

March 1, 2023

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, 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

This section includes links to the online medical policy documents when they are available. The online [Document Library](#) contains current medical policies and, at times, may also include 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 policy documents.

Medical Policies Retired

Effective May 1, 2023:

- High Flow Oxygen for Cluster Headaches
- Risk Reducing (Prophylactic) Mastectomy MP9449

Medical Policies Prior Authorization Removed

Effective May 1, 2023:

- Electric Tumor Treatment Field (Optune) MP9474

Procedures and Devices – Experimental and Investigational – Non-covered

Effective March 1, 2023:

- Non-covered Medical Procedures and Services MP9415 —
 - Transcutaneous electric nerve stimulator (e.g., IB-Stim)

Effective June 1, 2023:

- Non-covered Medical Procedures and Services MP9415 —
 - Sensory and auditory integration therapies for all indications
 - Stem cell therapy for peripheral artery disease
 - Surgical interruption of pelvic nerve pathways for treatment of pelvic pain (e.g., presacral neurectomy and uterosacral nerve ablation)
 - Tidal knee lavage for osteoarthritis and all other indications

Procedures and Devices – Medically Necessary

Effective March 1, 2023:

- Transcatheter intracardiac shunt creation by stent placement for congenital anomalies and all other indications

New Medical Policies

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

Effective June 1, 2023:

- [Wireless Capsule Endoscopy and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626](#) — Prior authorization is not required. Wireless capsule endoscopy of the small bowel is considered medically necessary as a diagnostic imaging tool for:
 - Occult gastrointestinal bleeding: in evaluation of obscure small bowel bleeding or iron deficiency anemia, suspected to be secondary to loss of blood, in members who have undergone upper gastrointestinal (GI) endoscopy and colonoscopy when testing has failed to reveal a source of bleeding.
 - Crohn's disease: for diagnostic and/or reevaluation in symptomatic members known or suspected disease who have undergone upper GI endoscopy and colonoscopy and the testing failed to reveal the source of the symptoms.
 - Small bowel neoplasm: in evaluation suspected, but undiagnosed, small bowel neoplasm, in members symptomatic for a neoplasm and when the diagnosis has not been confirmed by upper GI endoscopy, colonoscopy, nuclear imaging or radiologic procedures.
 - GI polyposis syndromes: for surveillance of the small bowel in members with hereditary small bowel polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.
- [Therapeutic Apheresis – Plasmapheresis, Plasma Exchange MP9627](#) — The policy criteria does not apply to those devices which have been granted a humanitarian device exemption by the FDA when all FDA-required medical necessity criteria are met. Prior authorization is not required for extracorporeal column immunoadsorption apheresis, extracorporeal low-density lipoprotein apheresis and standard plasmapheresis/plasma exchange.
- [Endoscopic Radiofrequency Ablation for Barrett's Esophagus MP9628](#) — Prior authorization is not required. Endoscopic radiofrequency ablation is considered medically necessary for Barrett's esophagus with high-grade or low-grade dysplasia.
- [Scanning Laser Technologies for Retina and Optic Nerve Imaging MP9629](#) — Scanning laser technologies for retina and optic nerve does not require prior authorization and is considered medically necessary for the assessment of disease.
- [Magnetoencephalography and Magnetic Source Imaging MP9630](#) — Prior authorization is not required. Magnetoencephalography/magnetic source imaging is considered medically necessary for:
 - Localization of epileptic lesion foci in members being considered for surgery
 - Mapping of eloquent cortex prior to excision of cerebral lesions such as tumors or epileptic foci in the proximity of any functional area
- [Chronic Rhinitis: Cryoablation, Radiofrequency Ablation, and Laser Ablation Office-Based MP9631](#) — The following procedures are considered experimental and

investigational, and therefore not medically necessary for the treatment of chronic rhinitis:

- Cryoablation for chronic rhinitis (e.g., ClariFix)
- Radiofrequency ablation (e.g., RhinAer™ stylus)
- Laser ablation
- [Single Photon Emission Computed Tomography \(SPECT\) for Attention Deficit Hyperactivity Disorder MP9633](#) — SPECT for screening, diagnosis or evaluation of attention deficit hyperactivity disorder treatment is considered experimental and investigational, and therefore not medically necessary.
- [Electromagnetic Navigation Bronchoscopy MP9634](#) — Prior authorization is not required.

Medical Policy Revisions

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

Effective January 1, 2023:

- [Genetic Testing: Non-Invasive Prenatal Screening \(NIPS\) MP9573](#) — NIPS to predict twin zygosity is considered experimental and investigational, and therefore not medically necessary.

