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July 1, 2022

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

Dear WellFirst Health™ Provider:

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

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 and Prior Authorization Removed

Effective August 1, 2022:

- Breast Pumps, Hospital Grade MP9092

Medical Policies Prior Authorization Removed

Effective August 1, 2022:

- Gastric Pacemaker and Gastric Electrical Stimulation MP9463
- Cranial Orthotic Devices for Plagiocephaly MP9495
- Cardioverter-Defibrillator, Wearable (Zoll Life Vest) MP9522

Procedures and Devices – Experimental and Investigational

Effective July 1, 2022:

- Engineered Products for Wound Healing MP9287 — Noncontact normothermic wound therapy
- Genetic Testing for Somatic Tumor Markers MP9486:
  - Cxbladder test for bladder cancer screening or detection
  - In vitro chemosensitivity or chemoresistance assays (e.g., ChemoFx Assay)
  - Affirma Expression Atlas
  - Multiple inversion recovery (MIR)
- Lab Testing MP9539 — Experimental and Investigational:
  - 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. FibroSure and FibroTest/ActiTest panels for all other indications are considered experimental and investigational.

- Cytoxic testing for allergy diagnosis
- Food allergy/intolerance testing (in vitro) of food allergen specific IgE is covered in patients with clinically suspected food allergy. The following (in vitro) food allergy tests are considered experimental and investigational: food allergen specific IgG or IgG4 and Serum or saliva IgA.
- Analysis of hair in the clinical setting (e.g., for toxicology, forensic, or evaluation of deficiency related indications)
- Lipoprotein-associated phospholipase A1 Immunoassay for prediction of risk for coronary artery heart disease or ischemic stroke (e.g., PLAC test)
- Collagen cross links tests as markers of bone turnover (e.g., MicroVue)
- Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy
- Karius test — liquid biopsy for infectious disease
- Versiti VWF Propetide Antigen

Effective October 1, 2022:

- Non-covered Medical Procedures and Services MP9415:
  - Bronchial thermoplasty for the treatment of asthma
  - Cell therapy for treatment of cardiac disease
  - Confocal laser endomicroscopy for Barrett's esophagus
  - Extracorpeal magnetic stimulation for treatment of urinary incontinence
  - Extracorpeal shock wave therapy for musculoskeletal and soft tissue injuries
  - Gastrointestinal monitoring system
  - Intense pulse light treatment for dry eyes
  - Laser therapy for nicotine dependence
  - Laser therapy for treatment of pain
  - Percutaneous neuromodulation therapy for treatment of pain
  - Scoliosis treatment protocols — CLEAR Institute, MN
  - Wilderness therapy for outdoor behavioral healthcare
- Percutaneous Vertebroplasty/Kyphoplasty and Sacroplasty MP9429 — Percutaneous Sacroplasty
- Gene Testing for Somatic Tumor Markers MP9486 — Affirma Expression Atlas

Procedures and Devices Medically Necessary

Effective July 1, 2022:

- Bariatric Surgery and Weight Management Procedures MP9319 — Procedures for the treatment of non-alcoholic fatty liver disease are considered medically necessary

New Medical Policy

Effective October 1, 2022:

- Extracorporeal Photophoresis (Photochemotherapy) MP9558:
  - Prior authorization not required
  - Extracorporeal photophoresis is medically necessary for:
    - Erythrodermic, cutaneous T-cell lymphoma
    - Chronic or acute graft-versus-host disease
    - Heart transplantation allograft rejection and rejection prophylaxis
    - Lung transplantation allograft rejection

- Actigraphy MP9559:
    - Prior authorization not required
    - Actigraphy is medically necessary for diagnosis of insomnia, hypersomnia, Circadian rhythm disorders and insufficient sleep syndrome
- Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath Condensate pH Measurement MP9560:
    - Prior authorization not required
    - Tests are medically necessary when used in the diagnosis of eosinophilic airway inflammation and for determining the likelihood of steroid responsiveness in individuals with chronic symptoms suggestive of airway inflammation

Medical Policy Revisions

Effective July 1, 2022:

