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February 1, 2023

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

Dear Prevea360 Health Plan Provider:

Prevea360 Health Plan'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 Prevea360 Health Plan products, unless specified.

Also in this notice- information regarding Prevea360 Health Plan's Genetic Testing web page and Clarification for Some Preferred Drugs in the Medical Injectables List.

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 May 1, 2023:

- Acne MP9023
- Transcatheter Pulmonary Valve Implantation (Melody Valve) MP9440
- Percutaneous Mitral Valve Repair (MitraClip) MP9500

Medical Policies Prior Authorization Removed

Effective May 1, 2023:

- Cardiac Event Monitor Devices and Cardiac Procedures MP9540

Procedures and Devices – Experimental and Investigational – Non-covered

Effective February 1, 2023:

- Non-covered Medical Procedures and Services MP9415 —
  - Shoulder arthroscopy with implantation of subacromial spacer (e.g., InSpace)
  - Three-dimensional printed anatomic modeling for surgical planning
- Products for Wound Healing MP9287 — Electrical or electromagnetic stimulation for chronic wound healing

Effective May 1, 2023:

- Lab Testing MP9539 — Testing for neutralizing antibodies to interferon beta in the management of multiple sclerosis

New Medical Policies

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

Effective May 1, 2023:

- Proton Beam Radiation Therapy MP9619 — Refer to the policy for criteria and documentation requirements. Prior authorization is not required.
- Enhanced External Counterpulsation MP9620 — The use of an U.S. Food and Drug Administration (FDA)-approved enhanced external counterpulsation device is considered medically necessary when: the member has disabling chronic stable angina (Grade III or IV); is on maximal medical therapy; and member's disease is not readily amenable to surgical interventions. Prior authorization is not required.
- Real-Time Mobile Cardiac Outpatient Telemetry (RT-MCOT) MP9621 — Outpatient telemetry is considered medically necessary if symptoms suggest a potentially significant cardiac event or condition. Prior authorization is not required when ordered in the emergency room.
- Quantitative Electroencephalogram and Referenced Electroencephalogram MP9622 — Quantitative electroencephalogram (brain mapping) is considered medically necessary for the evaluation of epilepsy; detection of acute, intracranial-surgery related complications; member is symptomatic for possible cerebrovascular disease when neuroimaging and standard EEG analysis remain inconclusive; and evaluation of encephalopathy or dementia when the diagnosis is unresolved. Prior authorization is not required.
- Transcatheter Heart Valve Replacement and Repair Procedures MP9623 — Transcatheter aortic valve replacement, percutaneous pulmonary valve implantation (Melody valve), or transcatheter mitral valve leaflet repair (MitraClip) using an FDA-approved system according to FDA-approved indications is considered medically necessary. Prior authorization is not required.
- Sacral Nerve Stimulation MP9624 — Sacral nerve stimulation is considered medically necessary for the treatment of: chronic urinary urge incontinence; non-obstructive urinary retention; and urge/frequency syndrome and fecal incontinence in adults after a thorough diagnostic work-up. Treatment of fecal incontinence in children is considered experimental and investigational, and therefore not medically necessary.
- Transcatheter Closure of Cardiac Defects MP9625 — Transcatheter closure of atrial septal defect, ventricular septal defect, patent ductus arteriosus and patent foramen ovale is considered medically necessary if FDA indications are met and an FDA-approved device is used. Criteria does not apply to devices which have been granted a humanitarian device exemption by the FDA. Prior authorization is not required.

Medical Policy Revisions

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

Effective February 1, 2023:

- Blood Coagulation Home Testing Devices MP9263 — Home testing is considered medically necessary for long-term (more than 6 months) or lifelong oral anticoagulation therapy for: post-heart valve replacement, recurrent DVT and chronic atrial fibrillation. Prior authorization is not required.

Effective May 1, 2023:

- Plastic and Reconstructive Surgery MP9022 — The following procedures require prior authorization:
  - Scar revision treatments to improve or restore normal bodily function. Revision is incidental to or follows surgery resulting from injury, sickness or other disease of the skin.
  - Initial or repeat panniculectomy
  - Initial or repeat abdominoplasty
  - Rhinoplasty when performed with or without septoplasty
  - Otoplasty including congenital ear deformity
  - Liposuction for the treatment of lymphedema or lipedema

Skin resurfacing or procedures to improve the appearance of the skin (including dermabrasion, chemical peel, collagen injection, cryotherapy, or chemical exfoliation) are considered not medically necessary.

- Hyperbaric and Topical Oxygen Therapy MP9055 — Policy was retitled. Prior authorization is not required. The Undersea and Hyperbaric Medicine Society medical necessity criteria are used to determine medical necessity. Topical oxygen therapy is considered experimental and investigational, and therefore not medically necessary.
- Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion Stimulation MP9430 — Spinal cord or dorsal column stimulation permanent placement requires prior authorization. Trials or removal without intended reoperation or reimplantation does not require prior authorization. Trials are required to be at least three days with a pain reduction of 50% or more. A psychiatric/psychological evaluation is required within twelve months of the procedure.
- Magnetic Esophageal Ring for the Treatment of Gastroesophageal Reflux Disease (GERD) (LINX) Reflux Management System MP9471 — Prior authorization is required. LINX is considered medically necessary for members with:
  - Abnormal pH study or endoscopy has identified Los Angeles Classification System Grade A or B esophagitis
  - GERD is refractory (failed proton pump inhibitor therapy)
  - Other nonsurgical treatments have been trialed and failed
- Cardiac Event Monitors and Cardiac Procedures MP9540 — The following cardiac monitors are considered medically necessary for the detection of cardiac arrhythmias: Holter monitor, patch cardiac rhythm monitor (ZIO Patch) and external loop recorder/external intermittent cardiac event monitor. An implantable loop recorder is considered medically necessary for unexplained symptoms suggestive of cardiac arrhythmias, post-cardiac ablation monitoring, history of cryptogenic stroke or transient ischemic attack. Prior authorization is not required.

