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November 1, 2022

RE: Provider Notification: Medical Policy and Medical Benefit Drug Policy Updates

Dear WellFirst Health™ Provider:

WellFirst Health's Medical Policy Committee has approved the medical policies and medical benefit drug policies outlined in this notification. These updates, and others not included in this notification, will also be communicated as part of the quarterly provider newsletters and available online. Please share this information with others in your organization who may be affected by these updates.

Information in this notification is applicable to all WellFirst Health products, unless specified.

Also, this month's notice features the sections linked below with updates that have resulted from annual reviews, some in adherence to federal requirements, to ensure integrity of Health Plan processes and policies:

- New Prenatal Genetic Testing Medical Policies
- Updated Clinical Guidelines for Advanced Imaging and Musculoskeletal (MSK) Services
- Comprehensive Oncology Program Reminders, including encouragement to review new policies to help facilitate continuity of care for patients
- Annual ACA Medical Record Review

Annual ACA Medical Record Review

Each year, WellFirst Health works with select providers to conduct medical record reviews for members enrolled in certain Affordable Care Act (ACA) plans. WellFirst Health is required by the Department of Health and Human Services to submit complete diagnostic data regarding these members.

This year, on WellFirst Health's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval, and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services received in calendar year 2022. Patient records being requested include medical records, notes, and reports. Outreach is expected to begin by late November 2022 and chart collection must be completed by March 2023.

This industry-standard medical record retrieval is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable WellFirst Health to identify conditions that may exist for members, but may not have been coded or previously captured. This enables the Health Plan to further assess the health conditions of members for effective care interventions and improved health outcomes.

Providers who have questions may contact CiOX at 1 (877) 445-9293 or chartreview@cioxhealth.com.

Medical Policy Updates

This section includes links to the online medical policy documents when they are available. The online Document Library contains current medical policies and, at times, may also include 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 policy documents.

Medical Policies Retired

Effective February 1, 2023:

- Breast Surgery MP9026 — see new policies:
  - Breast Implant Removal, Revision, or Reimplantation MP9580
  - Male Gynecomastia Surgery MP9581
  - Female Breast Reduction Surgery – Reduction Mammoplasty MP9582
- Laser Treatment for Psoriasis MP9399 — see revised policy Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057
  - Medicare Advantage Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057 — this policy is specific to Medicare Advantage.
- Breast Reconstruction Surgery MP9476 — see new policies:
  - Breast Implant Removal, Revision, or Reimplantation MP9580
  - Male Gynecomastia Surgery MP9581
  - Female Breast Reduction Surgery – Reduction Mammoplasty MP9582
- Genetic Testing for Reproductive Carrier Screening and Prenatal Care MP9477 — see new policies:
  - Genetic Testing: Non-Invasive Prenatal Screening (NIPS) MP9573
  - Genetic Testing: Preimplantation MP9574
  - Genetic Testing: Prenatal and Preconception Carrier Screening MP9575
  - Genetic Testing: Prenatal Diagnosis (Amniocentesis, CVS, or PUBS) and Pregnancy Loss MP9576

Medical Policies Prior Authorization Removed

Effective December 1, 2022:

- Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057
  - Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057 — this policy is specific to Medicare Advantage.
- Laser Treatment for Psoriasis MP9399

Procedures and Devices Experimental and Investigational – Non-covered

Effective November 1, 2022:

- Non-covered Medical Procedures and Services MP9415 — Electric cell-signaling treatment (e.g., neoGEN System)

New Medical Policy

Services listed for new policies in this section may be covered (considered medically necessary)

or non-covered (considered experimental and investigational).

