WellFirst Health®
PO Box 56099
Madison, WI 53705-9399

Business offices in
Saint Louis, MO & Madison, WI
phone: 866-514-4194
TTY: 711
wellfirstbenefits.com

Policy Notice for Our Network Providers

September 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.

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 – Retired

Effective September 1, 2023:

- **Biofeedback** (MP9162)
- **Fecal Analysis in the Diagnosis of Intestinal Disorders** (MP9515)
- **Inflammatory Bowel Disease: Serologic Markers and Pharmacogenomic and Metabolic Assessment of Thiopurine Therapy** (MP9533)

Effective October 1, 2023:

- **Diagnostic, Therapeutic, and Surveillance Colonoscopy Screening or Diagnostic Virtual Colonoscopy** (MP9510)
- **Echocardiogram and Stress Echocardiography** (MP9513)
- **Nasal Endoscopy** (MP9514)
- **Upper Endoscopy (EGD) Esophagogastroduodenoscopy** (MP9517)
- **General Anesthesia for GI Endoscopy** (MP9519)

Effective December 1, 2023:

- **Abortion (Surgical or Pharmacological)** (MP9202)

Medical Policies – Prior Authorization Removed

Effective December 1, 2023:

- **Clinical Trials (Clinical Trial Participation)** (MP9447)

New Medical Policies

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

Effective October 1, 2023:

- **Gender Affirmation Procedures** (MP9642) — All services related to surgical gender affirmation for members 18 years of age or older and adolescents (13 to 17 years of age) require prior authorization. Gender-affirming genital surgical procedures (Appendix 1) and non-genital procedures/surgeries (Appendix 2) were added to the policy for reference. Refer to the member's Certificate or Summary Plan Description (SPD) for services eligible for coverage.

Effective December 1, 2023:

- **Sacroiliac (SI) Joint Fusion, Open and Minimally Invasive** (MP9643) — Initial or repeat/revision open SI joint fusion is considered medically necessary for sacral tumors, SI joint infections, and traumatic injuries when medical necessity criteria are met. Minimally invasive (percutaneous) SI joint fusion is considered medically necessary when pain is documented as SI joint in origin, radiological imaging has been performed within 12 months of the scheduled surgery, and moderate-to-severe SI joint pain of at least 6 months' duration is present. A 75% pain reduction within 2 hours following an SI joint injection on 2 separate occasions is required. Prior authorization is required.
- **Dietitian Services** (MP9661) — Consultations are required to be ordered by a physician or advanced practitioner and a registered dietitian must provide the services. Education classes, programs or seminars are excluded from coverage. Prior authorization is not required.
- **Fecal Calprotectin Testing** (MP9665) — Considered medically necessary for: differentiating inflammatory bowel disease from irritable bowel syndrome in members with symptoms that have lasted longer than 4 weeks; and monitoring/managing disease activity in inflammatory bowel disease. Prior authorization is not required.
- **Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis** (MP9667) — Catheter-based endoscopic balloon sinuplasty is considered medically necessary as either a stand-alone procedure or as part of functional endoscopic sinus surgery for the treatment of chronic rhinosinusitis in members 18 years of age and older. Prior authorization is not required.

Effective January 1, 2024:

- **Telehealth** (MP9662) — The delivery of health care services or consultations while the member is at the originating site and the licensed health care provider is at a distant site. These medical services do not involve direct, in-person contact. Prior authorization is not required.
- **Virtual Care** (MP9663) — Virtual care is considered medically necessary when used to address non-urgent medical symptoms to which providers respond with substantive medical advice. Prior authorization is not required.
- **Birth Centers (Free Standing)** (MP9666) — Coverage for free-standing birth centers for "low risk" deliveries is dependent on the member's Certificate or Summary Plan Description (SPD). Antepartum visits, uncomplicated vaginal births, nursery care services and the first post-partum visit are eligible for coverage. Prior authorization is not required.

