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## Policy Notice for Our Network Providers

August 1, 2023

Our health plan has just approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. Please share this information with those in your organization who may be affected by these updates.

Information in this notification is applicable to all of our health plan's products, unless otherwise specified in the policy.

### **Due to Upcoming System Migration, Medical Prior Authorization Approvals May Have Shorter Timeframes**

As we align with Medica's Utilization Management policies and procedures, the timelines for medical prior authorization approvals for certain members will reflect an end date of December 31, 2023. This will apply for our members in commercial plans (for individuals, families and employer groups) as well as Medicaid products, where applicable. As a result of these changes, provider offices are encouraged to note the end dates on each authorization approval.

In order to ensure appropriate care, providers should assess the need for an ongoing authorization by reviewing our medical policies in notices like this as well as posted within our Master Service List (MSL), which is available in our online [Document Library](#). Please continue to monitor individual authorization approvals using the method by which you submitted them, such as our secure provider portal.

Look for more information about submitting prior authorization requests for 2024 services in future provider communications.

### **Medical Policy Updates**

See our online [Document Library](#) for current medical policies and those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of each policy.

#### ***Medical Policies – Prior Authorization Removed***

Effective August 1, 2023:

- **Myoelectric Upper Limb Prosthetics and Orthosis (MP9637)**

Effective September 1, 2023:

- **Orthosis: Ankle Foot (AFO), Knee Ankle Foot (KAFO), or Knee (KO) (MP9085)**
- **Seat-Lift Mechanisms, Transfer and Standing Devices (MP9102)**
- **Limb Prosthesis (MP9103)**

- **Repairs/Replacement of Durable Medical Equipment (DME)/Supplies (MP9106)** — Coverage may vary according to the terms of the member's Certificate or Summary Plan Description (SPD).
- **Intermittent Pneumatic Compression Devices (MP9119)**
- **Hospital Beds (MP9292)**

### ***New Medical Policies***

Services listed for policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective November 1, 2023:

- **Blepharoplasty, Blepharoptosis Repair, and Brow Lift (MP9664)** — Prior authorization and front-facing photographs are required. All brow lift and browpepxy procedures require Medical Director review. Prior authorization is not required for ectropion/entropion repair. Note: Previous policy Blepharoplasty, Blepharoptosis Repair and Brow Lift (MP9214) has been retired.

### ***Medical Policy Revisions***

Services listed in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective July 1, 2023:

- **Transcranial Magnetic Stimulation (TMS) (MP9526)** — TMS is considered experimental and investigational, and therefore not covered, for medical conditions.

Effective September 1, 2023:

- **Gastric Electrical Stimulation (GES) (MP9463)** — Policy retitled. Considered medically necessary when used in accordance with the U.S. Food and Drug Administration (FDA) Humanitarian Device Exemption for: refractory diabetic gastroparesis that has failed other therapies and chronic, intractable (drug-refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology. Considered experimental and investigational, and therefore not covered, for all other indications including diabetes mellitus without gastroparesis.

Effective November 1, 2023:

- **Female Breast Reduction Surgery (MP9582)** — Breast reduction surgery for women 18 years of age and older or for whom growth is completed requires prior authorization. Considered medically necessary for macromastia with at least two functional impairments (for six months): headaches; neck pain; shoulder or back pain; pain, discomfort, and/or ulceration from bra straps cutting into shoulders; skin breakdown resulting from overlying breast tissue; or upper extremity parathesis.
- **Treatment of OSA and Related Conditions with Invasive Treatments and Surgery (MP9585)** — Uvulopalatopharyngoplasty (UPPP or U3P) for a confirmed diagnosis of obstructive sleep apnea (OSA)/hypopnea syndrome requires a sleep study within the last three years demonstrating mild Obstructive Sleep Apnea-Hypopnea Syndrome with Apnea-Hypopnea Index or Respiratory Distress Index of 5 to 14.9 events per hour of sleep. Prior authorization is required.

## Medical/Pharmacy Benefit Drug Policy Updates

Our health plan requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the health plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization. Please email questions about drug policy updates to [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

### **Pharmacy Drug Formulary Maintenance**

Effective for dates of service on and after September 1, 2023:

- **Clotrimazole/betamethasone** 1%/0.05% lotion — Moved to not covered.
- **Crotan (crotamiton)** 10% lotion — Moved to not covered.
- **Cystic Fibrosis disease-modifying agents:**
  - **Kalydeco** — Split fill program restriction removed.
  - **Orkambi** — Split fill program restriction removed.
  - **Symdeko** — Split fill program restriction removed.
- **Zejula (niraparib)** 100 mg capsules — Split fill program restriction removed.

Effective for dates of service on and after October 1, 2023:

- **Specialty generic program:**
  - **dalfampridine** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **dimethyl fumarate** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **ingolimod** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **glatiramer** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **icatibant** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **sapropterin** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.
  - **teriflunomide** — Moved to non-preferred generic/preferred brand tier and retained specialty network management.

### **Pharmacy Drug New or Expanded Formulations**

Effective for dates of service on and after September 1, 2023:

- **Austedo XR (deutetrabenazine)** 6, 12 & 24 mg tablets — Moved to preferred brand/specialty tier, with prior authorization required, and quantity limit (2 tablets per day).
- **Omnipod GO insulin delivery device** — Moved to preferred brand and quantity limit (10 pods per month).
- **Zejula (niraparib)** 100, 200 & 300 mg tablets — Moved to preferred brand/specialty tier, with prior authorization required, and quantity limit (1 tablet per day).