Effective February 1, 2023:

- Breast Implant Removal, Revision, or Reimplantation MP9580 — Unilateral or bilateral breast implant removal when associated with breast reconstruction following mastectomy and the procedure is coded as such does not require prior authorization. If criteria is met for implant removal unilaterally, then removal of the other breast implant is covered if both are removed at the same time.
- Male Gynecomastia Surgery MP9581 — Prior authorization is not required for unilateral or bilateral breast reduction when it is associated with breast reconstruction following mastectomy. For pubertal (adolescent) onset, gynecomastia must have been present for at least two years and classified as Grade II, III, or IV per the American Society of Plastic Surgeons (ASPS). For post pubertal-onset, gynecomastia must have been present for at least one year and classified as Grade III or IV per the ASPS. Photographs are required.
- Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 — Unilateral or bilateral breast reduction when it is associated with breast reconstruction following a mastectomy, and the procedure will be coded as such, does not require prior authorization. Breast reduction for women aged 18 years and older or for whom growth is complete (e.g., breast size stable over one year) requires prior authorization. Women 40 years of age or older are required to have a mammogram negative for cancer within one year prior to planned surgery.
- Genetic Testing – Payment Policy MP9584* — Payment policy applies to genetic and molecular testing services and codes billed from the following sections of the CPT/HCPCS manual: molecular pathology; genomic sequencing procedures and other molecular multianalyte assays; multianalyte assays with algorithmic analyses and proprietary laboratory analyses (PLA) codes. ** Please see the "New Prenatal Genetic Testing Medical Policies" section in this policy notice for more information regarding this document.*

Medical Policy Revisions

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

Effective February 1, 2023:

- Plastic and Reconstructive Surgery MP9022 — Prior authorization is not required for breast reconstruction for congenital anomalies (e.g., Poland syndrome, congenital tubular, constricted or absence of breast). Breast procedures following mastectomy and lumpectomy that result in significant deformity in order to produce a symmetrical appearance does not require prior authorization.
    - Plastic and Reconstructive Surgery MP9022 — this policy is specific to Medicare Advantage.
- Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057 — Prior authorization is not required for phototherapy, photochemotherapy, photodynamic therapy and laser therapy (e.g., excimer or pulsed dye laser) and intense pulse light therapy. Refer to the medical policy for criteria. Commercial tanning beds do not qualify as an office trial, and are considered not medically necessary, and therefore are not covered.
    - Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057 — this policy is specific to Medicare Advantage.
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- Genetic Testing for Somatic Tumor Markers MP9486 — Thyroid nodule gene expression testing (e.g., ThyraMir) is considered medically necessary. The following tumor profile tests are considered experimental and investigational, and therefore not medically necessary: lung cancer algorithmic tests (e.g., Biodsix); Barrett's esophagus risk stratification testing (e.g., Tissue Cypher Barrett's Esophagus Assay) and ductal carcinoma in situ risk stratification testing (e.g., PreludeDx).

New Prenatal Genetic Testing Medical Policies

Effective February 1, 2023, WellFirst Health is introducing new prenatal genetic testing medical polices, expanding the Health Plan's coverage of prenatal testing. The new policies were developed by our contracted vendor Concert Genetics, an industry-leader in genetic testing technology assessment and policy development. As genetic testing has increasingly become the standard of care, the Health Plan is committed to the access and quality of these services for our members. As such, the Health Plan intends to partner with Concert Genetics for other medical policies in 2023 and will communicate these updates in a future policy update.

The following are the new policies, effective February 1, 2023:

- Genetic Testing: Non-Invasive Prenatal Screening (NIPS) MP9573 — Other common names: non-invasive prenatal testing (NIPT), cell-free DNA testing (cfDNA) and cell-free fetal DNA testing. Prior authorization is required.
- Genetic Testing: Preimplantation MP9574 — Prior authorization is dependent on applicable laws and provisions per state as outlined in the member benefit certificate or summary plan description. Prenatal cell-free DNA screening tests coverage criteria.
- Genetic Testing: Prenatal and Preconception Carrier Screening MP9575 — Coverage criteria for prenatal cell-free DNA screening tests. Prior authorization is required.
- Genetic Testing: Prenatal Diagnosis (Amniocentesis, CVS, or PUBS) and Pregnancy Loss MP9576 — Prior authorization is required. Coverage criteria related to prenatal and pregnancy loss diagnostic genetic testing intended to diagnose genetic conditions following amniocentesis, chorionic villus sampling or pregnancy loss. Member required to have genetic counseling by and testing ordered by:
    - Board-certified medical geneticist
    - Maternal-fetal medicine specialist/perinatologist
    - Board-certified OBGYN
    - Board-certified genetic counselor
    - Advanced practice practitioner in genetics or maternal-fetal medicine/perinatology

