



## Provider News Policy Notice

July 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 July 1, 2024:

- **Vagus Nerve Stimulation** (MP9232)
- **High Frequency Chest Compression** (MP9235)
- **Wheelchair: Manual and Accessories** (MP9639)
- **Wheelchair: Power and Accessories** (MP9640)
- **Scooters and Accessories** (MP9641)

#### ***New Medical Policies***

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

Effective July 1, 2024:

- **Wheelchairs and Scooters** (MP9782) — The current policies “Wheelchair: Manual and Accessories” (MP9639), “Wheelchair: Power and Accessories” (MP9640) and “Scooters and Accessories” (MP9641) are combined into one policy. These policies reference and use MCG guidelines for medical necessity criteria. Prior authorization is required.
- **Eye-Movement Analysis without Spatial Calibration** (e.g., EyeBOX® system) (MP9785) — Eye-movement analysis without spatial calibration (e.g., The EyeBOX) is considered investigative and unproven and is therefore not covered. This was included in “Non-Covered Services and Procedures” (MP9415) and is now a stand-alone policy.

Effective September 1, 2024:

- **Non-Powered or Single Use Negative Pressure Wound Therapy Systems** (MP9784) — Non-powered or single use negative pressure wound therapy systems are investigative and unproven and are therefore not covered.
- **Wound Imaging and Measuring Systems for Managing Chronic Wounds** (e.g., Fluorescent Wound Imaging, Camera Wound Imaging) (MP9783) — Wound imaging and measuring systems (e.g., fluorescent wound imaging, camera wound imaging) for managing chronic wounds are considered investigative and unproven and are therefore not covered.

### ***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 July 1, 2024:

- These policies follow MCG 28th edition guideline criteria:
  - **Gender Affirmation Surgery** (MP9642, III-SURG.20)
  - **Inpatient Rehabilitation Facility (Acute Rehabilitation)** (MP9668, III-INP.05)
  - **Long Term Acute Care Hospital (LTAC)** (MP9669, III-INP.04)
  - **Skilled Nursing Facility** (MP9670, III-INP.03)
  - **Inpatient Level of Care** (MP9671, III-INP.01)
  - **Facility Based Polysomnography, Adult** (MP9676, III.DIAG.16)
  - **Extended Hours of Home Care (Private Duty Nursing)** (MP9766, III-HOM.01)
- **Services Related to Dental Care** (MP9271) — Removed 1.0- Hospital, ambulatory surgical treatment center and office charge related to dental procedures and/or general anesthesia for dental care, which do not require prior authorization when indicated in the member's benefit certificate or summary plan description. Information is included in 2.0.
- **Blepharoplasty, Blepharoptosis Repair and Brow Lift** (MP9664) — For members with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.
- **Female Breast Reduction Surgery – Reduction Mammoplasty** (MP9582) — To aid the review process, photos are encouraged, but not mandatory. The imaging criteria have been updated to state a mammogram or other imaging is appropriate within one year of surgery and was negative for breast cancer if the patient is 40 years of age or older irrespective of family history and if the patient is 30-40 years of age and has a first-degree family of breast cancer at high risk due to a known or suspected genetic mutation.

### ***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 July 1, 2024, the following medical policies are revised to the new format:

