

Special Bulletin

For professional and facility providers

February 21, 2023

Medicare Advantage: Step Therapy Prior Authorization for Hyaluronan Treatment

As of **January 1, 2023**, step therapy prior authorization requirements apply to select medical injectables related to hyaluronan treatment for Medicare Advantage (MA) members. This change will align with the requirements already in place for Highmark Blue Shield of Northeastern New York members covered by commercial and Affordable Care Act (ACA) plans.

What is NOT Changing

Step therapy **does not apply** to members who are currently and actively receiving these medical injectables. Preferred medications for hyaluronan treatment do **NOT** require authorization.

Affected Medications

The affected medications that require prior authorization are listed below in the non-preferred category.

Category	Preferred Drugs/Devices	Non-Preferred Drugs/Devices
Hyaluronate Polymers	Durolane Euflexxa Gelsyn-3 Supartz	Gel-One GenVisc 850 Hyalgan Hymovis Monovisc Orthovisc Synojoynt Synvisc Synvisc One Triluron TriVisc Visco-3

How Step Therapy Prior Authorization Works

The process of requesting authorization for coverage of a non-preferred medication covered by this policy is called an organizational determination. An organizational determination conducted as part of this process will evaluate whether the drug being requested is appropriate for the individual member, taking into account several factors, which include:

- Terms of the member's benefit plan

- Applicable Medicare guidance
- Diagnosis
- Trial and failure of preferred products
- The member's treatment history
- Dosage recommendation from FDA-approved labeling.

How to Submit a Prior Authorization Request

Go to the Provider Resource Center. From the left menu, click on **PHARMACY PROGRAM/FORMULARIES > Pharmacy Information > Pharmaceutical Management (Clinical Management Programs) > Prior Authorization.**

Once there, complete the [Prescription Drug Medication Request Form](#) and fax to the number on the form.

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