Medicare Advantage Part B Drug Update Bulletin

New and revised policies are posted on the website of Aspire Health Plan.

August 2024

Effective August 15, 2024, the prior authorization criteria for some Part B drugs have been added, listed in Table 1 below. **This bulletin summarizes the upcoming change in prior authorization criteria required before administering this medication in a physician's office.**

Aspire Health Plan (AHP) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the AHP Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Table: Part B (Physician-Administered Drugs) Products that have updated prior authorization criteria.

Policy Name	Drugs / J-Codes Impacted	Summary of Change
Eylea HD (aflibercept) *(Revised Policy)*	Added: • J0177: Injection, aflibercept hd, 1 mg (Eylea HD)	The 'Eylea (aflibercept) Policy' has been updated to address a CMS assigned permanent product-specific J-code, J0177, that became effective under the HCPCS process on April 1, 2024. The Eylea policy has been updated to reflect this change.
Prolia Products (denosumab)	Added: • C9399, J3490, J3590, J9999: Denosumab-bbdz (Jubbonti) **Biosimilar to Prolia (FDA approved March 2024).*	The 'Prolia Products (denosumab) Policy' has been updated to include Jubbonti (denosumab-bbdz), the biosimilar to Prolia (FDA approved March 2024).
Methylprednisolone Injections	Added: • J1010: Methylprednisolone acetate injection (Depo-Medrol) *Deleted: J1020, J1030, J1040* • J2919: Methylprednisolone sodium succinate, injection (Solumedrol) *Deleted: J2920, J2930*	The Prior Authorization Drug List and Step Therapy List have been revised to reflect the coding changes from CMS: • Methylprednisolone acetate codes J1020, J1030, and J1040 are being replaced with a new HCPCS code: J1010. • Methylprednisolone sodium succinate codes J2920 and J2930 are replaced with code: J2919.

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Botulinum Toxin Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA) *(New Policy)*	**PA REQUIRED:** PA is only required when one of the Botulinum Toxin codes (J0585, J0586, J0587, J0588, J0589) is used in conjunction with one of the CPT injection codes (64612, injection of chemical destruction of nerve muscles on one side of face, or 64615, injection of chemical for destruction of facial and neck nerve muscles on both sides of face). **NO PA REQUIRED:** Use of these Botulinum Toxin codes (J0585, J0586, J0587, J0588, J0589) in conjunction/paired with procedure codes other than 64612 or 64615 will not require PA.	This policy addresses the coverage of Botulinum Toxin Types A and B. The policy aligns with the Local Coverage Determination issued by the Medicare Part B Administrative Contractor (MAC), Noridian.
Leuprolide Long-Acting (Lupron Depot, Eligard, Fensolvi, Camcevi, Lutrate Depot) *(New Policy)*	Added: • J1950: Injection, leuprolide acetate (for depot suspension), per 3.75mg • J1952: Leuprolide injectable, camcevi, 1 mg • J9217: Leuprolide acetate (for depot suspension), 7.5 mg • J1954: Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	This policy addresses the coverage of leuprolide acetate (Lupron, Lupron Depot, Eligard, Lutrate Depot) and leuprolide mesylate (Camcevi) for its labeled indications and compendial, off-label uses.
Off-Label Use of Drugs and Biologic Agents *(New Policy)*	Applicable to Part B physician-administered HCPCS/J-codes that are requested for off-label or unlabeled use. This policy will be applied in the absence of a National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare guidance addressing the requested off-label use of an FDA-approved drug. This policy does not apply to the following requests as there is an NCD available, such as the following: 110.17 Anti-Cancer Chemotherapy for Colorectal Cancer NCD 110.22 Autologous Cellular Immunotherapy Treatment NCD 200.1 Nesiritide for Treatment of Heart Failure Patients NCD	This policy addresses the coverage of an off-label use of a drug, defined as a use for a non-FDA approved indication, that is, one that is not listed on the drug's official label/prescribing information. AHP will evaluate requests for off-label use on a case-by-case basis in accordance with the criteria set forth in this policy.
Xgeva Products (denosumab)	Added: • J0897: Xgeva (denosumab) • C9399, J3490, J3590, J9999: Denosumab-bbdz (Wyost) **Biosimilar to Xgeva (FDA approved March 2024)*	This policy addresses the coverage of Xgeva (denosumab) for its indication of bone metastases from solid tumors, giant cell tumor of bone, hypercalcemia of malignancy, and multiple myeloma.