

Provider News Policy Notice

August 1, 2024

Our health plan has just approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. Please share this information with those in your organization who may be affected by these updates.

Information in this notification is applicable to all of our health plan's products, unless otherwise specified in the policy.

Medical Policy Updates

See our online [Document Library](#) for current medical policies and 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 each policy.

Medical Policies – Retired

Effective August 1, 2024:

- **Plastic and Reconstructive Surgery (MP9022)**
- **Percutaneous Left Atrial Appendage (LAA) Closure Device (MP9499)**
- **Laser Treatments for Choroidal Neovascularization (CNV) Associated with Macular Degeneration (MP9565)**
- **Treatment of Obstructive Sleep Apnea (OSA) and Related Conditions with Invasive Treatments and Surgery (MP9585)**

Effective October 20, 2024:

- **Sacroiliac Joint Fusion, Open (MP9643, III-SUR.44)** — Carelon will begin prior authorizing open sacroiliac joint fusion on Oct. 20, 2024.

New Medical Policies

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

There are *no new* medical policies this month.

Medical Policy Revisions

Services listed in this section may be covered (considered medically necessary), if medical policy criteria are met, or non-covered (considered experimental and investigational).

Effective August 1, 2024:

- **Non-Covered Services and Procedures (MP9415)** — Removed low-pressure pulse generator (e.g., Menniett) for the treatment of Meniere's Disease and all other indications.

New Design for Medical Policy Documents

We're continuing to adopt a new design and organizational format for our medical policy documents to align with our partner, Medica.

- Policy document PDFs in the Document Library may be assigned a new naming convention (e.g., MED for medical, TRA for transplant, and SUR for surgical) and may include a numerical designation.

Note: Medical policy titles listed within documents are not changing.

- Additional sections or information within documents — such as background, definitions, FDA approval, or coding considerations — may be added to further explain coverage.

Note: Medical necessity criteria, prior authorization requirements, benefit considerations and coverage determinations aren't changing as a result of adding this information.

Effective August 1, 2024, the following medical policies are revised to the new format:

- **Light Treatment and Laser Therapies for Benign Dermatologic Condition (MP9057)**
- **Amino Acid-Based Elemental Formulas (MP9355)**
- **Chemoembolization (CE) for Hepatic Tumors (MP9462)**
- **Percutaneous Tibial Nerve Stimulation (MP9563)**
- **Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) (MP9633)**
- **Radiofrequency Ablation of Uterine Fibroids (MP9657)**
- **Birth Centers (Free-Standing) (MP9666)**
- **Collagen Cross Links Tests as Markers of Bone Turnover (MP9677)**
- **Salivary Estriol Test for Preterm Labor (MP9682)**
- **Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy (MP9684)**
- **Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing (MP9689)**
- **Breast Ductal Lavage (MP9691)**
- **Interferential Current Stimulation (MP9710)**
- **Intradiscal Electrothermal Therapy (IDET) (MP9711)**
- **Laser Therapy for Nicotine Dependence (MP9717)**
- **Quantitative Sensory Tests (MP9727)**
- **Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) (MP9734)**
- **Tidal Knee Lavage for Osteoarthritis (MP9739)**
- **Transvaginal and Transurethral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women (MP9741)**
- **Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI) (MP9742)**
- **Palatal Implants for Obstructive Sleep Apnea (MP9754)**

Medical/Pharmacy Benefit Drug Policy Updates

Our 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 DHP.PharmacyServices@deancare.com.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after September 1, 2024:

- **Dexcom & Freestyle Libre Continuous Glucose Monitors (CGMs)** — Updated with step-therapy insulin products Xultophy & Soliqua.
- **Diazepam** 2.5, 10 & 20 mg rectal gel — Moved to preferred brand and updated quantity limit (4 doses/fill).
- **Nayzilam (midazolam)** 5 mg nasal spray — Moved to non-preferred brand, removed need for restricted specialist, and updated quantity limit (4 doses/fill).
- **Valtoco (diazepam)** 5, 10, 15 & 20 mg nasal spray — Moved to non-preferred brand, removed need for restricted specialist, and updated quantity limit (4 doses/fill).