### **Pharmacy Drug New Indications**

Effective for dates of service on and after September 1, 2023:

- **Ayvakit (avapritinib)** 25 mg tablets — Added indication approved for adult patients with indolent systemic mastocytosis (ISM) with a limitation that use is not recommended for patients with platelet counts < 50 x 10<sup>9</sup>/L.
- **Linzess (linaclotide)** 72 mcg capsule — Added indication approved for age expansion and is now approved for use in pediatric patients 6 to 17 years of age for the treatment of functional constipation (FC) who have failed ≥ 1 month of prior OTC treatment of polyethylene glycol 3350 (Miralax equivalent) or docusate stool softener.
- **Prevymis (letermovir)** 240 & 480 mg tablets — Added indication approved for prophylaxis of cytomegalovirus (CMV) in adult kidney transplant recipients at high risk (donor CMV-seropositive/recipient CMV-seronegative).

### ***Pharmacy Prior Authorization Form Updates***

Effective for dates of service on and after July 15, 2023:

- **Zeposia (ozanimod)** — Updated step-through agents for ulcerative colitis allowing prior use of Rinvoq to qualify a member for access.

Effective for dates of service on and after September 1, 2023:

- **Austedo/Austedo XR (deutetrabenazine)** — Removal of step-through criteria tetrabenazine for Huntington’s disease.
- **Lapatinib (Tykerb equivalent)** — Addition of continuation criteria requiring prescriber attestation that the member is being monitored, has not experienced progression, and that it is appropriate for them to continue therapy.
- **Opzelura (ruxolitinib)** cream — Added specialist prescriber requirement of allergist and immunologist to allowable specialists for atopic dermatitis.
- **Poly ADP ribose polymerase (PARP) inhibitor updates:**
  - **Lynparza (olaparib)** — Removed late-line treatment indication for ovarian cancer.
  - **Zejula (niraparib)** — Removed late-line treatment indication for ovarian cancer and removed capsule-specific quantity limit criteria (2 capsules per day).
- **Radicava (edaravone)** — Criteria change of forced vital capacity (FVC) criterion to ≥ 60%.

### ***New Medical Benefit Drug Policies***

Effective for dates of service on and after November 1, 2023:

- **Columvi (glofitamab-gxbm)** — New medical policy and prior authorization is required.
- **Epkinly(epcoritamab-bysp)** — New medical policy and prior authorization is required.
- **Vyjuvek (bermagene geperpavec-svdt)** — New medical policy and prior authorization is required.
- **Vyvgart Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc)** — New medical policy and prior authorization is required.

### ***Changes to Medical Benefit Drug Policies***

Effective for dates of service on and after August 1, 2023:

- **bendamustine (Treanda; Bendeka; Belrapzo; Vivimusta; Bendamustine)** — Updated Healthcare Common Procedure Coding System (HCPCS) codes.
- **Parenteral Iron Products MB2134** — Updated indication for non-preferred product injectafer.

- **Syfovre (pegcetacoplan)** — Prior authorization is not required.

Effective for dates of service on and after August 25, 2023:

- **Oncology policies with Magellan Rx** — The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the “Medical Oncology Drugs” link on our Health Medical Management web page:
  - **Azedra-iobenguane I-131**
  - **Lutathera-lutetium Lu 177-dotatate**
  - **Pemetrexed (Alimta; Pemfexy; Pemetrexed)**
  - **Pluvicto (lutetium Lu 177-vipivotide tetraxetan)**
  - **Rolvedon (elfapegrastim-xnst)**
  - **Vyxeos (daunorubicin and cytarabine-liposome)**

Effective for dates of service on and after September 1, 2023:

- **MAPD 2122 Insulin Pump Policy (MAPD only)** — Updated J-codes within policy.

**As a reminder:** Providers are encouraged to refer to [the Magellan Rx website](#) for a complete list of co-branded policies. In addition to co-branding and reformatting, some policies will also be revised for new criteria effective October 1, 2023. Providers should review drug policies for any changes to authorization criteria and/or length of authorization that may affect a provider’s care plan for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication.

### **Retired Medical Benefit Drug Policies**

Effective August 1, 2023:

- **Pepaxto (melphalan flufenamide)**

## **Locating Medical Policies & Medical Benefit Drug Policies**

The WellFirst Health Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents.

Providers are encouraged to track updates and review policies in their entirety. The WellFirst Health Document Library is directly accessible at [wellfirstbenefits.com/document-library](https://wellfirstbenefits.com/document-library) or by visiting [wellfirstbenefits.com](https://wellfirstbenefits.com) and following the step-by-step instructions below:

- Select **Providers**, and then **Medical Management**.
- Under WellFirst Health Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

Oncology and oncology-related medical benefit drug policies that have been developed by our vendor Magellan Rx are available via links in our Medical Injectables list, not the Document Library.

## Locating Pharmacy Benefit Drug Policies

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications are found on the associated prior authorization forms located in the Navitus Prescriber Portal at [prescribers.navitus.com](https://prescribers.navitus.com).

***This notification will be published soon on our [Provider Communications web page](#). Visit this page for on-demand access to current and past communications.***

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