

Provider News Policy Notice

April 1, 2025

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 beginning of each policy.

New Medical Policies

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

Effective on or after July 1, 2025:

- **Noninvasive Positive Airway Pressure (PAP) Devices** (MP9792, III-DEV.28) — Prior authorization will be required. Medical necessity criteria will include criteria for the following:
 - Positive airway pressure (CPAP), automatic positive airway pressure (APAP), or bilevel positive airway pressure (BIPAP) for adults and children for initial trial, post-trial continuation, or replacement
 - Non-invasive home ventilators (mask or chest shell) for adults and children for initial trial, post-trial continuation, or annual recertification (i.e., every 12 months)
- **Oral Appliances for Obstructive Sleep Apnea (OSA)** (MP9793, III-DEV.29) — Prior authorization will be required. Medical necessity criteria will include criteria for custom fabricated oral appliances for adults with obstructive sleep apnea (OSA), either initial oral appliance or replacement.

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 April 1, 2025:

- **Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds** (MP9702) — This is no longer considered investigative and is therefore covered for electrical stimulation for treating Stage III or IV pressure ulcers that have failed to demonstrate

measurable signs of healing with 30 days of conventional treatment. It remains investigative and therefore not covered for:

- Electrical stimulation for treating all other wounds or ulcers, including but not limited to diabetic ulcers, arterial and venous stasis ulcers
- Electromagnetic stimulation for chronic wound healing

Effective July 1, 2025:

- **Therapeutic Apheresis – Plasmapheresis / Plasma Exchange (MP9627)** — Based on the 2023 American Society for Apheresis (ASFA) guideline on use of therapeutic apheresis, changes were made in determinations since the previous ASFA guideline release. This resulted in re-categorizing certain *covered* and *non-covered* indications to reflect the latest ASFA recommendations. Note: Our health plan's long-standing review strategy has been to consider applications assigned an ASFA category I or II to be *covered*, and those assigned a category of III or IV to be *not covered*.

MCG Care Guidelines

Our health plan may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. We will begin using the 29th edition of MCG Care Guidelines on or after July 1, 2025.

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.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after May 1, 2025:

- **amoxicillin/clavulanate** chewable tablet — Moved to preferred brand tier.
- **APAP/codeine** solution — Moved to preferred brand tier.
- **baclofen** suspension — Moved to preferred generic tier and prior authorization requirement.
- **cefadroxil** tablet — Moved to preferred brand tier.
- **colchicine** tablet — Moved to preferred generic tier.
- **Dialyvite** tablet — Moved to not covered.
- **diphenhydramine** 50 mg capsule — Removed from formulary.
- **Folbee** tablet — Moved to not covered.
- **Folgard RX** tablet — Moved to not covered.
- **galantamine** 8 mg, 16 mg & 24 mg extended-release (ER) capsules — Moved to preferred generic tier.
- **GaviLyte-C** solution — \$0 copay for patients 45-75 years of age; all other members will be covered at preferred brand copay and quantity limit of 2 fills/calendar year.
- **GoLyteLy** solution — \$0 copay for patients 45-75 years of age; all other members will be covered at preferred brand copay and quantity limit of 2 fills/calendar year.
- **isosorbide mononitrate** tablet — Moved to non-preferred brand tier.

