



PO Box 56099
Madison, WI 53705-9399

Business offices in
Saint Louis, MO & Madison, WI

phone: 866-514-4194

TTY: 711

wellfirstbenefits.com

April 1, 2022

RE: Medical Policy and Medical and Pharmacy Benefit Drug Policy Updates

Dear WellFirst Health™ Provider:

New! Starting with this notice, this provider notification will include medical policy updates in addition to drug policy updates. Click on the Medical Policies or the Medical Benefit Drug Policies linked in the next paragraph to go to the applicable section in this notice for this month's updates.

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.

Medical Policy Updates

Prior Authorization Requirements Removed

Effective April 1, 2022:

- Hearing Aids MP9445
- Pressure Reducing Support Surfaces MP9494

Procedures and Devices — Experimental and Investigational – Non-Covered

Effective April 1, 2022:

- DuraGen Dura Graft Matrix
- Oasis Tri Layer Matrix

New Medical Policy

Effective October 1, 2022:

- Day Treatment – Behavior Health MP9557 — medical policy for admission and continued Day Treatment services will be available on wellfirstbenefits.com. The policy replaces Milliman Care Guidelines. The policy includes criteria for treatment related to substance abuse (alcohol and other drug abuse [AODA]) and for children adolescents. Prior authorization is required.

Medical Policy Revisions

Effective April 1 2022:

- Repairs/Replacement of Durable Medical Equipment (DME)/Supplies MP9106 — for repair or replacement due to normal use any of the following must have occurred: 1) The DME warranty has expired. 2) The DME, orthotic or prosthetic item (not including artificial limbs) has surpassed its Reasonable Useful Lifetime as defined by Medicare

(minimum of five years). 3) The item has been accidentally or irreparably damaged (other than normal wear and tear). 4) The member's medical condition has changed that renders the item nonfunctional (e.g., member has outgrown device or an anatomical change has occurred making the device unusable) as documented by the provider. Authorization is approved for the most cost-effective option.

Medical and Pharmacy 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 Benefit Drug Prior Authorization Form Updates

Effective for April 1, 2022:

- TIM for plaque psoriasis updates (Humira, Enbrel, Skyrizi, Stelara, Taltz, Tremfya) injections — updated to reflect step requirements.

Effective for May 1, 2022:

- Dupixent (dupilumab) injection — restrict combination use.
- Afinitor/Afinitor Disperz (everolimus) tablets — step requirement for advanced renal cell carcinoma (aRCC) and diagnosis update under advanced hormone receptor positive (HR+), HER2-negative breast cancer.
- Nucala (mepolizumab) injection — allowing additional age expansion for self-administration for six to eleven year olds.
- Sporanox (itraconazole) oral solution — boxed warning update for congestive heart failure (CHF), additional coverage determination criteria for Esophageal candidiasis and Oropharyngeal candidiasis, and additional recommendation for treatment options.
- Methyltestosterone 10 mg capsules — update to prior authorization criteria.

Pharmacy Benefit Drug New Indications

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

- Rinvoq (upadacitinib) 15 & 30 mg tablets — new indication to be added to prior authorization.
- Otezla (apremilast) 10, 20 & 30 mg tablets — updated indication to be added to prior authorization.

New Medical Benefit Drug Policies

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

- PEPAXTO-melphalan flufenamide MB2204 — removed from overarching oncology policy per Medically Administered Products Committee (MAPC) removal of coverage. Prior Authorization is required and is restricted to oncology prescribers.
- RYBREVANT-amivantamab-vmjw MB2200 — new Pharmacy and Therapeutics (P&T) committee approved drug for treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations. Prior authorization is required and is restricted to Oncologist or Hematologist specialists.
- SIGNIFOR LAR-pasireotide MB2201 — new Pharmacy and Therapeutics (P&T) committee approved drug for treatment of Acromegaly. Prior authorization is required and is restricted to endocrinologist specialists.

- Site of Service MB2206 — new policy for select specialty drugs authorization requests, as listed in the list in section titled "Drugs in Scope," to be administered in a hospital outpatient setting and may be directed to a preferred alternative site of care, such as home infusion provider or a physician office. Prior authorization is required.
- SOMATULINE (lanreotide) depot MB2202 — new Pharmacy and Therapeutics (P&T) committee drug for treatment of gastrointestinal and pancreatic neuroendocrine tumors (GEP-NETs) and carcinoid syndrome. Prior authorization is required and is restricted to endocrinologist, oncologist, or gastroenterologist specialists.

Changes to Medical Drug Policies

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

- Epoetin Alfa Products MB9715 — addition of EPOGEN as a preferred product. Prior authorization is required and is restricted to an oncology, infectious disease, hematology, or nephrology prescribers.
- Medically Administered Oncology Products MB2112 — removal of PEPAXTO product to its own medical policy. Prior authorization is required and is restricted to oncology prescribers.
- SANDOSTATIN-octreotide MB1809 — policy updated for step through Sandostatin LAR prior to Signifor or Somatuline for Acromegaly, Neuroendocrine tumors and carcinoid tumors BUT not Cushing Disease. Prior authorization is required and is restricted to an endocrinologist, oncologist, or gastroenterologist specialist.
- VYEPTI-eptinezumab MB2120 — policy updated for new Calcitonin Gene-Related Peptide (CGRP) inhibitor with using Botox and adding sub-que products to be used first. Prior authorization is required and is restricted to a neurologist specialist.

Medical Policies & Medical Benefit Drug Policies in the Document Library

The WellFirst Health Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents. The Document Library is updated as policies become effective.

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:

1. Select **Providers**, and then **Medical Management**.
2. Under WellFirst Health Policies, click the **Medical Policies** or **Drug Policies** link.
3. From the Document Library page, for best results, in the **Audience** dropdown, select **Provider** and in the **Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
4. 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