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

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

August 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.

Home Infusion Administration Prior Authorization Requirement Removed

Effective for dates of service on and after September 1, 2022, prior authorization will no longer be required for the *administration* of home infusion (codes 99601, 99602, G0068, G0069, G0070, S9500, and S9810). This will not change prior authorization for infusion *drugs* with a prior authorization requirement. Infusion drugs requiring prior authorization will continue to require prior authorization. As a reminder, *supplies* for home infusion do not require prior authorization.

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. Please go to the Document Library for the most up-to-date information regarding our medical policies. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of policy documents.

Experimental and Investigational – Non-covered

Effective November 1, 2022:

- **Non-covered Medical Procedures and Services MP9415** —
  - Annulous fibrosis repair devices (e.g., Xclose)
  - Arthroscopy, shoulder with implantation of subacromial spacer
  - Cervicography
  - Computerized dynamic posturography
  - Corneal hysteresis assessment
  - Thoracic electrical bioimpedance for cardiac output measurement

Retired Medical Policy

Effective August 1, 2022:

- Intensity Modulated Radiation Therapy MP9426
- Shingrix, Non-Routine Use MP9549

New Medical Policy

Effective December 1, 2022:

- **Elastography MP9562** — Ultrasound transient elastography (e.g., FibroScan) is considered medically necessary for diagnosing and monitoring liver fibrosis in members with chronic liver disease or with psoriasis who are currently receiving therapy with methotrexate. Ultrasound transient elastography is considered experimental and investigational, and therefore not medically necessary for all other liver disease and all non-liver disease indications. Magnetic resonance elastography is considered medically necessary when ultrasound transient elastography is unavailable, contraindicated, or results are indeterminate and for known or suspected nonalcoholic fatty liver disease. Prior authorization is not required.
- **Percutaneous Tibial Nerve Stimulation MP9563** — Percutaneous tibial nerve stimulation does not require prior authorization and is considered medically necessary for the treatment of overactive bladder in members 18 years of age and older. Percutaneous nerve stimulation is considered experimental and investigational, and therefore not medically necessary for all other indications, including but not limited to, neurogenic bladder, fecal incontinence, constipation, chronic pelvic pain, and use in individuals less than 18 years of age.
- **Eye Movement Desensitization and Reprocessing (EMDR) MP9564** — EMDR is considered medically necessary for the treatment of post-traumatic stress disorder. Prior authorization is not required.
- **Laser Treatments for Chorodial Neovascularization (CNV) Associated with Macular Degeneration MP9565** — For members with macular degeneration, conventional focal laser treatment using argon or diode laser does not require prior authorization and is considered medically necessary for the treatment of choroidal neovascularization outside the center of the macula. The following are considered experimental and investigational, and therefore are not medically necessary: Transpupillary thermotherapy using a warm infrared diode laser to treat classic or occult CNV. Laser photocoagulation of retinal drusen to prevent loss of visual acuity due to possible development of classic or occult CNV.
- **Multichannel Intraluminal Esophageal Impedance with pH Monitoring MP9567** — Esophageal impedance with pH monitoring for the evaluation of GERD is considered medically necessary in members non-responsive to treatment or with atypical symptoms. Prior authorization is not required.
- **Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis Diagnosis and Treatment MP9568** — The diagnosis and treatment of CCSVI in Multiple Sclerosis, including but not limited to, venous angioplasty, is considered experimental and investigational, and therefore not medically necessary.
- **Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569** — ViziLite for oral cancer screening is considered experimental and investigational, and therefore not medically necessary.

Medical Policy Revisions

Effective August 1, 2022:

- **Repairs/Replacement Durable Medical Equipment (DME)/Supplies MP9106** — Reimbursement or repair of any covered item that is damaged and/or destroyed by

member carelessness, misuse, abuse, loss or theft, is not covered. Repair or replacement of DME/supplies requires prior authorization and is covered according to the member's Certificate or Summary Plan Description. DME purchases from online retailers are not covered.

Effective September 1, 2022:

- **Cardiac Monitoring Devices and Cardiac Procedures MP9540** — External continuous pulmonary fluid monitoring (e.g., Cardio-Pulmonary Stethoscope System) is considered experimental and investigational, and therefore not medically necessary.

Effective October 1, 2022:

- **Cardio-Defibrillator, Wearable (Zoll Life Vest) MP9522** — Claims will deny if the diagnosis billed is considered not medically necessary. Prior authorization is required.