Effective March 1, 2023:

- [Inflammatory Bowel Disease: Serologic Markers, Fecal Calprotectin, and Diagnostic Testing MP9533](#) — Prior authorization is not required. See Fecal Analysis in the Diagnosis of Intestinal Disorders MP9515 for fecal analysis testing.

Effective June 1, 2023:

- [Vagus Nerve Stimulation, Implantable MP9232](#) — Vagus nerve stimulation is considered medically necessary for members with epilepsy when medical policy criteria is met. Prior authorization is required.
- [Corneal Cross-Linking \(CXL\) MP9470](#) — Conventional and accelerated corneal cross-linking is considered experimental and investigational, and therefore not medically necessary, when performed concurrently with other procedures, also known as CXL-plus (e.g., intrastromal corneal ring segments) or photorefractive keratectomy or phakic intraocular lens implantation. Prior authorization is not required.

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.

Pharmacy Drug Formulary Maintenance

Effective for dates of service on and after April 1, 2023:

- **benznidazole 12.5 & 100 mg** — Removal of prior authorization and addition of restriction specialist for infectious disease.
- **adapalene/benzoyl peroxide gel 0.1-2.5% (Epiduo equiv) & adapalene/benzoyl peroxide gel 0.3-2.5% (Epiduo Forte equiv)** — Removal of prior authorization.

- **Infertility drug list updates (Trelstar, clomiphene citrate powder, leuprolide 1 mg/0.2 mL)** — Trelstar & clomiphene will be removed from INF drug list while Leuprolide 1 mg/0.2 mL will be removed from the Medically Administered Pharmacy (MAP) formulary.

Pharmacy Drug New or Expanded Formulations

Effective for dates of service on and after April 1, 2023:

- **Rotarix (Rotavirus Vaccine, live) suspension for oral use** — Added to the Standard Vaccine list.
- **Turalio (pexidartinib) 125 mg capsules** — Moved to preferred brand or specialty tier with prior authorization, quantity limit, and split fill eligible.

Effective for dates of service on and after May 1, 2023:

- **Oxybutynin 5 mg/5mL solution** — Moved to not covered.
- **Ermeza (levothyroxine) 150 mcg/5 mL** — Moved to not covered.

Pharmacy Drug New Indications

Effective for dates of service on and after April 1, 2023:

- **Brukinsa (zanubrutinib) 80 mg capsules** — Added indication to include diagnosis of chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL). Also prior authorization requires prescription by, or in consultation with, an oncologist or hematologist.
- **Tukysa (tucatinib) 50 & 150 mg tablets** — Added indication allowing Tukysa to be used in combination with trastuzumab for the treatment of adult patients with RAS wild-type, HER2-positive unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy. Initial criteria will be updated based upon the label, along with having a prescriber specialty of an oncologist. Continuation criteria will remain the same and be “member is being monitored, has not experienced progression, and is appropriate to continue therapy.”

New Medical Benefit Drug Policies

Effective for dates of service on and after March 1, 2023:

- **KALBITOR (ecallantide)** — New medical policy and prior authorization is required.

Effective for dates of service on and after June 1, 2023:

- **IV Ketamine for Chronic Pain and Mental Health and Substance Related Disorders** — New Not Covered Medical Policy.
- **IV Lidocaine for Chronic Pain** — New Not Covered Medical Policy.

Changes to Medical Benefit Drug Policies

Effective for dates of service on and after May 1, 2023:

- **Bendamustine: Treanda; Bendeka; Belrapzo; Vivmusta** — Policy updated to make allowance for future approvals of 505(b)(2) approvals in perpetuity by adding a notation in the Billing/Coding section with a link to the FDA’s Orange Book.

Effective for dates of service on and after June 1, 2023:

- **LANREOTIDE-Somatuline depot-Lanreotide** — Criteria change including a trial of octreotide LAR as ineffective, contraindicated, or not tolerated.

Retired Medical Benefit Drug Policies

Effective March 1, 2023:

- **CABENUVA (cabotegravir and rilpivirine) MB2131LUPRON-ELIGARD-leuprolide MB1842**

Effective June 1, 2023:

- **IV Lidocaine and Ketamine for Chronic Pain MB2203**

Locating Medical Policies & Medical Benefit Drug Policies

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

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 **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.

Oncology and oncology-related medical benefit drug policies that have been developed by Prevea360 Health Plan's vendor Magellan Rx (MRx) are available via links in the Health Plan's Medical Injectables list, not the Document Library.

Locating 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 [Prevea360 Health Plan's Provider Communications web page](#). Visit this page for on-demand access to current and past communications.