agents being required. It also does not apply to bioequivalent or biosimilar therapies, only to those therapies which would seem clinically “unreasonable” for the member to try or retry based on the medication they are already established on.
- The Continuation of Care guidance does not apply to medicines with ‘non-formulary’ or ‘not covered’ status.
- Experimental/investigational use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature

Background

This is a guidance policy about continuation of care.

- The Continuation of Care policy will be used to guide HCPR, MIT and G&A case reviews.
- This policy document is for internal audiences only and will not be posted to the Humana website.

Provider Claims Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

continuation of care; grandfathering; guidance; pharmacy

References

1. Humana Grandfathering Policy. Updated Periodically.
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4. ASHP Continuity of Care Task Force. Continuity of care in medication management: review of issues and considerations for pharmacy. *Am J Health Syst Pharm*. 2005;62:1714–20.
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10. D. J. Kereiakes and J. T. Willerson. Therapeutic Substitution: Guilty Until Proven Innocent. *Circulation*. November 25, 2003; 108(21): 2611 - 2612.
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