PREVEA360 health plan℠
PO Box 56099
Madison, WI 53705-9399

phone: 877-230-7555
TTY: 711
prevea360.com

September 1, 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.

Also in this month's notice- information regarding the Health Plan's New Comprehensive Oncology Program.

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 September 1, 2022:

- Intrathecal Pump Implantation MP9278

Medical Policies Prior Authorization Removed

Effective June 1, 2022:

- Bone Anchored Hearing Aid MP9018

Procedures and Devices Experimental and Investigational – Non-covered

Effective September 1, 2022:

- Non-covered Medical Procedures and Services MP9415 —
  - Endoscopic implantation of Plexiglas (PMMA) microspheres
  - Epidural lysis of adhesions (e.g., Racz Epidural Catheter)
  - Interferential current stimulation (e.g., Dynatron STS)
  - Quantitative sensory testing

Effective October 1, 2022:

- Non-covered Medical Procedures and Services MP9415 — Volara System Oscillation and Lung Expansion (OLE)
- Products for Wound Healing MP9287 — Negative pressure wound therapy with installation (NPWTi) (e.g., V.A.C. VERAFLOW Therapy and Cardinal Health Simultaneous Irrigation tubing)

New Medical Policy

Effective December 1, 2022:

- Functional Electrical Stimulation (FES) Therapy, Functional Neuromuscular Electrical Stimulation (NMES) Rehabilitation Therapy, and Lower Limb Activity-Based Locomotor Exercise (ABLE) Training MP9566 — Prior authorization is not required. FES and NMES using stationary equipment are considered medically necessary when used as one component of a comprehensive facility-based program and supervised by a skilled provider (e.g., occupational therapist, physical therapist).
- Pelvic Vein Embolization MP9572 — Pelvic vein embolization for the treatment of pelvic vein congestion syndrome/chronic pelvic pain is considered experimental and investigational, and therefore not medically necessary.
- Eustachian Tube Balloon Dilation (Acclarent AERA) MP9573 — Eustachian tube balloon dilation is considered medically necessary for chronic eustachian tube dysfunction. An appropriate diagnosis code must appear on the claim. Claims will deny in the absence of an appropriate diagnosis code. Prior authorization is not required.

Medical Policy Revisions

Effective September 1, 2022:

- Varicose Vein and Venous Insufficiency Treatment of Lower Extremities MP9241 — Duplex ultrasonography is required within the last six months. Prior authorization is required.

Effective December 1, 2022:

- Bone Anchored Hearing Aid System (BAHS) MP9018 — BAHS initial percutaneous or subcutaneous surgery does not require prior authorization. BAHS are considered medically necessary for the treatment of bilateral or unilateral conductive or mixed conductive and sensorineural hearing loss:
  - Bilateral or unilateral hearing loss of greater than 20 dBHL
  - Pure-tone average bone conduction hearing threshold less than or equal to level appropriate for model to be implanted
  - Middle or external ear pathology, if present, is not amenable to surgical reconstruction
  - Trial of air conduction hearing aid failed or is not appropriate

- Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361 — Prior authorization is not required. Treatment is considered medically necessary for benign prostate hypertrophy (BPH) with documented urinary outflow obstruction. The following are considered medically necessary:
  - Transurethral microwave thermotherapy (TUMT)
  - Transuretheral needle ablation (TUNA) also known as radiofrequency thermotherapy or radiofrequency needle ablation (RFNA)
  - Transuretheral incision of the prostate (TUIP)
  - Transuretheral electrovaporization of the prostate (TUVP)
  - Laser prostatectomy
  - Laser based procedures including contact laser ablation of the prostate (CLAP), holmium laser procedures of the prostate (e.g., HoLAP, Holep, HoLRP and thulium laser procedures of the prostate) (ThuLEP)

- Prostatic urethral lift (e.g., UroLift System)
- Transuretheral resection of the prostate (TURP)
- Transuretheral laser coagulation therapies, including non-contact visual laser ablation of the prostate (VLAP)
- Prostatic stent insertion endouretheral prosthesis (uretheral stent) (e.g., UroLume)
- Water vapor thermal therapy (e.g., Rezum System)

- Facet Joint Injections and Percutaneous Denervation Procedures (Radiofrequency and Laser Ablation) for Facet Mediated Joint Pain MP9448 — Prior authorization is required. Initial intra-articular diagnostic facet joint injections/medial branch nerve block are considered medically necessary when:
  - Diagnostic blocks are needed to confirm or validate facet joint as source of chronic pain
  - Member is a candidate for facet neurotomy
  - Limited to no more than three levels per side of each spinal region per the initial and/or confirmatory diagnostic session(s)