- **methyldopa** tablet — Moved to non-preferred brand tier.
- **nebivolol** hydrochloric acid (HCL) tablet — Moved to preferred generic tier.
- **nefazodone** tablet — Moved to non-preferred brand tier.
- **neomycin/polymyxin/hydrocortisone** ophthalmic solution — Moved to preferred brand tier.
- **Nephrocaps** — Removed from formulary.
- **nitazoxanide** tablet — Moved to preferred brand tier, prior authorization requirement, and quantity limit of 6 tablets/3 days.
- **Ocaliva** tablet — Moved to non-preferred brand/specialty tier, limited distribution (Accredo or Walgreens), prior authorization requirement, split fill, and quantity limit of 1 tablet/day.
- **omega-3-acid ethyl esters** capsule — Moved to preferred generic tier.
- **over-the-counter (OTC) medications + prescription medications with OTC equivalents — Coverage review:**
 - **alcohol swabs** — Removed OTC setups.
 - **AZO Urinary** tablet — Removed OTC setups.
 - **Niacin** tablet & capsule — Removed OTC setups.
 - **Niacinamide** tablet — Removed OTC setups.
 - **Nizoral A-D** shampoo — Removed OTC setups.
 - **Oxytrol Patch (OTC)** — Removed from formulary.
 - **Phenazopyridine** 95 mg, 97.5 mg & 99.5 mg tablets — Removed OTC setups.
 - **selenium sulfide lotion**
 - MONY 'N': Single-source brand; removed from formulary.
 - MONY 'Y': Multi-source generic; removed OTC setups.
- **Paxlovid** 150/100 mg tablet — Moved to preferred brand tier and quantity limit of 20 tablets/90 days.
- **Paxlovid** 300/100 mg tablet — Moved to preferred brand tier and quantity limit of 30 tablets/90 days.
- **potassium citrate** controlled-release (CR) tablet — Moved to generic tier.
- **rasagiline** tablet — Moved to non-preferred generic tier.
- **ranolazine** tablet — Moved to preferred generic tier.
- **Razadyne** extended-release (ER) capsule — Removed from formulary.
- **Renaphro** capsule — Moved to not covered.
- **sodium polystyrene sulfonate (SPS)** — Moved to not covered.
- **zolpidem** extended-release (ER) tablet — Moved to preferred generic tier and quantity limit of 1 tablet/day.

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after May 1, 2025:

- **Ergomar (ergotamine)** 2 mg sublingual tablet — Moved to non-preferred brand tier, prior authorization requirement, and quantity limit.
- **Evrydsi (risdiplam)** 5 mg tablet — Moved to preferred brand/specialty tier, limited distribution (Accredo), prior authorization requirement, and quantity limit of 1 tablet/day.
- **metaxalone** 640 mg tablet — Moved to not covered.

- **Omvo** (**mirikizumab**) 300 mg (100 mg/mL + 200 mg/2 mL) autoinjector and prefilled syringe — Moved to not covered.
- **Onapgo** (**apomorphine**) 98 mg/20 mL subcutaneous (SQ) solution — Moved to not covered.
- **Palforza** (peanut powder) 0.5 mg/1 mg/1.5 mg/3 mg starter pack and 1 mg sprinkle capsules — Moved to preferred brand/specialty tier, limited distribution, and quantity limit.
- **Rybelsus** (**semaglutide**) 1.5 mg, 4 mg, & 9 mg tablets — Moved to preferred brand, quantity limit, and restricted to diagnosis (RDX).
- **Xromi** (**hydroxyurea**) 100 mg/mL oral solution — Moved to non-preferred brand tier and prior authorization requirement only applies to patients 9 years of age or older.
- **Zepbound** (**tirzepatide**) 7.5 mg/0.5 mL & 10 mg/0.5 mL subcutaneous (SQ) vials — Exception to Coverage (ETC).
- **Zunveyl** (**benzgalantamine**) 5 mg, 10 mg & 15 mg tablets — Moved to not covered.

Pharmacy Drug Prior Authorization Form Updates

Effective for dates of service on and after May 1, 2025:

- **Dupixent** (**dupilumab**) — Updated prior authorization criteria with removing requirement for a trial of oral corticosteroids for chronic rhinosinusitis with nasal polyposis (CRSwNP).
- **Nucala** (**mepolizumab**) — Updated prior authorization criteria with removing requirement for a trial of oral corticosteroids for CRSwNP.

Retired Medical Benefit Drug Policies

Effective for dates of service on and after April 1, 2025, with prior authorization requirements removed:

- **Remodulin** (**treprostinil**)
- **Upravi** (**selexipag**)

New Medical Benefit Drug Policies

Effective for dates of service on and after March 20, 2025:

- **Datroway** (**datopotamab deruxtecan-dlnk**) — New medical policy and prior authorization is required.

Revised Medical Benefit Drug Policies

Effective for dates of service on and after June 1, 2025:

- **Soliris**, **Bkemv**, **Epysqli** (**eculizumab**) — Addition of step therapy requirement for the biosimilars Bkemv and Epysqli.

Reminder: Providers are encouraged to refer to the Prime Therapeutics (formerly Magellan Rx) website (see below) for a complete list of co-branded medical benefit drug policies — both oncology and non-oncology. *Some policies have been revised for new criteria effective May 1, 2025.* 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 Prime Therapeutics \(formerly Magellan Rx\) 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.