- **Cognitive Rehabilitation/Remediation** (MP9561)
- **Breast Implant Removal, Revision, or Reimplantation** (MP9580)
- **Male Gynecomastia Surgery** (MP9581)
- **Female Breast Reduction Surgery – Reduction Mammoplasty** (MP9582)
- **Abdomino-plasty/ Panniculectomy** (MP9646)
- **Otoplasty** (MP9647)
- **Rhinoplasty** (MP9648)
- **Orthognathic Surgery** (MP9651)
- **Virtual Care** (MP9663)
- **Blepharo-plasty, Blepharoptosis Repair and Brow Lift** (MP9664)
- **Bioimpedance Spectroscopy (BIS) and Bioelectrical Impedance Analysis (BIA)** (MP9690)
- **Negative Pressure Wound Therapy with Installation System** (MP9720)
- **Uvulopalato-pharyngoplasty (UPPP or U3P) for Obstructive Sleep Apnea/Hypopnea Syndrome** (MP9775)
- **Air Ambulance, Non-Emergent** (MP9632, III-MED.08)
- **Vitamin D Testing for Screening** (MP9686)
- **Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH)** (MP9361)
- **Implanted Peripheral Nerve Stimulators for Treatment of Pain** (MP9769)
- **Cranial Electrotherapy Stimulation (CES)** (MP9698)
- **Inhaled Nitric Oxide (iNO) Therapy** (MP9654)

## 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](mailto:DHP.PharmacyServices@deancare.com).

### ***Pharmacy Drug Formulary Maintenance***

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

- **Accuretic (quinapril/hydrochlorothiazide)** 10-12.5 mg, 20-12.5 mg & 20-25 mg tablets — Moved to not covered.
- **Betaseron (interferon beta-1b)** 0.3 mg vials — Moved to preferred/specialty brand tier and limited mandatory specialty pharmacy.
- **Cimetidine** 300 mg/mL oral solution — Moved to not covered.
- **Extavia (interferon beta-1b)** 0.3 mg vials — Moved to not covered.
- **Novolin N ReliOn (insulin)** (NDC 00169183402) injection — Moved to not covered.

### **Pharmacy Drug New or Expanded Formulations**

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

- **Kionex (sodium polystyrene sulfonate)** 15 gm/60 mL suspension — Moved to preferred generic tier.
- **Spevigo (spesolimab)** 150 mg/mL prefilled syringe — Added coverage at preferred/specialty brand tier, prior authorization, limited distribution and quantity limit (2 injections/28 days).

### **Pharmacy Drug New Indications**

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

- **Alecensa (alectinib)** — Added indication approved for adjuvant treatment following tumor resection of ALK+ non-small cell lung cancer (NSCLC). Updated prior authorization criteria with an oncologist restriction, diagnosis requirement, ALK mutation and requests for adjuvant use limited to 24 months.
- **Fasenra (benralizumab)** 10 mg/0.5 mL & 30 mg/mL prefilled syringes (medical benefit) and 30 mg/mL autoinjector pen (pharmacy benefit) — Updated prior authorization criteria with age expansion to include pediatric patients 6 years of age and older.
- **Rinvoq (upadacitinib)** 15 mg extended-release (ER) tablets & 1 mg/mL oral solution — Added indication now approved for the treatment of patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis (pJIA) who have had an inadequate response or intolerance to 1 or more tumor necrosis factor (TNF) blocker. Updated prior authorization criteria with age expansion for active psoriatic arthritis (PsA) in patients who have had an inadequate response to 1 or more TNF blocker in patients 2 years of age and older.

### **New Medical Benefit Drug Policies**

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

- **Imdelltra (tarlatamab-dlle)** — New medical policy and prior authorization is required.

### **Changes to Medical Benefit Drug Policies**

Effective for dates of service on and after June 20, 2024:

- **Zolgensma (onasemnogene abeparvovec-xioi)** — Removed requirement of the absence of a base substitution modification for those with 3 copies of the SMN2 gene.

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

- **Hyaluronic Acid Derivatives** — Updated prior authorization criteria with must-fail trial of at least 1 preferred product or contraindication to all preferred products, and fulfill all written criteria if requesting a non-preferred product.

**As a reminder:** Providers are encouraged to refer to [the Magellan Rx website](#) 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 August 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 Medica (formerly WellFirst Health) 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 Document Library is directly accessible at [mo-central.medica.com/document-library](https://mo-central.medica.com/document-library) or by visiting [the mo-central.medica.com home page](#) and following the step-by-step instructions below:

- Select **Providers**, and then **Medical management home**.
- 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.

## 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](https://prescribers.navitus.com).