



Provider News Policy Notice

May 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:

- **Speech Generating Devices (SGDs)** (MP9794, III-DEV.30) — Prior authorization will be required. Medical necessity criteria will include the following:
 - The speech-language pathologist's evaluation and recommendations
 - The willingness of family or caregiver to provide support
 - The criteria the patient must meet

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 June 1, 2025:

- **Cystadane (betaine)** 1 gm powder
 - MONY 'N': Single-source brand; moved to preferred brand/specialty tier and limited distribution (AnovoRx); "dispense as written" (DAW) does not apply.
 - MONY 'Y': Multi-source generic; moved to not covered.

- **multivitamin formulary maintenance**
 - **Davimet/fluoride** chewable 0.75 mg — Moved to not covered.
 - **Escavite** chewable tablet — Moved to not covered.
 - **Florafol Pediatric** oral solution — Moved to not covered.
 - **Floriva Plus** drops — Moved to not covered.
 - **multivitamins** — Moved to not covered.
 - **multivitamin/fluoride** chewable — Moved to not covered.
 - **multivitamin fluoride** drops — Moved to not covered.
 - **multivitamin/minerals** tablets — Moved to not covered.
 - **pediatric multiple vitamins/fluoride** solution — Moved to not covered.
 - **pediatric multiple vitamins/fluoride/iron** solution — Moved to not covered.
 - **Poly-Vi-Flor** chewable with Iron — Moved to not covered.
 - **Tri-Vitamin Fluoride** drops — Moved to not covered.
 - **V-C Forte** capsules — Moved to not covered.
 - **Vitreacyl** tablets — Moved to not covered.

Pharmacy Drug New Indications

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

- **Rivfloza (nedosiran)** 160 mg/mL subcutaneous (SQ) injection — Updated prior authorization criteria by removing the minimum age requirement.

Pharmacy Drug New or Expanded Formulations

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

- **Combogesic (ibuprofenacetaminophen)** 97.5-325 mg tablet — Moved to not covered.
- **Cortrophin (corticotropin)** 40 units/0.5 mL & 80 units/mL SQ prefilled syringes — Moved to not covered.
- **Inzirqo (hydrochlorothiazide)** 10 mg/mL oral suspension — Moved to non-preferred brand tier and prior authorization requirement only applies to patients 9 years of age or older.
- **ivermectin** 6 mg tablet — Moved to not covered.
- **Raldesy (trazodone)** 10 mg/mL oral solution — Moved to not covered.
- **Revuforj (revumenib)** 25 mg tablet — Moved to exception to coverage and part of Pharmacy and Therapeutics (P&T) review to meet protected class timeline requirements.
- **Sevenfact (recombinant coagulation factor VIIa-jncw)** 2 mg IV vial — Moved to preferred brand/specialty tier, limited mandatory specialty pharmacy, and prior authorization requirement.
- **Tremfya (guselkumab)** 20 mg/2mL autoinjector induction pack — Moved to preferred brand/specialty tier, limited mandatory specialty pharmacy, quantity limit of 2 injections/28 days or 6 injections/year, and prior authorization requirement (updated with addition of Crohn's disease criteria along with preferred product Tremfya being added as a required treatment alternative prior to accessing non-preferred products with Crohn's disease indication — i.e., Cimzia, Omvoh, Zymfentra, Entyvio, infliximab and Tysabri).
- **Xpovio (selinexor)** 10 mg tablet therapy pack (40 mg once weekly) — Moved to preferred brand/specialty tier, limited distribution, prior authorization requirement, split-fill, and quantity limit.

Pharmacy Drug Prior Authorization Form Updates

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

- **Entyvio (vedolizumab)** SQ and IV injection — Updated prior authorization forms to standardize the specialist prescriber requirement for coverage to be the same as other products in the inflammatory bowel disease space.
- **oncology agents** — Updated prior authorization criteria with removing documentation of mutation requirement where criteria updates were still needed:
 - **Tazverik (tazemetostat)**
 - **Rubraca (rucaparib)**
 - **Lytgobi (futibatinib)**

New Medical Benefit Drug Policies

Effective for dates of service on and after April 29, 2025:

- **Encelto (revakinagene taroretcel-lwey)** — New medical policy and prior authorization is required.

Revised Medical Benefit Drug Policies

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

- **Nucala (mepolizumab)** — Updated prior authorization criteria by removing requirement for a trial of oral corticosteroids for chronic rhinosinusitis with nasal polyposis and of immunomodulators for eosinophilic granulomatosis with polyangiitis.

Retired Medical Benefit Drug Policies

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

- **Prolia, Jubbonti, Xgeva, Wyost (denosumab)** — Due to the removal of prior authorization requirements for all denosumab products, the Medicare Part B step therapy requirement involving Prolia/Xgeva (denosumab) and any future denosumab biosimilar products will also be removed effective May 1, 2025.
- **Xolair (omalizumab)**

Reminder: Providers are encouraged to refer to the Prime Therapeutics 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 June 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 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 Prime Therapeutics \(formerly Magellan Rx\) 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 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.