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February 1, 2022

RE: Provider Notification of Medical and Pharmacy Benefit Drug Policies

Dear WellFirst Health™ Provider:

WellFirst Health's Medical Policy Committee has approved the drug policies highlighted in this notification. These changes, and other changes not included in this notification, will also be communicated in the quarterly provider newsletters and available online. Please share this information with others within your organization who may be affected by these changes.

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

WellFirst Health requires providers to obtain prior authorization on all drugs with written policies, unless otherwise noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

New Indications

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

- Xeljanz (tofacitinib) — 5 mg tablet and 11 mg ER tablet for active ankylosing spondylitis in adults who have had an inadequate response or intolerance to one or more TNF blockers. Tofacitinib has received approval for the treatment of adult patients with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more TNF blockers. The AS indication will be added to prior authorization forms.
- Rinvoq (upadacitinib) — 15 mg tablet for active psoriatic arthritis in adults who have had an inadequate response or intolerance to one or more TNF blockers. Upadacitinib was recently approved for the treatment of adults with active psoriatic arthritis (PsA) who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) inhibitors. Previously upadacitinib was approved for the treatment of rheumatoid arthritis (RA). The PsA indication will be added to the prior authorization form.
- Benlysta (belimumab) — a prescription medicine, given intravenously (IV) or subcutaneously, for adults with active systemic lupus erythematosus (SLE or lupus) or active lupus nephritis on other lupus medicines. Addition of anti-smith antibodies as an option to the prior authorization form to confirm SLE diagnosis.

Changes to Drug Policies

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

- GAZYVA-obinutuzumab MB9451 — which is a CD20-directed cytolytic antibody indicated: in combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia; in combination with bendamustine followed by GAZYVA monotherapy, for the treatment of patients with follicular lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen; and in combination with chemotherapy followed by GAZYVA monotherapy in patients achieving at least a partial remission, for the treatment of adult patients with previously untreated stage II

- bulky, III or IV follicular lymphoma. Criteria information updated to include a more robust combination products and Initial and Renewal criteria. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist prescriber.
- SPINRAZA-nusinersen MB9949 — which is a survival motor neuron-2 (SMN2)-directed antisense oligonucleotide indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. Additional language definition and criteria added around Risdiplam and Zolgensma products. Prior authorization is required and must be prescribed by, or in consultation with, a neurology specialist with expertise in SMA treatment.

Retired Policies

Effective for February 1, 2022, the drug policy listed below will be retired, but not the drug itself. The policy is being retired due to the removal of the prior authorization requirement to be consistent with other long-acting injectable antipsychotics.

- ABILIFY MAINTENA-aripiprazole — MB9456

Effective for February 1, 2022, the drug policy listed below will be retired, but not the drug itself. The policy is being retired due to National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) being effective and the drug is now included under the medical benefit policy MB1934, FLOLAN/REMODULIN.

- REMODULIN-treprostinil — MB9888

Medical Benefit Drug Policies

Prescribers are encouraged to track changes and review policies in their entirety. Medical benefit drug policies are accessible online via the WellFirst Health Document Library at *wellfirstbenefits.com/document-library* or by visiting wellfirstbenefits.com and following the step-by-step instructions below:

- Select **Providers,** and then **Document Library**.
- From the Document Library page, for best results, select **Provider** in the **Audience dropdown** and select **Drug Policies** in the **Category** dropdown.
- In the **Search for** field, enter the drug 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 drug policies.

Pharmacy Benefit Drug Policies

Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Provider Portal.

Please email any questions to DHPPharmacyServices@deancare.com.

Sincerely,

WellFirst Health Pharmacy Services