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April 28, 2023

RE: Policy Updates for WellFirst Health Providers

Dear WellFirst Health Provider:

WellFirst Health's Medical Policy Committee has just approved the medical policies and medical benefit drug policies outlined in this notification. These updates, and others, will also be communicated as part of the quarterly provider newsletters and available online. Please share this information with those in your organization who may be affected by these updates.

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

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 April 1, 2023:

- Continuous Glucose Monitoring MP9091

Effective July 1, 2023:

- Port Wine Stain Laser Treatment MP9207

Effective January 1, 2024:

- Therapeutic Contact Lens MP9201

Procedures and Devices – Experimental and Investigational – Non-covered

Effective July 1, 2023:

- Non-covered Medical Procedures and Services MP9415 — Absorbable nasal implants for the treatment of nasal valve collapse (e.g., Latera).

New Medical Policies

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

Effective August 1, 2023:

- Implanted Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (OSA) MP9636 — Prior authorization is required. Considered medically necessary when all of the following criteria are met:
  - Device to be implanted is FDA-approved
  - Member is age 18 or older
  - OSA is present with an apnea-hypopnea index or respiratory disturbance index greater than or equal to 15 and less than or equal to 65
  - Documented history of failed CPAP trial of at least 8 weeks or member unable to tolerate CPAP

    - Other non-surgical options have been considered and excluded
- Myoelectric Upper Limb Prosthetics and Orthotics MP9637 — Prior authorization is required. Considered medically necessary when all of the following criteria are met:
    - Member has an amputation or missing limb at the wrist or above
    - Standard body-powered prosthetic devices cannot be used or are insufficient to meet the member's functional needs to perform activities of daily living
    - Remaining arm musculature has sufficient microvolt threshold
    - See policy for additional criteria
- Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three Dimensional Endoskeletal Hip Joint System MP9638 — Prior authorization is required. Considered medically necessary when member meets all of the following criteria:
    - Sustained a trans-femoral or knee disarticulation amputation
    - Has reached skeletal maturity
    - Displays functional ambulation level 3 or above
    - Displays adequate cognitive ability to master gait sequencing or care requirements of the higher level of technology
    - Has a need for daily long-distance ambulation at variable rates (greater than 400 yards)
    - Has a need for regular ambulation on uneven terrain or for regular use on stairs
    - See policy for additional criteria

Medical Policy Revisions

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

Effective May 1, 2023:

- Sleep Studies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing MP9132 — In lab (attended) sleep studies are not required to be ordered by a pulmonologist, neurologist, psychiatrist, otolaryngologist, a physician certified in sleep medicine or their advanced practitioners.
- Therapeutic Contact Lens MP9201 — Considered medically necessary for the treatment of diseases of the ocular surface. Prior authorization is not required. Policy reinstated as of May 1, 2023.
- Clinical Trials MP9447 — Study approved or funded by Value in Cancer Care Consortium no longer required. Prior authorization is required.
- Minimally Invasive Glaucoma Surgery MP9467 — Policy does not apply to external filtration surgeries such as (e.g., trabeculectomy or tube shunt devices EX-PRESS®). Prior authorization is not required.

Effective July 1, 2023:

- Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057 — Considered medically necessary for the treatment of port wine stain, including Sturge-Weber syndrome. Prior authorization is not required.

Effective August 1, 2023:

- Outpatient Enteral Nutrition MP9069 — Digestive enzyme cartridge, RELiZORB, is non-covered. Synthetic or semi-synthetic enteral feedings require prior authorization and are considered medically necessary when all of the following criteria are met:
    - Enteral feedings are the member's sole source of nutrition (dietary adjustment or oral supplements are contraindicated or are not possible).

    - The member has a functional intestinal tract and one of the following are met: non-function or disease of the pharynx, esophagus, or stomach preventing nutrients from reaching the small intestine; central nervous system disease leading directly to interference with the neuromuscular coordination of chewing and swallowing such that a risk of aspiration exists.
    - Naso-gastric, jejunostomy, or gastrotomy tube is in place for administering the feedings.
- Limb Prosthesis MP9103 — Microprocessor controlled knee prostheses and myoelectric upper limb prosthetics removed and new policies were created. Prior authorization is required.
- Mechanical Circulatory Support Devices MP9528 — Total artificial heart is considered medically necessary when: used as a bridge to heart transplantation in members with biventricular heart failure who have failed optimal medical therapy, are at risk of imminent of death, and member is listed as a heart transplant candidate. Prior authorization is not required.
- Lab Testing MP9539 — Hepatitis C Virus (HCV) FibroSure® and FibroTest-ActiTest panels are covered for the assessment of liver fibrosis and/or necroinflammatory activity in members with hepatitis C virus (HCV). FibroSure® and Fibro Test-ActiTest panels are considered experimental and investigational, and therefore not medically necessary for members with any other type of Hepatitis or other indication. Prior authorization is not required.