Supplemental to the new prenatal genetic testing policies, the document Genetic Testing – Payment Policy MP9584 has information regarding codes and billing for genetic and molecular testing services. Please note that references to the Concert Genetics Portal, in point 3.0 of the document, pertain to laboratories only.

For services requiring authorization, providers are to continue submitting prior authorization requests through the WellFirst Health Provider Portal. Providers without portal access may fax the Genetic Testing prior authorization form to the number indicated on the form. Additionally,

providers are to continue submitting claims to the Health Plan in the same way they do currently.

Updated Clinical Guidelines for Advanced Imaging and Musculoskeletal Services

WellFirst Health's contracted vendor NIA Magellan has completed annual review of the clinical guidelines for advanced imaging (high-end radiology) and musculoskeletal (MSK) services. As a result of this review, there have been a number of changes to prior authorization criteria that will be effective on February 1, 2023.

Providers are encouraged to review the 2023 Revision Summary Crosswalks for advanced imaging and MSK which highlight changes from the current guidelines (referenced as "previous" in the documents) to the new guidelines. Additionally, the 2023 Advanced Imaging Clinical Guidelines and the 2023 MSK Clinical Guidelines are available for preview.

These updated guidelines pertain to providers who are currently required to go through NIA Magellan for prior authorization of advanced imaging and MSK services.

The annual review process involves physician evaluations supported by epidemiologists, medical editors of current peer-reviewed literature, and government and professional organization policy. The updated guidelines were approved by both the NIA Clinical Guideline Standing Committee and the Magellan National Medical Policy Committee, as well the Health Plan's Medical Policy Committee.

Medical Benefit Drug Policy Updates

WellFirst Health 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.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after December 1, 2022:

- Albuterol inhalers (albuterol HFA 6.7 g & 8.5 g) — Addition of quantity limit and preferred generic products to formulary.
- Branded contraceptive agents without generics — Moving branded products (with no generic alterative) that are currently not covered or on the non-preferred brand tier to $0 to prevent any possible non-compliance. Branded products with a directly interchangeable generic product available on formulary will remain not covered since the generic is already covered at $0.
- Combigan (brimonidine tartrate/timolol maleate) 0.2%/0.5% ophthalmic solution — Brand product will be removed from formulary, while generic product will move to the non-preferred generic tier.
- Female condoms — Addition of quantity limit of 12 condoms/fill.
- Linzess (linaclotide) 72, 145, & 290 mcg capsules — Addition to formulary at the non-preferred brand tier, a quantity limit, and prior authorization for indication and a trial of plecanatide.
- Male condoms — Adding coverage of $0 copay and quantity limit of 12 condoms/fill.

- Phexxi (lactic acid/citric acid/potassium bitartrate) 1.8/1/0.4% gel — Adding coverage of $0 and quantity limit.
- Rozlytrek (entrectinib) 100 mg & 200 mg capsules – Removal of Split-fill.

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after December 1, 2022:

- Imbruvica (ibrutinib) 70 mg/mL oral suspension — Moved from not-covered to prior authorization and quantity limit.
- Orkambi (lumacaftor/ivacaftor) 75 mg/94 mg oral granules — Addition of prior authorization and quantity limit of two packets per day.
- Pheburane (sodium phenylbutyrate) 483 mg/gram oral pellets — Moved from not-covered to placement at the preferred brand tier or specialty tier.
- Tadliq (tadalafil) 20 mg/5 mL oral suspension — Moved from not-covered to prior authorization only for those nine years and older. For those nine years and older, prior authorization criteria will restrict use to those with a diagnosis of PAH who are unable to use the tablets.
- Zonisade (zonisamide) 100 mg/5 mL oral suspension — Moved from not-covered to prior authorization only for those nine years and older.

