

April 29, 2022

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

Dear Prevea360 Health Plan Provider:

Prevea360 Health Plan'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 Prevea360 Health Plan products, unless specified.

Medical Policy Updates

Medical Policies Retired

Effective May 1, 2022:

- Auditory Brain Stem and Cochlear Implants MP9016
- Pulse Oximeter/Pulse Oximetry Testing in the Home MP9372

Effective June 1, 2022:

- Bone Anchored Hearing Aid System MP9018
- Hyperhidrosis Treatment MP9224

Procedures and Devices – Medically Necessary

Effective May 1, 2022:

- Prostate Cancer Test - IsoPSA
- Multigene panel testing for retinal disorders

Medical Policy Revisions

Effective May 1, 2022:

- **Temporomandibular Disease (TMD) Services MP9272**
Surgical treatment of TMD and craniomandibular disorders, excluding evaluation and diagnosis of the condition, require prior authorization.
- **Bariatric Surgery and Weight Management Procedures MP9319**
Transoral endoscopic procedures for obesity are considered experimental and investigational. Procedures include natural orifice transluminal endoscopic surgery (NOTES techniques) and endoscopic revision following bariatric surgery including endoluminal suturing and/or stapling, prosthetic insertion (e.g., intragastric balloon; endoluminal sleeve, endoscopic sclerosant injection or transoral outlet reduction (TORe) endoscopy procedure).
- **Amino Acid and Low Lipid Based Formulas MP9355**
Amino acid-based elemental oral formulas are covered for infants up to one (1) year of age with any of the following:
 - Eosinophilic disorders (e.g., esophagitis, gastroenteritis and colitis)

- Severe atopy or eczema with multiple food allergy syndrome based on skin testing
- Demonstrated formula protein intolerance (both milk and soy)
- Cystic fibrosis
- Amino acid, organic acid, fatty acid, metabolic and malabsorption disorders

Amino acid-based elemental oral formulas are covered for members five (5) years of age and younger with any of the following:

- IgE mediated allergies to food proteins
- Food protein-induced enterocolitis syndrome
- Eosinophilic esophagitis
- Eosinophilic gastroenteritis
- Eosinophilic colitis

Effective June 1, 2022:

- **Medical Supplies/Durable Medical Equipment MP9347**

Automated home blood pressure cuff (HCPCS A4670) may be covered for those members over age 18 at a frequency of one every 5 years if obtained from a durable medical equipment or health care provider. Self-measured blood pressure (CPT 99473, 99474) may be covered up to 3 months in a 12 month period. Prior authorization is not required and may be covered as a preventive benefit if necessary to confirm hypertension per U.S. Preventive Services Task Force guidelines. An appropriate diagnosis code must appear on the claim. Claim will deny in the absence of an appropriate diagnosis code.

Effective August 1, 2022:

- **Genetic Testing for High-Penetrance Breast and/or Epithelial Ovarian Cancer Susceptibility MP9478**

The National Comprehensive Cancer Network (NCCN) recommendations for gene testing for high-penetrance breast cancer and epithelial ovarian cancer risk and management have been revised. Refer to the medical policy for additional information.

Medical Benefit Drug Policy Updates

Prevea360 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 DHPPharmacyServices@deancare.com.

Prior Authorization Form Updates

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

- Corlanor (ivabradine) — Added criteria for inappropriate sinus tachycardia or postural orthostatic tachycardia syndrome.
- Hepatitis C Updates (Eplclusa, Harvoni, Mavyret, Vosevi, Zepatier) — The updates include: 1) a removal of the specialist name box 2) HCV-RNA levels to be written in, rather than additional lab reports sent and allowing for levels from the prior 6 months 3) Removing most prior treatments as guidelines consider patients treated with older HCV drugs as being treatment-naïve 4) removal of the genotype requirement for Mavyret and Eplclusa in most situations as it does not change the approval duration. There are other minor updates to criteria to improve standardization.

- Humira (adalimumab) & Stelara (ustekinumab) — removal of the traditional DMARD step from criteria and a weight to be provided for pediatric ulcerative colitis approvals so that an appropriate quantity limit of 4 injections per month may be applied in these situations.
- Promacta (eltrombopag), Doptelet (avatrombopag), & Tavalisse (fostamatinib) — Added continuation criteria for immune thrombocytopenia.
- Topical androgen products — Update to continuation criteria with removal of lab value requirement and adding provider attestation.
- Viibryd (vilazodone) — Removal of psychiatrist requirement from prior authorization.

New Indications

Effective for dates of service on and after June 1, 2022, the following:

- Fintepla (fenfluramine) 2.2 mg/mL oral solution — Fenfluramine has received a new indication for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients ≥ 2 years of age. This new indication will be added to the prior authorization form. Criteria will require a diagnosis of LGS, prescription by a neurologist, trial/failure of at least one other AED, and not to be used as monotherapy.
- Lynparza (olaparib) 100 & 150 mg tablets — Olaparib with the adjuvant treatment of germline, BRCA-mutated (gBRCAm), HER2 negative (HER2-), high-risk early breast cancer in patients who have been treated with prior neoadjuvant or adjuvant chemotherapy.
- Rinvoq (upadacitinib) 15, 30 & 45 mg tablets — Treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response or intolerance to one or more TNF blockers. An initial 8-week coverage period requiring prescribing by a gastroenterology specialist, diagnosis of moderately to severely active UC, and trial of Humira. Continuation will be permitted on an annual basis requiring continued prescribing by a gastroenterology specialist, and attestation of significant improvement with supporting documentation.

New Medical Benefit Drug Policies

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

- Subcutaneous Immune Globulin (SCIG) MB 2208 — New policy for subcutaneous immune globulin products and treatment criteria. Prior authorization is required.

Changes to Medical Benefit Drug Policies

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

- Intravenous Immune Globulin (IVIG) MB9423 — Updated policy for intravenous immune globulin products and treatment criteria. Prior authorization is required.
- ELZONRIS (tagraxofusp-erzs) MB1905 — Policy criteria updated for alignment strategies. Prior authorization is required and must be prescribed by, or in consultation with, an oncologist or hematologist specialist.

Medical Policies & Medical Benefit Drug Policies in the Document Library

The Prevea360 Health Plan Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents. The Document Library is updated as policies become effective.

Providers are encouraged to track updates and review policies in their entirety. The Prevea360 Health Plan Document Library is directly accessible at prevea360.com/document-library or by

visiting prevea360.com and following the step-by-step instructions below:

- Select **Providers**, and then **Medical Management**.
- Under Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **Audience** dropdown, select **Provider** and in the **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,

Prevea360 Health Plan

This notification will be published on the Prevea Health Plan [Provider Communications web page](#). Visit this page for on-demand access to current and past communications.