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December 30, 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 in this notice- information regarding new medical policies for oncology genetic testing and new medical policies for transplantation.

Don't Forget to Include Supporting Documentation with Prior Authorization Requests

Providers are reminded to include all relevant clinical documentation supporting medical necessity with their prior authorization requests at time of submission to avoid determination delays and authorization denials. WellFirst Health's expectations regarding prior authorization and supporting documentation submissions are detailed in the "Submitting Prior Authorization Requests" and "Supporting Documentation" sections in the WellFirst Health Provider Manual.

For a step-by-step process on how to attach supporting documentation using the secure WellFirst Health Provider Portal Authorization Submission application, please refer to the Provider Portal User Guide.

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 January 1, 2023:

- Micra Permanent Leadless Pacemaker MP9518

Effective April 1, 2023, the following policies will be replaced by the new genetic testing medical polices developed by our contracted vendor Concert Genetics that are listed in the "New Medical Policies for Oncology Genetic Testing" section of this notice:

- Genetic Testing MP9012
- Genetic Testing for Somatic Tumor Markers MP9486

Medical Policies Prior Authorization Removed

Effective March 1, 2023:

- Pectus Excavatum and Pectus Carinatum MP9206

Procedures and Devices – Experimental and Investigational – Non-covered

Effective January 1, 2023:

- Non-covered Medical Procedures and Services MP9415 —
  - Assistive algorithmic ECG risk-based assessment for cardiac dysfunction and all other indications
  - Cardiac focal ablation utilizing radiation therapy for arrhythmia and all other indications
  - Gastrointestinal monitoring system (e.g., SmartPill, G-tech Wireless Patch System)
  - Quantitative pupillometry
  - Therapeutic induction of intra-brain hypothermia for the treatment of concussion and all other indications (e.g., pro2cool)
  - Transcutaneous auricular neurostimulation (e.g., Sparrow Therapy System) for the treatment of pain associated with opioid withdrawal and all other indications

Effective April 1, 2023:

- Non-covered Medical Procedures and Services MP9415 —
  - Compounded, nebulized intranasal antibiotics/antifungals (e.g., SinuStar) for the treatment of sinusitis and all other indications
  - Orthotrac pneumatic vest for low back pain and all other indications
  - Vaginal tactile imaging for biochemical mapping and all other indications
  - VivAer airway remodeling for airway obstruction and all other indications

Procedures and Devices – Medically Necessary

Effective March 1, 2023:

- Foot adductus positioning device

New Medical Policies

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

New Medical Policies for Oncology Genetic Testing

Effective April 1, 2023, WellFirst Health is introducing new medical policies for oncology genetic testing which were developed by our contracted vendor Concert Genetics. Prior authorization is not required; however, an appropriate diagnosis code must be on the claim. Claims will be denied in the absence of a covered diagnosis or procedure code(s) or if the coverage criteria are not met. Policies include Current Procedural Terminology (CPT) codes for informational purposes only, and may be subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

- Oncology: Algorithmic Testing MP9605
- Oncology: Cancer Screening MP9606
- Oncology: Cytogenetic Testing MP9607
- Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies MP9608
- Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy) MP9609
- Genetic Testing: General Approach to Genetic Testing MP9610

Supplemental to the new genetic testing policies, the document Genetic Testing – Payment Policy MP9584 has information regarding codes and billing for genetic and molecular testing services.

New Medical Policies for Transplantation

Effective April 1, 2023, transplant evaluation, transplantation, or retransplantation require prior authorization. Refer to Member Certificate or Summary Plan Description regarding services available for coverage.

- Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation MP9611
- Heart/Lung Transplantation MP9612
- Heart Transplantation (Adult and Pediatric) MP9613
- Liver Transplantation MP9614
- Lung Transplantation MP9615
- Pancreas Transplantation (Pancreas Alone) MP9616
- Pancreas-Kidney (SPK, PAK) Transplantation MP9617
- Intestinal Transplantation MP9618

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 January 1, 2023:

- Limb Prosthesis MP9103 — Robotic (powered) lower body exoskeleton (e.g., ReWalk, C-Brace, Indigo exoskeleton device) is considered experimental and investigational, and therefore not medically necessary.
- Traction for Cervical Pain, Home Use MP9302 — Ambulatory and gravity assisted traction devices are considered experimental and investigational, and therefore not medically necessary.
- Glaucoma Surgery Devices and Minimally Invasive Glaucoma Surgery (MIGS): Microstent Implantation MP9467 — Microstent implantation of iStent Trabecular Micro-Bypass, iStent inject, or Hydrus Microstent are considered medically necessary when used according to FDA label indications and medical policy criteria is met. Prior authorization is not required.
- Urethral Bulking Agents for Urinary Incontinence MP9475 — Urethral bulking agents which are FDA approved for stress incontinence do not require prior authorization and are considered medically necessary when all of the following criteria are met: incontinence is due to sphincter deficiency or congenital abnormalities; failure of at least one conservative treatment; and agent is being used as second line treatment. Prior authorization is not required.
- Transcranial Magnetic Stimulation (TMS) MP9526 — TMS is considered experimental and investigational, and therefore not medically necessary for neurological conditions, including any of the following: epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, history of repetitive or severe head trauma, neurodevelopmental disorders or central nervous system primary or secondary tumors. TMS is considered experimental and investigational, and therefore not medically necessary for: amyotrophic lateral sclerosis, tinnitus, epilepsy, migraine and fibromyalgia. Prior authorization is required.
- Lab Testing MP9539 — Salivary hormone testing for aging and/or menopause is considered experimental and investigational, and therefore not medically necessary for all indications, including evaluation of preterm labor, aging, menopause, or to monitor outcomes of hormonal replacement therapy.

- Cardiac Monitoring Devices and Cardiac Procedures MP9540 — Non-invasive measurement of left ventricular end diastolic pressure (e.g., VeriCor System) is considered experimental and investigational, and therefore not medically necessary.

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 February 1, 2023:

- **midazolam injection for the treatment of seizures** — Addition of restriction for neurologist and generic injectable products moved to the preferred generic tier.
- **Non-steroidal anti-inflammatory drug (NSAID) updates:**
  - **celecoxib 50, 100, 200 & 400 mg caps** — Removal of quantity limit.
  - **piroxicam 10 & 20 mg cap** — Moved to preferred generic.
  - **diclofenac 1% gel** — Moved to preferred generic and addition of quantity limit.
- **Revatio (sildenafil) 10 mg/mL oral suspension** — Addition of prior authorization requirement.

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

- **H. pylori treatment packs (Helidac, Pylera, Prevpac equiv, Talicia, Voquezna)** — Removal from Formulary and changed to not covered.
- **Non-steroidal anti-inflammatory drug (NSAID) updates:**
  - **Voltaren 1% gel** — Addition of quantity limit (5 tubes per fill).

Pharmacy Drug New or Expanded Formulations

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

- **Menveo (meningococcal [Groups A, C, Y, and W-135] oligosaccharide diphtheria CRM_{197} conjugate vaccine)** — Addition to the standard vaccine list and will require an exception to coverage.
- **Relexxii (methylphenidate) 45 & 63 mg extended-release tablets** — Moved to not covered.

Pharmacy Drug New Indications

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

- **Cotellic (cobimetinib) 20 mg tablets** — New indication for use as a single agent for the treatment of histiocytic neoplasms in adults. Criteria will require that the drug is prescribed by an oncologist or hematologist as well as require an appropriate diagnosis.
- **Dupixent (dupilumab) 300 mg/2 mL injection** — New indication to the Dupixent prior authorization form with criteria that will limit use to adults with a prurigo nodularis diagnosis that has persisted for 6 or more weeks, more than 20 nodules at baseline, attestation to a quality of life impact due to the disease, prescribed by an allergist, immunologist, or dermatologist, and trial and failure of 2 prior treatments that are recommended in a consensus statement developed for treatment of prurigo.

- **Rinvoq (upadacitinib) 15 mg tablets** — New indication with a requirement of prescribing by a rheumatology specialist and trial and failure or intolerance to Cimzia, which is the only TNF blocker approved for this indication.

Pharmacy Drug Prior Authorization Form Updates

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

- **Actemra (tocilizumab)** — Removal of methotrexate and steroid steps for giant cell arteritis.
- **Botulinum toxins (Botox, Dysport, Myobloc, Xeomin)** — Updated continuation approval duration to lifetime for chronic migraine, updated approval duration to one year for other indications, and removal of weight submission requirement for adults.
- **Keveyis (dichlorphenamide)** – Approval duration changed from one year to lifetime.

New Medical Benefit Drug Policies

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

- **PEDMARK (sodium thiosulfate)** — New medical policy and prior authorization is required.
- **ROLVEDON (eflapegrastim-xnst)** — New medical policy and prior authorization is required.
- **SKYSONA (elivaldogene autotemcel)** — New medical policy and prior authorization is required.
- **SPEVIGO (spesolimab)** — New medical policy and prior authorization is required.
- **XENPOZYME (olipudase alfa)** — New medical policy and prior authorization is required.

  ZYNTEGLO (betibeglogene) — New medical policy and prior authorization is required.

Retired Medical Benefit Drug Policies

Effective January1, 2023:

- **ANDEXXA (andexanet alfa) MB1843**

<u>Locating Medical Policies & Medical Benefit Drug Policies</u>

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 WellFirst Health's vendor Magellan Rx (MRx) are available via links in the Health Plan's 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 may be found on the associated prior authorization form located in the Navitus Prescriber Portal at prescribers.navitus.com.

Sincerely,

WellFirst Health