  Initial radiofrequency ablation/neurotomy of the facet joint/facet neurotomy is medically necessary when:
  - Severe, non-radiating radicular chronic spinal (cervical, thoracic or lumbar) pain for at least three months duration
  - Documented failure of three months or more of nonoperative management
  - Two positive diagnostic blocks (facet joint injection or medial branch nerve blocks) that have achieved 80% pain relief from baseline pain scores
  - Imaging studies and physical examination have ruled out other causes of spinal pain

  Repeat radiofrequency joint denervation/neurotomy at the same facet joint level is considered medically necessary when all of the following are met:
  - Pain relief of at least 50% lasting a minimum of 12 weeks
  - Procedure is performed at a minimum of six months following the prior denervation/ablation (maximum of two times over a twelve-month period per side and level)
  - Severe pain limiting activities of daily living for at least three months despite conservative treatments
  - Repeat RFA treatment procedure is limited to three levels per side of each spinal region in a six-month period

- Liver and Other Neoplasm – Chemoembolization and Radioembolization for Hepatic Tumors MP9462 — Coverage for radioembolization is based on the FDA approval as a Humanitarian Device Exemption. Prior authorization is not required. Radioembolization with intra-hepatic microsphere is considered medically necessary for any of the following:
  - Unresectable metastatic liver tumors from neuroendocrine tumors
  - Unresectable primary hepatocellular carcinoma
  - Unresectable metastatic liver tumors from primary colorectal cancer
  - Unresectable primary intra-hepatic cholangiocarcinoma
  - Unresectable primary hepatocellular carcinoma as a bridge to liver transplantation

- Corneal Cross-Linking (CXL) MP9470 — Conventional and accelerated CXL is considered medically necessary for the treatment of keratoconus or corneal ectasia. Prior authorization is not required. CXL is considered experimental and investigational:
  - When performed concurrently with refractive eye surgery procedures such as LASIK or when combined with intrastromal corneal ring segments
  - Transepithelial and partial epithelium-off CXL

- Bone, Cartilage, Ligament Graft Substitutes and Blood Derived Biologics for Orthopedic Applications MP9545 — The following stem cell and cellular bone matrix products are considered experimental and investigational for orthopedic applications:
  - Allograft bone graft substitutes containing stem cells, or allograft or synthetic bone graft substitutes that must be combined with autologous blood or bone marrow
  - Synthetic ceramic-based or bioactive glass bone substitutes or fillers

  The following autologous blood-derived products are considered experimental and investigational:
  - Platelet-rich plasma
  - Autologous conditioned serum injections
  - Autologous whole blood injections for tendonopathies and other indications
  - Autologous blood-derived products for the treatment of chronic non-healing wounds

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.

New Comprehensive Oncology Program
Prevea360 Health Plan is pleased to announce the launch of our Comprehensive Oncology Program with Magellan Rx (MRx), a division of Magellan Health, Inc., for dates of service on and after January 1, 2023. This program offers comprehensive oncology and oncology-related medical benefit drug policies with advanced clinical criteria, dose optimization, and drug wastage components. It also allows the Health Plan access to and support from oncology specialists in areas such as breast, lung, melanoma, myeloma, lymphoma, genitourinary, lung, and gastrointestinal cancer, as well as board-certified oncology pharmacists to assist Health Plan staff with prior authorization clinical recommendations.

Note: Prior authorizations approved before the effective date will be grandfathered under the previous policy and exempt through the prior authorization expiration date.

Oncology and Oncology-Related Medical Benefit Drug Policies
New and updated policies will be co-branded with both MRx and Prevea360 Health Plan logos and available in the Prevea360 Health Plan Document Library later this year. All policies are informed by NCCN guidelines.

Prior Authorization Submission and Form
For dates of service on and after January 1, 2023, providers **will continue** to submit prior authorization requests to the Health Plan, but using one, simplified prior authorization form for all oncology and oncology-related medication authorization requests. The universal prior authorization form will be found on Prevea360 Health Plan's Medical Injectable List.

Not Changing for Dates of Service On and After January 1, 2023
For dates of service on and after January 1, 2023, the following **will continue** under the same requirements and/or processes as today**:**

- Providers will be able to access both the medical policy and the prior authorization form via the Health Plan's Medical Injectable List.
- Policies will continue to be accessible from the Health Plan's Document Library.
- Clinical notes and all supporting documentation for the authorization request will be required.
- Prior authorization requests will be accepted via fax to 608-252-0814 and determination letters will be returned from the Health Plan.
- The current peer-to-peer process will be available for consultation and clinical review of potential denials and appeals for all oncology-related medical benefit drugs.
- Prior authorizations approved before January 1, 2023.

