

Medicare Advantage Medical Benefit Drug Policy



Medical benefit drug policies are a source for Blue Cross and Blue Shield of Nebraska Medicare Advantage medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 06/08/2023

General Drug Utilization Management Policy
FDA Approved Drugs
Unapproved Drugs
Not Otherwise Classified (NOC) Drugs

HCPCS: N/A

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. Drug is used in accordance with the FDA approved prescribing information
 - b. Trial and **failure, contraindication, or intolerance to the preferred drugs as listed in the BCBSNE MA Part B drugs prior authorization list**
 - c. Drugs with approved indications that are contingent upon verification of a clinical benefit in confirmatory trials may be deemed investigational by the plan and not considered a covered benefit
 - d. For Part D drugs:
 - i. All medically accepted indications not otherwise excluded from Part D
 - ii. Subject to part B vs part D review

- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period:
 - i. Align with FDA recommended treatment duration
OR
 - ii. Three months for newly approved or approved drugs that received new indications pending review by the P&T Committee
OR
 - iii. One year at a time for all other drugs
 - c. Renewal criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- The purpose of this policy is to provide:
 - Allow management of any drug according to the prescribing information
 - Immediate criteria for new FDA approved drugs. This policy will represent drugs which are pending a full or abbreviated drug review for the P&T Committee
 - Immediate criteria for existing drugs which have received a new FDA approved indication for which the medical policy has yet not been updated with this most recent indication. The new FDA approved indication will be represented by this policy until it is reviewed by the P&T Committee
 - Immediate criteria for all drugs where we will follow up with development of a full drug/class specific policy if the criteria are more restrictive than the prescribing information
 - When available, the applicable complete drug review with full criteria or policy will take precedence over this policy
 - Allows Medicare Part D to apply general management as listed according to CMS guidance

Policy History		
#	Date	Change Description
1.0	Effective Date: 06/08/2023	Medical policy established

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.