Pharmacy Drug New Indications

Effective for dates of service on and after December 1, 2022:

- Myfembree (relugolix/estradiol/norethindrone acetate) 40/1/5 mg tablets — New indication added including same criteria used for Orilissa (elagolix) which includes diagnosis of endometriosis or cyclic pelvic pain suspected to be related to endometriosis, prescribed by an OB/GYN or women's health specialist, trials of both an NSAID and hormonal contraceptive, and no known osteoporosis for the patient. Approval will be limited to 24 months without renewal as FDA-approval specifically limits therapy to that duration due to risk of continued and potentially irreversible bone loss with use of relugolix.
- Orkambi (lumacaftor/ivacaftor) 75 mg/94 mg, 100 mg/125 mg, 150 mg/188 mg oral granules — Updated age expansion.
- Pemazyre (pemigatinib) 4.5, 9, & 13.5 mg tablets — New indication added for the treatment of adults with relapsed or refractory myeloid/lymphoid neoplasm (MLNs) with a fibroblast growth factor receptor 1 (FGFR1) rearrangement. This will require prescription by an oncologist or hematologist, appropriate diagnosis, and documentation of an FGFR1 rearrangement.
- Retevmo (selpercatinib) 40 mg & 80 mg capsules — New indication to include solid tumors, and to update the non-small cell lung cancer (NSCLC) indication to include those with locally advanced NSCLC.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after December 1, 2022:

- Esbriet (pirfenidone) — Update diagnosis criteria to allow use of transbronchial lung cryobiopsy.
- Khapzory (levoleucovorin) & Fusilev (levoleucovorin) — Update body surface area (BSA) requirements to only require for metastatic colon cancer diagnosis or NCCN supported indications.

- Ofev (nintedanib) — Updated diagnosis criteria to allow use of transbronchial lung cryobiopsy (for immune thrombocytopenia (ITP) and clarify mycophenolate requirement (for systemic scleroderma Interstitial lung disease (SSc-ILD)).
- Promacta (eltrombopag olamine) & Nplate (romiplostim) — Update prescriber requirement for immune thrombocytopenia from hematology specialist to hematologist.
- Stelara (ustekinumab) — Updated weight requirement. Weight submission will no longer be required 45 mg dose requests when used for plaque psoriasis treatment or when used for psoriatic arthritis treatment with or without co-morbid moderate-to-severe plaque psoriasis. Additionally, we will now require confirmation that a member has co-morbid plaque-psoriasis (along with a provided weight > 100 kg) for approval of 90 mg dosing for a member with psoriatic arthritis.

New Medical Benefit Drug Policies

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

- KYPROLIS (carfilzomib) — New Medical Policy and prior authorization is required.

Comprehensive Oncology Program

As a reminder, WellFirst Health announced the new Comprehensive Oncology Program with Magellan Rx (MRx), effective for dates of service on and after January 1, 2023, and made the new oncology and oncology-related medical benefit drug policy documents available via a direct link on the Health Plan's Medical Management and Pharmacy Services for Health Care Providers web pages.

Providers are strongly encouraged to review the new policies as there may be considerable changes to authorization criteria and/or the length of authorization for some drugs that may impact a provider's plan of care 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. (As a reminder, prior authorizations approved before the effective date will be grandfathered under the previous policy and exempt through the prior authorization expiration date.)

To assist providers and help to facilitate continuity of care for patients, please see the Comprehensive Oncology Program Reference summarizing program information.

Providers can email questions regarding the Comprehensive Oncology Program to Pharmacy Services at DHP.Pharmacyservices@deancare.com.

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.

Pharmacy Benefit Drug Policies

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Navitus Prescriber Portal at prescribers.navitus.com.