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after September 1, 2024:

- **Adbry (tralokinumab)** 300 mg/2 mL autoinjector — Added coverage at preferred/specialty brand tier, prior authorization, limited mandatory specialty pharmacy, and quantity limit.
- **Austedo XR (deutetrabenazine)** 30, 36, 42 & 48 mg extended-release (ER) tablets — Added coverage at preferred/specialty brand tier, prior authorization, limited distribution, and quantity limit (1 tablet/day).
- **Freestyle Libre 3-Plus Sensor** — Added coverage at preferred brand tier, step therapy, and quantity limit (2 sensors/30 days).
- **Ingrezza (valbenazine)** 40, 60, & 80 mg sprinkle capsules — Staying not covered.
- **Libervant (diazepam)** 5, 7.5, 10, 12.5, & 15 mg buccal films — Moved to not covered.
- **Myhibbin (mycophenolate mofetil)** 200 mg/mL oral suspension — Moved to not covered.
- **Naloxone** 0.4 mg/mL prefilled syringe — Moved to preferred generic tier.
- **Ogsiveo (nirogacestat)** 100 & 150 mg tablets — Added coverage of exception to coverage (ETC) while pending Pharmacy and Therapeutic (P&T) Committee review and approval.
- **Rinvoq (upadacitinib)** 1 mg/mL oral solution — Added coverage at preferred/specialty brand tier, prior authorization, limited mandatory specialty pharmacy, and quantity limit (2 injections/28 days).
- **Scemblix (asciminib)** 20 mg & 40 mg tablet — Added coverage at preferred/specialty brand tier, prior authorization, limited distribution, and quantity limit (2 tablets/day).
- **Scemblix (asciminib)** 100 mg tablet — Added coverage at preferred/specialty brand tier, prior authorization, limited distribution, and quantity limit (4 tablets/day).
- **Sitagliptin and metformin** 50-1,000 mg tablets — Moved to not covered.

- **Vijoice (alpelisib)** 50 mg oral granules — Added coverage at non-preferred/specialty brand tier, prior authorization, mandatory specialty pharmacy, and quantity limit (1 packet/day).

Pharmacy Drug New Indications

Effective for dates of service on and after September 1, 2024:

- **Abrysvo (Respiratory Syncytial Virus Vaccine, Adjuvanted)** 120 mcg/0.5 mL injection — Added indication now approved for quantity limit (1 dose/lifetime) at \$0 cost and on the standard vaccine list.
- **Arexvy (Respiratory Syncytial Virus Vaccine, Adjuvanted)** 120 mcg/0.5 injection — Added indication now approved for patients sixty (60) years of age and older, quantity limit (1 dose/lifetime) at \$0 cost and on the standard vaccine list.
- **Kevzara (sarilumab)** 150 mg/1.14 mL & 200 mg/1.14 mL prefilled syringe & pen — Updated prior authorization criteria with new indication for the treatment of polyarticular juvenile idiopathic arthritis (pJIA), with labeled weight limitation, specialist prescriber, and trial and failure of 2 preferred products for pJIA (adalimumab, Enbrel, Rinvoq or Xeljanz) or trial and failure of both adalimumab and Actemra.
- **Mresvia (Respiratory Syncytial Virus Vaccine, Adjuvanted)** 120 mcg/0.5 mL injection — Added indication now approved for quantity limit (1 dose/lifetime) at \$0 cost and on the standard vaccine list.
- **Retevmo (selpercatinib)** 40 & 80 mg capsules — Updated prior authorization criteria with removal of age minimums for the indications of thyroid cancer and medullary thyroid cancer.
- **Skyrizi (risankizumab)** 150 mg/mL, 180 mg/1.2 mL & 360 mg/2.4 mL subcutaneous (SQ) formulations and 60 mg/mL intravenous (IV) solution — Added indication for treatment of moderately to severely active ulcerative colitis in adults with criteria similar to other preferred first-line options.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after September 1, 2024:

- **Imbruvica (ibrutinib)** tablets, caplets, and suspension — Updated prior authorization with continuation criteria standardized to include diagnosis and language like the Navitus oncology continuation criteria, removed age minimum requirement, and standardized all approval durations at 1 year.
- **Jakafi (ruxolitinib)** tablets — Updated prior authorization criteria with requiring platelet lab results be provided from within the last 3 months, removed minimum age requirement, updated to single continuation criteria requirement with an attestation that Navitus' standard oncology continuation criteria has been met, and standardized all approval durations at 1 year.
- **Orencia (abatacept)** 50 mg/0.4 mL, 87.5 mg/0.7 mL, 125 mg/mL subcutaneous (SQ) injection & 250 mg vial for intravenous (IV) infusion — Updated prior authorization criteria, adding Rinvoq as a step-therapy option for pJIA.
- **Rezurock (belumosudil)** tablets — Updated prior authorization criteria with continuation criteria standardized to include diagnosis and language like the Navitus oncology continuation criteria, removed age minimum requirement, and standardized all approval durations at 1 year.

- **Vonjo (pacritinib)** caplets — Updated prior authorization criteria with requiring platelet lab results be provided from within the last 3 months, removed age minimum requirement, and standardized all approval durations at 1 year.

New Medical Benefit Drug Policies

Effective for dates of service on and after October 1, 2024:

- **Hepzato (melphalan hydrochloride)** — New medical policy and prior authorization is required.
- **Rytelo (imetelstat)** — New medical policy and prior authorization is required.

Changes to Medical Benefit Drug Policies

Effective for dates of service on and after August 1, 2024:

- **Rystiggo (rozanolixizumab-noli)** — Policy updated with criteria changes under diagnosis Myasthenia Gravis, changing from 12-month to 6-month trial of 2 or more immunosuppressive therapies, and removing the requirement of having a thymectomy.
- **Vyvgart (efgartigimod alfa-fcab)** — Policy updated with criteria changes under diagnosis Myasthenia Gravis, changing from 12-month to 6-month trial of 2 or more immunosuppressive therapies, and removing the requirement of having a thymectomy.
- **Vyvgart Hytrulo (efgartigimod alfa-fcab and hyaluronidase-qvfc)** — Policy updated with criteria changes under diagnosis Myasthenia Gravis, changing from 12-month to 6-month trial of 2 or more immunosuppressive therapies, and removing the requirement of having a thymectomy.

Effective for dates of service on and after August 2, 2024:

- **Soliris; Bkembv (eculizumab)** — Policy updated to add product Bkembv and criteria changes under diagnosis Myasthenia Gravis, changing from 12-month to 6-month trial of 2 or more immunosuppressive therapies, and removing the requirement of having a thymectomy.

Effective for dates of service on and after September 1, 2024:

- **Long-Acting Granulocyte Colony Stimulating Factors (LA-gCSF): Neulasta; Fulphila; Udenyca; Ziextenzo; Nyvepria; Fynetra; Stimufend; Rolvedon; Ryzneuta** — Updated prior authorization criteria with step-therapy addition of Ryzneuta and Rolvedon for pefilgrastim preferred products.
- **Medicare Step B Therapy 2024** — Policy updated with additional step-therapy drugs.

As a reminder: Providers are encouraged to refer to the Magellan Rx website (see below) for a complete list of co-branded medical benefit drug policies — both oncology and non-oncology. *Some policies have also been revised for new criteria effective September 1, 2024.* Providers should review the policies as there may be changes to authorization criteria and/or length of authorization that may affect a provider's care plan for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication.

Locating Medical Policies & Medical Benefit Drug Policies

The Dean Health Plan Document Library is an online repository of medical policies, forms, manuals and other documents. For medical benefit drug policies, [refer to the Magellan Rx website](#) — *not* the Document Library.

Providers are encouraged to track updates and review policies in their entirety. The Dean Health Plan Document Library is directly accessible at deancare.com/document-repository or by visiting deancare.com and following the step-by-step instructions below:

- Hover over **For Providers** located on the top right of the screen.
- Click **Medical management home**.
- 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.

Locating Pharmacy Benefit Drug Policies

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications are found on the associated prior authorization forms located in the Navitus Prescriber Portal at prescribers.navitus.com.