- Total Ankle Arthroplasty MP9363:
    - Removed from the policy: Conservative management for at least six months and ”pain description of “severe”
- Gastric Pacemaker and Gastric Electrical Stimulation MP9463:
    - Gastric emptying scintigraphy is not required to confirm chronic, intractable nausea and vomiting secondary to gastroparesis
- Electric Tumor Treatment Field (ETTF) MP9474:
    - Medically necessary for the treatment of newly diagnosed, histologically-confirmed supratentorial glioblastoma following debulking surgery and completion of radiation therapy, in conjunction with chemotherapy (temozolomide)

Effective October 1, 2022:

- Cardioverter Defibrillator, Wearable (Zoll Life Vest) MP9522:
    - Appropriate diagnosis code must appear on the claim. Claims will deny in the absence of an appropriate diagnosis code.
- Transcranial Magnetic Stimulation MP9526:
    - Current baseline depression measurement score is documented by an evidence-based validated rating scale
    - Ordering provider a psychiatrist
    - TMS is considered experimental and investigational and therefore not medically necessary for members:
        - Evidenced based coverage criteria not met
        - Pregnant and nursing
        - Acute suicidality, acute psychosis or with psychiatric emergencies where a rapid clinical response is needed
        - Maintenance therapy and/or booster treatments
        - Treatment planning for navigated TMS (nTMS)
        - TMS for treating behavioral disorders in which the current focus is a diagnosis other than major depressive disorder

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 DHP.PharmacyServices@deancare.com.

Pharmacy Drug Formulary Maintenance

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

- Alkindi (hydrocortisone) 0.5, 1, 2, & 5 mg sprinkle capsule — 0.5 & 1 mg: Changed to Non-Preferred Brand (NPB), Quantity Limit (QL), and prior authorization (PA) required for patients 9 years and older.
- Armodafinil 50, 150, 200, & 250 mg tablets and modafinil 100 & 200 mg tablets — Removal of prior authorization requirement.
- Lyvispah (baclofen) 5, 10, 20 mg oral granules — Changed to Non-Preferred Brand (NPB) and prior authorization (PA) required for patients 9 years and older.
- Modafinil (PROVIGIL eqiv) 100 & 200 mg tablets — Removal of prior authorization requirement.
- Nucala (mepolizumab) 40 mg/0.4 mL prefilled syringe — Changed to Non-Preferred Brand (NPB), Specialty Tier (SP), Quantity Limit (QL), and prior authorization (PA) required.
- Nuvigil TAB — Removal of prior authorization requirement.
- Vijoice (alpelisib) 50, 125, & 200 mg tablets — Available as Preferred Brand (PB), Specialty Tier (SP), Mandatory Specialty Pharmacy (MSP), Quantity Limit (QL), and prior authorization (PA) required.

Pharmacy Drug Prior Authorization Form Updates

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

- Empaveli (pegcetacoplan) — Three semantic changes to the prior authorization requirements to clarify and align the criteria more closely with U. S. Food and Drug Administration (FDA) guidelines.
- Humira (adalimumab) — Update uveitis criteria to allow for first-line use in severe cases.
- Erivedge (vismodegib) — Removing trial of Odomzo (sonidegib).

Pharmacy Drug New Indications

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

- Rinvoq (upadacitinib) 15 mg tablets — Indication addition of failure of at least one Tumor Necrosis Factor (TNF) blocker agent (Enbrel or Humira) fitting the restriction in the labeling to prior authorization.

Changes to Medical Drug Policies

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

- Parenteral Iron Products MB2134 — Indication correction update for non-preferred drug Monoferric. Prior authorization is not required for preferred products (Venofer, INFeD, Ferrlecit, Feraheme). Prior authorization is required for non-preferred products (Injectafer, Monoferric, Triferic, Triferic AVNU).

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

- Medically Administered Oncology Products MB2112 — Generic paclitaxel protein-bound and bortezomib will be preferred products. Brands Abraxane and Velcade will not be covered. Prior authorization is required and is restricted to oncology prescribers.

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.

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.

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