Sincerely,

WellFirst Health

Overview of Comprehensive Oncology Program

The Health Plan's new Comprehensive Oncology Program with Magellan Rx (MRx), a division of Magellan Health, Inc., is effective for dates of service on and after January 1, 2023.

- The program offers comprehensive oncology medical benefit drug policies that include advanced clinical criteria, dose optimization, and drug wastage components.
- The program gives the Health Plan access to and support from oncology specialists in areas such as breast, lung, melanoma, myeloma, lymphoma, genitourinary, lung, and gastrointestinal cancer, as well as a team of board-certified oncology pharmacists to assist WellFirst Health staff with prior authorization clinical recommendations.
- Providers can email questions regarding the Comprehensive Oncology Program to Pharmacy Services at DHP.Pharmacyservices@deancare.com.

Affected Medications

- A listing of oncology and oncology-related medications show those drugs having new, changed, or retired medical benefit drug policies.

Oncology and Oncology-Related Medical Benefit Drug Policies

- Policies are effective on and after January 1, 2023, and are informed by NCCN guidelines.
- Policy documents are co-branded with both MRx and the Health Plan logos.
- For visibility and easy access, policy documents are available from direct links on the Health Plan's Medical Management and Pharmacy Services for Health Care Providers web pages.
- Providers are encouraged to review the policies for changes to authorization criteria and/or the length of authorization that may impact a provider's plan of care 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.*

Prescribing and Medical Oncology Prior Authorization Process Highlights

- Prior authorizations approved before January 1, 2023, are grandfathered and exempt from new program requirements through the prior authorization expiration date.
- Prior authorization requests must be submitted to the Health Plan, using one, universal prior authorization form which is linked in the Health Plan's Medical Injectable List.
- Clinical notes and all supporting documentation for the authorization request are required.
- Providers may receive a phone call from MRx supporting the Health Plan during the authorization review process, if additional information for the request is necessary.
- Determinations are returned from the Health Plan.
- The peer-to-peer process is available for consultation and clinical review of potential denials and appeals for all oncology and oncology-related medical benefit drugs.

ATTACHMENT

The Health Plan's Comprehensive Oncology Program is effective for dates of service on and after January 1, 2023.

- New policies require prior authorization. ***Note*:** Some of the listed drugs may have required prior authorization previously, but did not have an associated policy.
- Changed policies are updated for changed criteria and/or prior authorization requirements.
- Retired policies do not require prior authorization, but are covered with an appropriate diagnosis.

***New* Oncology & Oncology-Related Medical Benefit Drug Policies**				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Akynzeo	fosnetupitant/palonosetron		Nivestym	filgrastim-aafi
Aliqopa	copanlisib		Nplate	romiplostim
Aloxi	palonosetron		Onivyde	irinotecan liposome injection
Azedra	iobenguane I-131		Opdualag	nivolumab/relatlimab-rmbw
Carvykti	ciltacabtagene autoleucel		Pluvicto	lutetium Lu 177 vipivotide tetraxetan
Fyarro	sirolimus albumin-bound		Poteligeo	mogamulizumab-kpkc
Granix	tbo-filgrastim		Provenge	sipuleucel-T
Herceptin Hylecta (SQ)	trastuzumab and hyaluronidase-oysk		Releuko	filgrastim-ayow
Imlygic	talimogene laherparepvec		Sustol	granisetron
Jelmyto	mitomycin		Sylvant	siltuximab
Marqibo	vincristine sulfate liposomal		Vyxeos	daunorubicin-cytarabine
Mylotarg	gemtuzumab ozogamicin		Yondelis	trabectedin
Neupogen	filgrastim			