Changing for Dates of Service On and After January 1, 2023
For dates of service on and after January 1, 2023, the following **will change**:

- One prior authorization form for all oncology medication requests will replace the current separate forms for specific drugs.
- Providers may receive a phone call from MRx supporting the Health Plan during the authorization review process, if additional information is necessary to render a determination on the request.
- Affected medical benefit drug policies will be co-branded.
- Affected oncology and oncology-related medications will have a new policy, retired policy, or changed clinical criteria policy, as listed in the Attachment to this notice:
    - New policies will require prior authorization. ***Note*****:** Some of the listed drugs may already have prior authorization requirements, but not an associated policy currently.
    - Changed policies are current policies that will be updated for changed criteria and/or prior authorization requirements.
    - Retired policies will no longer require prior authorization, but will continue to be covered with an appropriate diagnosis.

Providers are encouraged to review new and changed medical benefit drug policies, when available. A summary of individual policy changes will be included in next month's policy notice. Providers can email questions regarding the Comprehensive Oncology Program to Pharmacy Services at DHP.Pharmacyservices@deancare.com.

Pharmacy Drug Formulary Maintenance
Effective for dates of service on and after October 1, 2022:

- Xifaxan (rifaximin) 550 mg tablet — Quantity limit added of 60 tablets, per 30 days.
- Priorix (Measles, Mumps, and Rubella Vaccine, Live) subcutaneous injection — Added to the standard vaccine list.

- FreeStyle Libre 3 continuous glucose monitor (sensors) — Prior authorization required and quantity limit added.
- Olumiant (baricitinib) 4 mg tablet — Prior authorization required and quantity limit added.
- Hypnotics (Ambien, Ambien CR Intermezzo, Sonata, Lunesta) — Quantity limit added.
- Ramelteon (Rozerem equiv) 8 mg tablet — Quantity limit added.

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

- Phospholine iodide (echothiophate iodide) 0.125% ophthalmic solution — Changed from Preferred Brand to Not-Covered.

Pharmacy Drug New Indications

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

- Olumiant (baricitinib) 2 & 4 mg tablet — New indication alopecia areata added to prior authorization.
- Xalkori (crizotinib) 200 & 250 mg capsules — New indication for use in adult and pediatric patients 1 year of age and older with unresectable, recurrent, or refractory ALK-positive inflammatory myofibroblastic tumor (IMT). Will require prescription by an oncologist, diagnosis of unresectable, recurrent, or refractory IMT, and documentation of ALK positive disease.
- Dupixent (dupilumab) 300 mg/2 mL subcutaneous injection — New indication for the treatment of eosinophilic esophagitis (EoE) in patients 12 years of age and older weighing at least 40 kg.

Pharmacy Drug Prior Authorization Form Updates

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

- Genotropin (somatropin) — Criteria update to align with guidelines on prior authorization form for growth hormone.
- Eylea (aflibercept) & Beovu (brolucizumab) — Step through of Byooviz (ranibizumab) added to prior authorization form.

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.

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.

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 Provider Communications web page. Visit this page for on-demand access to current and past communications.

P360 NMPS041420080352

ATTACHMENT

Medical Policy and Medical Benefit Drug Policy Updates Provider Notice, Dated September 1, 2022

The Health Plan's Comprehensive Oncology Program is effective for dates of service on and after January 1, 2023.

- New policies will require prior authorization. ***Note*:** Some of the listed drugs may already have prior authorization requirements, but not an associated policy currently.
- Changed policies are current policies that will be updated for changed criteria and/or prior authorization requirements.
- Retired policies will no longer require prior authorization, but will continue to be covered with an appropriate diagnosis.

New **Oncology & Oncology-Related Medical Benefit Drug Policies**				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Akynzeo	fosnetupitant/palonosetron		Nivestym	filgrastim-aafi
Aliqopa	copanlisib		Nplate	romiplostim
Aloxi	palonosetron		Onivyde	irinotecan liposome injection
Azedra	iobenguane I-131		Opdualag	nivolumab/relatlimab-rmbw
Carvykti	ciltacabtagene autoleucel		Pluvicto	lutetium Lu 177 vipivotide tetraxetan
Fyarro	sirolimus albumin-bound		Poteligeo	mogamulizumab-kpkc
Granix	tbo-filgrastim		Provenge	sipuleucel-T
Herceptin Hylecta (SQ)	trastuzumab and hyaluronidase-oysk		Releuko	filgrastim-ayow
Imlygic	talimogene laherparepvec		Sustol	granisetron
Jelmyto	mitomycin		Sylvant	siltuximab
Marqibo	vincristine sulfate liposomal		Vyxeos	daunorubicin-cytarabine
Mylotarg	gemtuzumab ozogamicin		Yondelis	trabectedin
Neupogen	filgrastim			