Effective November 1, 2022:

- **Percutaneous Left Ventricular Device (pVAD) MP9528** — The policy does not apply to those devices which have been granted a Humanitarian Device Exemption by the U.S. Food and Drug Administration (FDA), and are considered medically necessary when all FDA required criteria are met. Percutaneous left ventricular assist device pVAD (e.g., Impella) is considered medically necessary for the following: bridge to recovery, bridge to decision, destination therapy, short-term circulatory support in cardiogenic shock or as an adjunct to percutaneous coronary intervention. Prior authorization is not required.
- **Inflammatory Bowel Disease: Serologic Markers and Pharmacogenomic and Metabolic Assessment of Thiopurine Therapy MP9533** — Fecal measurement of calprotectin does not require prior authorization and is considered medically necessary for:
  - Monitoring/managing disease activity in inflammatory bowel disease
  - Differentiating inflammatory bowel diseases from irritable bowel syndrome in individuals with symptoms that have lasted greater than four weeks

  Anti-smooth muscle antibodies (ASMA) and centrosomal protein 72 *(CEP72)* are considered experimental and investigational, and therefore not medically necessary.
- **Lab Testing MP9539** — The following tests are considered experimental and investigational, and therefore not medically necessary: Serial dilution endpoint titration for the diagnosis and treatment of airborne allergy and Hydroxychloroquine drug assay.

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 September 1, 2022:

- Nevirapine ER (Viramune XR equiv) 100 & 400 mg extended-release tablets — Step Therapy removal from the coverage of the extended-release products.
- Antifungals — Voriconzole susp and tabs removed restriction to specialist.

- Tyvaso DPI (treprostinil) 16, 32, 48, & 64 mcg powder cartridges — Formulary coverage will be aligned with this product at the preferred brand or specialty tier with prior authorization to specialist (pulmonologist/cardiologist) and diagnosis confirmed by right heart catheterization (PAH) or high-resolution computed tomography (PAH due to ILD). A quantity limit based on titration and maintenance packaging will also be applied.

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

- Praluent (alirocumab) 75 & 150 mg/mL — Removal from formulary and moved to non-covered.
- Meloxicam 7.5 mg/5 mL oral suspension — Removal from formulary and moved to non-covered.
- Rubraca (rucaparib) — Withdrawal of indication for the treatment of adult patients with a deleterious BRCA-mutation associated epithelial ovarian, fallopian tube, or primary peritoneal cancer after two or more prior lines of platinum-based chemotherapy was withdrawn and will be removed from the prior authorization form.

Pharmacy Drug New Indications

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

- Skyrizi (risankizumab) 360 mg/2.4 mL subcutaneous injection — New indication for prior authorization for use in Crohn's disease.
- Imcivree (setmelanotide) 10 mg/mL subcutaneous injection — New indication for prior authorization for chronic weight management in adult and pediatric patients 6 years of age and older with obesity due to Bardet-Biedl Syndrome (BBS).
- Vaxneuvance (pneumococcal 15-valent conjugate vaccine) suspension — Removal of age restriction to prior authorization.
- Mekinist (trametinib) 0.5 & 2 mg tablets — New indication for prior authorization for the treatment of adult and pediatric patients six years of age and older with unresectable or metastatic solid tumors with the BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.
- Tafinlar (dabrafenib) 50 and 75 mg capsules — New indication for prior authorization for the treatment of adult and pediatric patients six years of age and older with unresectable or metastatic solid tumors with the BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options.

Pharmacy Drug Prior Authorization Form Updates

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

- Continuous Glucose Monitors (Dexcom, Freestyle Libre) — Removal of provider attestation of potential for benefit, instruction on use, and patient motivation on prior authorization form.
- Leuprolide products (Eligard, Lupron Depot) — Removal of weight requirement from products that do not have weight-based dosing on prior authorization form.
- Jynarque (tolvaptan) — Criteria update to align with guidelines on prior authorization form.
- Xultophy (insulin degludec and liraglutide) — Updating approval duration to lifetime on prior authorization form.
- Soliqua (insulin glargine and lixisenatide) — Updating approval duration to lifetime on prior authorization form.
- Nerlynx (neratinib) — Criteria update to align with guidelines on prior authorization form.

- Daraprim (pyrimethamine) — Criteria update to align with guidelines on prior authorization form.
- Pomalyst (pomalidomide) — Criteria update for FDA for the indication of Kaposi sarcoma on prior authorization form.
- Infliximab products (Renflexis, Avsola) — Alignment of approved criteria for Crohn's Disease and Ulcerative Colitis with treatment guidelines.

New Medical Benefit Drug Policies

Effective for dates of service on and after November 3, 2022:

- **New to Market Medical Pharmacy Products MB2211** — New medical policy overview for new-to-market professionally administered medical pharmacy products until they are reviewed and approved for coverage by the U.S. Food and Drug Administration (FDA). Prior authorization is not applicable and the plan does not cover services that are not medically necessary and/or are investigative. Individual cases may be considered by the Medical Director.
- **New to Market Medical Pharmacy Products Currently Under Clinical Review MB2210** — New medical policy for listing drugs under current clinical review by the U.S. Food and Drug Administration (FDA).

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.

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