

Step therapy prior authorization requirements - Effective 1/1/2019

For dates of service on or after Jan. 1, 2019, OptumCare Network of Utah, a delegate of UnitedHealthcare, will require step therapy prior authorization for the following Part B medication and other Part B covered items that are non-preferred products. This is a requirement for all AARP Medicare Complete Plans in Utah.

*Preferred product

<u>Step Therapy Category</u>	<u>Preferred</u>	<u>Drug/Medical Device Name</u>	<u>HCPCS Code</u>
Hyaluronic Acid Polymers (FDA approved as medical devices)	yes	* Gelsyn	J7328
	yes	* Durolane	J3490/C9465
	yes	* Synvisc or Synvisc-One	J7325
		Genvisc 850	J7320
		Hyalgan, Supartz, Supartz FX, Visco-3	J7321
		Hymovis	J7322
		Euflexxa	J7323
		Orthovisc	J7324
		Gel-One	J7326
		Monovisc	J7327
Immunomodulators	yes	* Inflectra (Infliximab-DYYB)	Q5103
	yes	* Renflexis (Infliximab-ABDA)	Q5104
		Remicade (Infliximab)	J1745
Erythropoiesis-Stimulating Agents	yes	* Retacrit (Epoetin Alfa - EPBX)	Q5106
Note: Epogen (Epoetin Alfa) and Mircera (Methoxy PEG-Epoetin Beta) are not subject to step therapy requirement.		Procrit (Epoetin Alfa)	J0885
		Aranesp (Darbepoetin Alfa)	J0881

Step therapy prior authorization requirements do not apply for members who are actively receiving medications/medical devices (members with a paid claim within the past 120 days) on the list above.

When members receive a lower cost preferred drug, the savings to the plan will be shared with the member as part of their participation in the care coordination program. Members will receive information about the shared savings program after their 2019 plan effective date. (Medical devices like Hyaluronic Acid Polymers are excluded from the shared savings program.)

How the Step Therapy Prior Authorization Process Will Work for AARP Medicare Complete Plans in Utah

The process of requesting authorization for coverage of a Part B medication covered by this policy is called a coverage determination. A coverage determination conducted as part of our prior authorization process will evaluate whether the drug is appropriate for the individual member, taking into account:

- Terms of the member's benefit plan
- Trial and failure of preferred products
- Applicable Medicare guidance
- The member's treatment history
- Dosage recommendation from the FDA-approved labeling

Additional criteria may be considered. We encourage you to submit any information you would like us to review as part of your step therapy- prior authorization request. We will inform you and our member once a decision on the coverage determination request has been made. This will take no more than 14 days (72 hours for expedited requests). This notification will include appeal rights if the coverage decision is unfavorable.

How to Submit a Step Therapy Prior Authorization Request

Please use one of the following methods:

- Go to <https://secure.optumcare.com/Provider/Account/LogOn>
- Call the OptumCare service center at [1-877-370-2845](tel:1-877-370-2845), select option **2**
- Fax your request to [1-888-992-2809](tel:1-888-992-2809)