

June 1, 2022

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.

Medical Policy Updates

Medical Policies Retired and Prior Authorization Removed

Effective July 1, 2022:

- Health and behavior assessment intervention for stress management and relaxation training
- Lumbar discography
- Pediatric gait trainer

Procedures and Devices – Experimental and Investigational

Effective June 1, 2022:

- Non-covered Medical Procedures and Services MP9415
 - Bioimpedance spectroscopy or bioelectric impedance analysis detection of lymphedema (e.g. SOZO, ImpediMed L-Dex)
 - Computer based treatment for cognitive behavioral therapy (CBTCBT) for substance abuse disorders (e.g. reSET)
 - Electrotherapy stimulation for behavioral health disorders

Procedures and Devices – Medically Necessary

Effective June 1, 2022:

- Genetic Testing for Somatic Tumor Markers MP9486
 - MammaPrint Next Generation Sequencing (NGS)

Medical Policy Revisions

Effective June 1, 2022:

- Sacroiliac Joint (SI) Injection and Radiofrequency Ablation (RFA) MP9466 — Radiofrequency ablation of the SI is not covered for any of the following:
 - Non-pulsed and pulsed percutaneous RFA/denervation
 - Cooled percutaneous RFA/denervation
 - Laser ablation/denervation procedures

Effective September 1, 2022:

- Bone Growth Stimulator (BGS) MP9076 — Electrical BGS is considered medically necessary for any of the following:
 - Treatment of long bone fracture nonunion of the appendicular skeleton
 - Treatment of failed or high risk spinal fusion
 - Congenital pseudoarthroses

The use of electrical BGS is considered experimental and investigational not medically necessary for any of the following:

- Long bones with fresh fractures
- Nonunion of appendicular bones other than long bones
- Delayed union of long bone fractures
- Biologically inert nonunions better suited to bone grafting
- Scaphoid fractures all types

The use of ultrasonic osteogenesis stimulator is considered experimental and investigational for any of the following:

- Delayed union fractures
- Non-union fractures of the skull, vertebrae, and those that are tumor-related
- Fresh non-tibial fractures
- Scaphoid fractures
- Treatment of fresh fracture of the radius

Ultrasonic BGS is considered medically necessary for acute fracture and non-union fracture.

- Varicose Vein and Venous Insufficiency Treatments of Lower Extremities MP9241 — Varicose vein treatments of the greater saphenous vein (GSV), small saphenous vein (SSV), accessory saphenous veins (posterior, anterior, or Giacomini veins) or perforator veins with endovenous radiofrequency ablation, endovenous laser ablation, stripping, ligation, stab phlebectomy or cyanoacrylate adhesive (e.g. VenaSeal) requires prior authorization. Treatment of significant small varicose veins (small tributary veins, pudendal or branch veins), accessory saphenous veins (posterior, anterior or Giacomini veins) or perforator veins with sclerotherapy liquid or foam (e.g., Varithena) or stab phlebectomy requires prior authorization.

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.

Changes to Medical Drug Policies

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

- KYMRIA (tisagenlecleucel) MB1822 — Criteria update including separation of the B-Cell precursor for ALL Adult /children (slight difference for child having relapse after transplant or disease is refractory with two line of therapy or later relapse). Added measures for prescriber to attest diagnosis of the disease. Prior authorization is required and is restricted to oncology prescribers.

- LUTATHERA (lutetium Lu 177 dotatate) MB1823 — Criteria update including carcinoid tumors and pheochromocytoma/paraganglioma. Prior authorization is required and is restricted to oncology prescribers.
- Pertuzumab Products MB9438 — Criteria update including addition of adverse drug reaction (ADR), Left ventricular ejection fraction [LVEF] monitoring, and addition of National Comprehensive Cancer Network (NCCN) 2A guidelines to policy with PERJETA versus PHESGO. Prior authorization is required and is restricted to oncology prescribers.
- TECARTUS (brexucabtagene autoleucl) MB2013 — Universal criteria update. Prior authorization is required and is restricted to oncology prescribers.
- YESCARTA (axicabtagene ciloleucl) MB1829 — Criteria update adding screening information, new indication for B-Cell Lymphoma with dosing requiring only 1 line of therapy versus 2 along with relapse within 12 months and AIDs related B-Cell Lymphoma, and criteria update for treatment prior to transplant and relapse. Prior authorization is required and is restricted to oncology prescribers.

Medical Policies & Medical Benefit Drug Policies in the Document Library

The Prevea360 Health Plan 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 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 **Audience** dropdown, select **Provider** and in the **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.

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 [Provider Communications web page](#). Visit this page for on-demand access to current and past communications.