Medical Policy Revisions

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

Effective January 1, 2024:

- **Bariatric Surgery and Weight Management Procedures** (MP9319) — A psychiatric or psychological evaluation by a licensed mental health professional is required within 12 months of the planned surgery. The following procedures are considered medically necessary: open or laparoscopic Roux-en-Y gastric bypass, laparoscopic adjustable silicone gastric banding, open or laparoscopic sleeve gastrectomy, open or laparoscopic biliopancreatic diversion with duodenal switch, and single anastomosis duodeno-ileal bypass with sleeve gastrectomy. Medical necessity criteria are included for members less than 18 years of age. Prior authorization is required.
- **Genetic Testing Medical Policies** — Concert Genetics, our contracted vendor for genetic testing, has revised the Prenatal and Rare Disease genetic testing policies effective January 1, 2024. Updates include, but are not limited to: expanded indications, minimum gene lists, reference tables, test examples, Current Procedural Terminology (CPT®) codes, and National Comprehensive Cancer Network (NCCN) criteria. Prior authorization is not required.
  - **Genetic Testing: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders** (MP9586) — Standard genome sequencing is considered medically necessary. Repeat standard exome sequencing is not medically necessary for members with a previously uninformative exome.
  - **Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay** (MP9587) — Noonan Spectrum Disorders/RASopathies multigene panel *SPRED1* was added to the minimum gene list. *NF2*-Related Schwannomatosis criteria expanded to include a new section for the diagnosis of children. The age at which features for Angelman/Prader-Willi Syndrome meet criteria changed from birth to one month.
  - **Genetic Testing: Aortopathies and Connective Tissue Disorders** (MP9588) — For familial vascular Ehlers-Danlos syndrome (vEDS), added coverage criteria for members who have a close relative with a clinical diagnosis of vEDS.
  - **Genetic Testing: Cardiac Disorders** (MP9589) — Comprehensive arrhythmia and cardiomyopathy (sudden death or unexplained death) testing is medically necessary for members who meet both arrhythmia and cardiomyopathy criteria. Short QT syndrome panel testing is considered medically necessary. Donor-derived cell-free DNA testing for heart transplant rejection is covered in limited situations. Post-heart transplant gene expression panels for rejection risk via tissue is considered investigational and therefore not covered.
  - **Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders** (MP9591) — *HTT* repeat analysis should be offered after a clinical diagnosis of Huntington's Disease in a symptomatic member. Epilepsy multigene panel testing is covered for all members with a history of unexplained epilepsy. *PSEN1, PSEN2,* and *APP* sequencing and/or deletion/duplication analysis or multigene panel testing is considered medically necessary for members with a personal and family history of dementia within certain parameters. Repeat *FXN* testing is considered medically necessary for members with a biological sibling with Friedreich's ataxia or cerebellar ataxia for whom non-genetic causes have been ruled out. Genetic testing is medically necessary for members with a family history of Parkinson's disease.

- **Genetic Testing: Gastroenterologic Disorders (Non-Cancerous)** (MP9593) — *HFE* sequencing and/or duplication analysis is medically necessary based on family history criteria.
- **Genetic Testing: Hearing Loss** (MP9594) — Testing for a known familial variant for hereditary hearing loss targeted variant analysis is considered investigational and therefore not covered.
- **Genetic Testing: Hereditary Cancer Susceptibility** (MP9596) — *TP53* gene added to the minimum gene list for hereditary gastrointestinal or colon cancer panels. *SMAD4* and/or *BMPR1A* sequencing and/or deletion/duplication analysis is medically necessary for members with "a personal history of cancer and a pathogenic or likely pathogenic variant was detected by tumor profiling". *TP53* sequencing and/or deletion/duplication analysis coverage expanded to include "member was diagnosed with pediatric hypodiploid acute lympho-blastic leukemia."
- **Genetic Testing: Kidney Disorders** (MP9598) — Coverage expanded to include "cystic renal disease" and "congenital nephropathy."
- **Genetic Testing: Metabolic, Endocrine, and Mitochondrial Disorders** (MP9600) — Coverage criteria added for maple syrup urine disease, glycogen storage disease type 1, mucolipidosis IV, and urea cycle disorders.
- **Genetic Testing: Pharmacogenetics** (MP9602) — Gene variant analysis criteria expanded based on U.S. Food and Drug Administration (FDA) recommendations and more qualifying drugs added.
- **Oncology: Algorithmic Testing** (MP9605) — New clinical criteria and a test category added based on the intended use of the Breast Cancer Index test.
- **Oncology: Cytogenetic Testing** (MP9607) — Addition of new test based on the FDA approval of Elahere for the treatment of ovarian, fallopian tube or primary peritoneal cancer. New tumor types added in the clinical criteria consistent with NCCN Guidelines.
- **Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies** (MP9608) — Addition of a minimum gene list for colorectal cancer-focused molecular profiling panels consistent with NCCN Guidelines. New test categories added for hematologic malignancies and solid tumor minimal residual disease testing.
- **Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)** (MP9609) — Addition of coverage for certain stages and pathologies of breast cancer consistent with NCCN Guidelines.
- **Genetic Testing: General Approach to Genetic and Molecular Testing** (MP9610) — This general policy is intended to apply across all tests not otherwise mentioned in policies and also in situations where a policy does not address a specific scenario in which a test is being used.

