



Notification HUM-6382; HUM-6385:

Category

HCPCS - Drugs & Biologicals

Topic

Lanreotide, 1 mg

What is changing? / Change Description:

<u>HUM-ID</u>	<u>Topic</u>	<u>Change Description</u>
<u>6382</u>	<u>Lanreotide, 1 mg</u>	<u>We apply the following limitations of charges for Lanreotide, 1 mg, if submitted with a diagnosis of acromegaly:• No more than 180 units per date of service• No more than 360 units every 6 weeks• No more than 720 units every 16 weeks• No more than 1 visit every 3 weeks• No more than 2 visits every 6 weeks• No more than 6 visits every 16 weeks</u>
<u>6385</u>	<u>Lanreotide, 1 mg</u>	<u>For a diagnosis of portal hypertension, we apply the following limitations of charges for lanreotide, 1 mg:• For a provider other than specialty pharmacy, no more than 1 unit per lifetime.• For a specialty pharmacy provider, no more than 60 units per lifetime.• No more than 1 visit per lifetime.</u>

Language

English

Impacted Products

Medicaid – Louisiana

Why is Humana making this change? / Change Reason:

The above limitations were established by the FDA-approved package insert and prescribing information or the pharmaceutical compendia.

Note: At the time of publication of this notice, we do not cover Lanreotide, 1 mg, for Humana's Louisiana Medicaid products. However, if Lanreotide, 1 mg, becomes coverable in the future, the above limitations and any other applicable limitations already existing then will begin to affect processing of claims apply, without further notice.