Changed **Oncology & Oncology-Related Medical Benefit Drug Policies**				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Abecma	Idecabtagene vicleucel		Kanjinti	trastuzumab-anns
Abraxane	paclitaxel protein bound		Keytruda	pembrolizumab
Adcetris	brentuximab vedotin		Khapzory	levoleucovorin
Aranesp	darbepoetin alpha		Kymriah	tisagenlecleucel
Alimta	pemetrexed		Libtayo	cemiplimab-rwlc
Alymsys	bevacizumab		Lumoxiti	moxetumomab pasudotox-tdfk
Avastin	bevacizumab		Lutathera	lutetium Lu 177 dotatate
Bavencio	avelumab		Margenza	margetuximab-cmkb
Beleodaq	belinostat		Mvasi	bevacizumab
Belrapzo	bendamustine		Monjuvi	tafasitamab-cxix
Bendeka	bendamustine		Ogivri	trastuzumab-dkst
Besponsa	inotuzumab ozogamicin		Ontruzant	trastuzumab-dttb
Blenrep	belantamab mafodotin-blmf		Opdivo	nivolumab
Blincyto	blinatumomab		Padcev	enfortumab vedotin-ejfv
Bortezomib	bortezomib		Pegfilgrastim	Pegfilgrastim products
Breyanzi	lisocabtagene maraleucel		Pemfexy	pemetrexed
Cosela	trilaciclib		Pepaxto	melphalan flufenamide
Cyramza	ramucirumab		Perjeta	pertuzumab
Danyelza	naxitamab-gqgk		Phesgo	pertuzumab, trastuzumab and hyaluronidase-zzxf
Darzalex (IV)	daratumumab		Polivy	polatuzumab vedotin-piiq
Darzalex Faspro (SC)	daratumumab and hyaluronidase-fihj		Portrazza	necitumumab
Elzonris	tagraxofusp-erzs		Procrit	epoetin alfa
Empliciti	elotuzumab		Proleukin	aldesleukin, IL-2
Enhertu	fam-trastuzumab deruxtecan-nxki		Retacrit	epoetin alfa-epbx
Epogen	epoetin alfa		Riabni (IV)	rituximab-arrx
Erbitux	cetuximab		Rituxan (IV)	rituximab
Fulphila	pegfilgrastim-jmdb		Rituximab Hycela (SC)	rituximab and hyaluronidase human
Fusilev	levoleucovorin		Ruxience (IV)	rituximab-pvvr
Gazyva	obinutuzumab		Rybrevant	amivantamab-vmjw
Herceptin	Trastuzumab		Sarclisa	isatuximab-irfc
Herzuma	trastuzumab-pkrb		SANDOSTATIN LAR	octreotide acetate
Imfinzi	durvalumab		Tecartus	brexucabtagene autoleucel
Infugem	gemcitabine		Tecentriq	atezolizumab
Jemperli	dostarlimab-gxly		Tivdak	tisotumab vedotin-tftv
Jevtana	cabazitaxel		Trazimera	trastuzumab-qyyp
Kadcyla	ado-trastuzumab emtansine		Treanda	bendamustine

Changed Oncology & Oncology-Related Medical Benefit Drug Policies				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Trodelvy	sacituzumab govitecan-hziy		Yescarta	axicabtagene ciloleucel
Truxima	rituximab-abbs		Zepzelca	lurbinectedin
Vectibix	panitumumab		Zirabev	bevacizumab
Velcade	bortezomib		Zynlonta	tafasitamab-cxix
Yervoy	ipilimumab			

Retired **Oncology & Oncology-Related Medical Benefit Drug Policies**				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Arzerra	ofatumumab		Istodax	romidepsin
Asparlas	calaspargase pegol		Kyprolis	carfilzomib
Camcevi	leuprolide		Lupron Depot	leuprolide
Cosmegen	dactinomycin		Oncaspar	pegaspargase
Eligard	leuprolide		Orgovyx	relugolix
Erwinaze	asparaginase erwinia chrysanthemi		Synribo	omacetaxine
Fensolvi	leuprolide acetate for depot suspension		Unituxin	dinutuximab
Folotyn	pralatrexate		Zaltrap	ziv-aflibercept
Halaven	eribulin mesylate			