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 **DHP.PharmacyServices@deancare.com**.

Pharmacy Drug Formulary Maintenance

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

- **Restasis (cyclosporine)** 0.05% ophthalmic emulsion — End of post-patent for brand product. Generic will replace the brand at the generic tier listed for the formulary and will retain the restricted-to-specialist edit (ophthalmology or optometry specialists).

Pharmacy Drug New or Expanded Formulations

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

- **Austedo XR (deutetrabenazine)** 6, 12 & 24 mg ER tablet titration pack — Added coverage with prior authorization requirement, on preferred brand/specialty tier, with quantity limit (Titration Pack 1 pack/28 days; Tablets 3 tabs/day).
- **Hydroxym (hydrocortisone)** 2% gel — Moved to not covered.
- **Lumryz (sodium oxybate)** 4.5, 6, 7.5 & 9 gram packs for ER oral suspension — Added coverage with prior authorization requirement, on preferred brand/specialty tier, with limited distribution and quantity limit (1 packet/day).
- **Olpruva (sodium phenylbutyrate)** 2, 3, 4, 5, 6 & 6.67 gram packets — Moved to not covered.
- **Suflave (PEG3350, NaSO4, KCl, MgSO4, NaCl)** bowel prep — Moved to not covered.
- **Talzenna (talazoparib)** 0.1 & 0.35 mg capsules — Moved to not covered.

Pharmacy Drug New Indications

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

- **Bylvay (odevixibat)** 200, 400, 600 & 1200 mcg capsules/oral pellets — Added new indication (Alagille syndrome) to the prior authorization form, with the same criteria as maralixibat, and added a step-through therapy for maralixibat.
- **Lynparza (olaparib)** 100 & 150 mg tablets — Added indication for the treatment of BRCA-mutated metastatic castration-resistant prostate cancer (mCRPC). For this new indication, olaparib is used in combination with abiraterone and prednisone or prednisolone.
- **Talzenna (talazoparib)** 0.1 & 0.35 mg capsules — Excluded new indication for the treatment of mCRPC in patients with homologous recombination repair (HRR) gene-mutated disease.

Pharmacy Prior Authorization Form Updates

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

- **Liquid formulation policy update** — Removed age requirements from prior authorization form for members who are unable to swallow tablets or capsules.

Pharmacy Drug Miscellaneous Updates

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

- **Abrysvo/Arexvy** — Added these 2 respiratory syncytial virus (RSV) vaccines to standard vaccine list.

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

- **Gavreto (pralsetinib)** — Withdrew indication for accelerated approval for treating patients ≥ 12 years of age with advanced or metastatic RET-mutant medullary thyroid cancer who require systemic therapy.

New Medical Benefit Drug Policies

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

- **Leqembi (lecanemab-irmb)** — New medical policy and prior authorization is required.

Changes to Medical Benefit Drug Policies

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

- **Duchenne nicotinamide mononucleotide (NMN)** (MB2118)— Added drug Elevidys (delandistrogene moxeparvovec-rokl); no prior authorization required and not a covered service.
- **Sandostatin LAR (octreotide suspension)** — Removed following criterion from universal criteria section: "patient has been treated with octreotide acetate subcutaneously for at least 2 weeks and has shown a response and no adverse effects prior to starting therapy with the LAR formulation."
- **Oncology policies with Magellan Rx** — The medical benefit drug policy documents for the following drugs will be updated and accessible via the "Medical Oncology Drugs" link on our Medical Management web page:
  - **Jemperli (dostarlimab-gxly)**
  - **Keytruda (pembrolizumab)**

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 the policies as there may be 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.

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** or by visiting **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**.

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

Distributed: 9/1/23