Changed **Oncology & Oncology-Related Medical Benefit Drug Policies**				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Abecma	Idecabtagene vicleucel		Kanjinti	trastuzumab-anns
Abraxane	paclitaxel protein bound		Keytruda	pembrolizumab
Adcetris	brentuximab vedotin		Khapzory	levoleucovorin
Aranesp	darbepoetin alpha		Kymriah	tisagenlecleucel
Alimta	pemetrexed		Libtayo	cemiplimab-rwlc
Alymsys	bevacizumab		Lumoxiti	moxetumomab pasudotox-tdfk
Avastin	bevacizumab		Lutathera	lutetium Lu 177 dotatate
Bavencio	avelumab		Margenza	margetuximab-cmkb
Beleodaq	belinostat		Mvasi	bevacizumab
Belrapzo	bendamustine		Monjuvi	tafasitamab-cxix
Bendeka	bendamustine		Ogivri	trastuzumab-dkst
Besponsa	inotuzumab ozogamicin		Ontruzant	trastuzumab-dttb
Blenrep	belantamab mafodotin-blmf		Opdivo	nivolumab
Blincyto	blinatumomab		Padcev	enfortumab vedotin-ejfv
Bortezomib	bortezomib		Pegfilgrastim	Pegfilgrastim products
Breyanzi	lisocabtagene maraleucel		Pemfexy	pemetrexed
Cosela	trilaciclib		Pepaxto	melphalan flufenamide
Cyramza	ramucirumab		Perjeta	pertuzumab
Danyelza	naxitamab-gqgk		Phesgo	pertuzumab, trastuzumab and hyaluronidase-zzxf
Darzalex (IV)	daratumumab		Polivy	polatuzumab vedotin-piiq
Darzalex Faspro (SC)	daratumumab and hyaluronidase-fihj		Portrazza	necitumumab
Elzonris	tagraxofusp-erzs		Procrit	epoetin alfa
Empliciti	elotuzumab		Proleukin	aldesleukin, IL-2
Enhertu	fam-trastuzumab deruxtecan-nxki		Retacrit	epoetin alfa-epbx
Epogen	epoetin alfa		Riabni (IV)	rituximab-arrx
Erbitux	cetuximab		Rituxan (IV)	rituximab
Fulphila	pegfilgrastim-jmdb		Rituximab Hycela (SC)	rituximab and hyaluronidase human
Fusilev	levoleucovorin		Ruxience (IV)	rituximab-pvvr
Gazyva	obinutuzumab		Rybrevant	amivantamab-vmjw
Herceptin	Trastuzumab		Sarclisa	isatuximab-irfc
Herzuma	trastuzumab-pkrb		SANDOSTATIN LAR	octreotide acetate
Imfinzi	durvalumab		Tecartus	brexucabtagene autoleucel
Infugem	gemcitabine		Tecentriq	atezolizumab
Jemperli	dostarlimab-gxly		Tivdak	tisotumab vedotin-tftv
Jevtana	cabazitaxel		Trazimera	trastuzumab-qyyp
Kadcyla	ado-trastuzumab emtansine		Treanda	bendamustine

Changed Oncology & Oncology-Related Medical Benefit Drug Policies				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Trodelvy	sacituzumab govitecan-hziy		Yescarta	axicabtagene ciloleucel
Truxima	rituximab-abbs		Zepzelca	lurbinectedin
Vectibix	panitumumab		Zirabev	bevacizumab
Velcade	bortezomib		Zynlonta	tafasitamab-cxix
Yervoy	ipilimumab			

Retired Oncology & Oncology-Related Medical Benefit Drug Policies				
Brand Name	**Generic Name**		**Brand Name**	**Generic Name**
Arzerra	ofatumumab		Istodax	romidepsin
Asparlas	calaspargase pegol		Kyprolis	carfilzomib
Camcevi	leuprolide		Lupron Depot	leuprolide
Cosmegen	dactinomycin		Oncaspar	pegaspargase
Eligard	leuprolide		Orgovyx	relugolix
Erwinaze	asparaginase erwinia chrysanthemi		Synribo	omacetaxine
Fensolvi	leuprolide acetate for depot suspension		Unituxin	dinutuximab
Folotyn	pralatrexate		Zaltrap	ziv-aflibercept
Halaven	eribulin mesylate			