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 June 1, 2023:

- **Atorvaliq (atorvastatin) 20 mg/5 mL oral suspension** — Moved from not covered to non-preferred brand and prior authorization added for members 9 years of age and older.
- **Cleocin (clindamycin) 100 mg vaginal suppository** — Quantity limit added (3 suppositories/fill).
- **Clindesse (clindamycin) 2% vaginal cream** — Quantity limit added (1 applicator/fill).
- **Combination products:**
    - **Amlodipine/Valsartan/Hydrochlorothiazide tabs** — Moved from non-preferred generic to not covered.
    - **Amlodipine/Atorvastatin tabs** — Moved from Tier 2 to not covered.
    - **Amitriptyline/Chlordiazepoxide tabs** — Moved from preferred generic to not covered.
    - **Dutasteride/Tamsulosin caps** — Moved from Tier 2 to not covered.
- **FloLipid (simvastatin) 20 mg/5 mL & 40 mg/5 mL oral suspension** — Moved from not covered to non-preferred brand and prior authorization added for members 9 years of age and older.

- **Konvomep (omeprazole and sodium bicarbonate) 2 mg/84 mg per mL oral suspension** — Moved to not covered.
- **Lumakras (sotorasib) 320 mg tablets** — Covered at the preferred brand or specialty tier with prior authorization, split fill, and a quantity limit of 3 tablets per day.
- **Orenitram (treprostinil) 0.125 & 0.25 mg extended release tablets** — Continue to be not covered.
- **Oxybutynin 2.5 mg tablets** — Continue to be not covered.
- **Pradaxa (dabigatran) 20, 30, 40, 50, 110, & 150 mg oral pellet packs** — Moved to not covered.
- **Tezspire (tezepelumab) 210 mg/1.91 mL single-dose pen** — Moved from not covered to preferred brand or specialty tier with prior authorization, mandatory specialty pharmacy, and a quantity limit of 1 pen, per 28 days.
- **Votrient (pazopanib) 200 mg tablets** — Removal of age requirement from prior authorization and quantity limited added.
- **Xaciato (clindamycin) 2% vaginal gel** — Moved to not covered.

Pharmacy Drug New Indications

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

- **Cibinqo (abrocitinib) 50, 100, & 200 mg tablets** — Prior authorization criterion updated to the FDA-approved age updated to 12 years of age.
- **Tafinlar (dabrafenib) 50 & 75 mg capsules** — Addition of new indication treatment of pediatric patients 1 year and older with low-grade glioma with a BRAF V600E mutation who requires systemic therapy.
- **Mekinist (trametinib) 0.5 mg & 2 mg tablets** — Addition of new indication treatment of pediatric patients 1 year and older with low-grade glioma with a BRAF V600E mutation who requires systemic therapy.

Pharmacy Drug Prior Authorization Form Updates

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

- **Strensiq (asfotase alfa)** — Addition of continuation criteria allow for a number of potential demonstrations of improvement with therapy, and correctly diagnosed with hypophosphatasia patients should not have difficulty demonstrating improvement and continuing therapy. Also implementing an attestation that the requested dose is less than 9 mg/kg weekly for perinatal/infantile-onset disease and 6 mg/kg weekly for juvenile-onset disease.

New Medical Benefit Drug Policies

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

- **Continuous Blood Glucose MB2302** — new medical policy and no prior authorization required. For members who do not have a current prescription for insulin, providers will need to complete an Exception to Coverage Request form and send to Navitus for review. Determinations are based on the following patient reasons:
    - Problematic hypoglycemia issue
    - Occupations with public safety implications (regardless of insulin use)
    - Unable to test via fingerstick due to physical or cognitive limitation
    - Post bariatric hypoglycemia
    - High degree of suspicion of Somogyi effect or Dawn phenomenon
    - Young children

- Pregnancy

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

- **MAPD CGM** — New medical policy following CMS National Coverage Determinations (NCD) and Local Coverage Determination (LCD) guidelines.

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

- **LAMZEDE (velmanase-alfa-tycv)** — New medical policy and prior authorization is required.

Changes to Medical Benefit Drug Policies

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

- **FIRAZYR (icatibant)** — Criteria alignment with Navitus for covering products on both medical and pharmacy benefit side.
- **Oncology Policies with Magellan Rx (MRx)** — The medical benefit drug policy documents for the drugs listed below will be updated and accessible via the "Medical Oncology Drugs" link on the WellFirst Health Medical Management web page.
    - AKYNZEO (fosnetupitant palonosetron)
    - ALOXI (palonosetron)
    - COSELA (trilaciclib)
    - Colony Stimulating Factors – Pegfilgrastim
    - Colony Stimulating Factors-Filgrastims
    - ELZONRIS (tagraxofusp-erzs)
    - ONIVYDE (irinotecan liposome)
    - REBLOZYL (luspatercept-aamt)
    - ROLVEDON (eflapegrastim-xnst)
    - SANDOSTATIN LAR (octreotide suspension)
    - SAPHNELO (anifrolumab-fnia)
    - SUSTOL (granisteron extended release)
    - ZYNTEGLO (betibeglogene autoemcel)

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

- **Antihemophilia Factors VIII MB2116** — Addition of product Altuviio.

Retired Medical Benefit Drug Policies

Effective May 1, 2023:

- **MARQIBO-vincristine sulfate liposomal**
- **MAPD2135- Continuous Glucose Monitoring Supplies-Freestyle and Dexcom**

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 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

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