Genetic Testing Web Page

In the November 1, 2022, December 1, 2022, and December 30, 2022, medical and drug policy updates, Prevea360 Health Plan announced the upcoming implementations of new genetic policies, developed by our contracted vendor Concert Genetics. Prevea360 Health Plan's Genetic Testing web page is being updated for this information. Once updated, providers are encouraged to refer to this web page as information on the Concert Genetics website may not apply to the Health Plan's processes or policies.

Medical Benefit Drug Policy Updates

Prevea360 Health Plan 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.

Clarification for Some Preferred Drugs in the Medical Injectables List

Effective February 1, 2023, some preferred drugs will be added to the Medical Injectables List as "No prior authorization is required."

The following preferred drugs do **not** require prior authorization:

- Bevacizumab Preferred Products — Mvasi and Zirabev
- Pegfilgrastim Preferred Products — Fulphila and Ziextenzo
- Filgrastim Preferred Products — Zarxio and Nivestym

Although prior authorization for these drugs is not required, claims must reflect adherence to U.S. Food and Drug Administration (FDA) indications and dosing recommendations in order to be payable.

Pharmacy Drug Formulary Maintenance

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

- **Lice products- Ivermectin 0.5% lotion & Sklice 0.5% lotion** — Moved to not covered.
- **Liquid ferrous sulfate products** — Removal of $0 coverage for members less than 1 year old.
- **Semglee (insulin glargine) 100 units/mL injection** — Single pen (NDC: 49502025171 and 49502039471) moved to not covered. Five (5)-pen package has no change with the preferred brand.
- **Trintellix (vortioxetine) 5, 10, & 20 mg tablets** — Added to the RxCents program, will require prior authorization, quantity limit, and non-preferred brand.

Pharmacy Drug New or Expanded Formulations

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

- **Furoscix (furosemide) 80 mg/10 mL subcutaneous injection** — Moved to preferred brand or specialty tier, quantity limit, and limited distribution.
- **Noxafil (posaconazole) 300 mg powder packet for delayedrelease oral suspension** — Set at the Non-Preferred Brand tier.
- **Oxbryta (voxelotor) 300 mg tablets** — Moved to preferred brand or specialty tier with prior authorization, quantity limit, and limited distribution requirements.
- **Ozempic (semaglutide) 2 mg/3 mL injection** — Moved to preferred brand tier with a quantity limit restriction of 1 pack, per 28 days and includes the diagnosis restriction to ensure use for an FDA-approved indication.
- **Skyrizi (risankizumab) 180 mg/1.2 mL injection** — Moved to preferred brand or specialty tier with prior authorization, quantity limit, and mandatory specialty pharmacy requirements.
- **Tascenso ODT (fingolimod) 0.5 mg orally disintegrating tablets** — Moved to not covered.

- **Tempo Diabetes Management Platform (Basaglar Tempo pen, Humalog Tempo pen, Lyumjev Tempo pen, Tempo Smart Button, welcome kit, & refill kit)** — Moved to not covered.
- **Xelstrym (dextroamphetamine) 4.5 mg/9 hrs, 9 mg/9 hrs, 13.5 mg/9 hrs, & 18 mg/9 hrs transdermal system** — Moved to not covered.

Pharmacy Drug Prior Authorization Form Updates

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

- **Repatha (evolocumab)** — Streamline diagnostic criteria and step requirements. Changes include: removal of specialist restrictions, removal of requirements to try a second statin therapy in patients with intolerance, trial of ezetimibe, and checkboxes indicating the specific atherosclerotic cardiovascular disease (ASCVD) event experienced or familial hypercholesterolemia markers present. Additionally, primary hyperlipidemia will now be a covered diagnosis for those with an untreated LDL = 190 mg/dL remaining = 70 mg/dL with maximally tolerated treatment. Finally, the continuation criteria utilizes a more standard general attestation of benefit without requiring specific LDL level achievement.

New Medical Benefit Drug Policies

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

- **ELAHERE (mirvetuximab soravtansine-gynx)** — New medical policy and prior authorization is required.
- **IMJUDO (tremelimumab-actl) —** New medical policy and prior authorization is required.

TECVAYLI (teclistamab-cqyv) — New medical policy and prior authorization is required.

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

- **HEMGENIX (etranacogene dezaparvovec-drlb) —** New medical policy and prior authorization is required.
- **TZIELD (teplizumab-mzwv) —** 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:

- **Bendamustine: Treanda; Bendeka; Belrapzo** — Addition of new product Vivimusta and new indication for haematopoietic stem cell transplant (HSCT) conditioning.
- **VYEPTI (eptinezumab)** — Criteria changes including no use in combination with Botox, addition of age requirement of 18 years or older, baseline scores with an objective measure, additional criteria specifically for either chronic or episodic migraines, trial of 1 to 2 classes of preventive oral medications, and continued authorization of duration changes from lifetime to 6 months.

Retired Medical Benefit Drug Policies

Effective February 1, 2023:

- **ALOXI (palonosetron)**
- **SPRAVATO (esketamine) MB1921**

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

The Prevea360 Health Plan 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 Prevea360 Health Plan Document Library is directly accessible at prevea360.com/document-library or by visiting prevea360.com and following the step-by-step instructions below:

- Select **Providers,** and then **Medical Management**.
- Under 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 Prevea360 Health Plan'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,

Prevea360 Health Plan

This notification will be published on the Prevea360 Health Plan's Provider Communications web page. Visit this page for on-demand access to current and past communications.