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September 30, 2022

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

Dear WellFirst Health™ Provider:

WellFirst Health'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 WellFirst Health 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.

### ***New Medical Policy***

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

Effective January 1, 2023:

- [Cognitive Rehabilitation/ Remediation MP9561](#) — Prior authorization is not required. Cognitive rehabilitation/remediation is considered medically necessary following focal traumatic brain injury when there is a reasonable expectation of achieving measurable improvement.
- [Outpatient and Inpatient Electroconvulsive Therapy \(ECT\) MP9570](#) — Prior authorization is not required. ECT is considered medically necessary to treat severe, treatment-resistance depression, and may be useful in treating individuals with bipolar disorder and schizophrenia that has not responded to other treatments.
- [Cell Therapy for the Treatment of Cardiac Disease MP9578](#) — Treatment is considered experimental and investigational, and therefore not medically necessary.
- [Neurofeedback/ Biofeedback for Behavioral and Substance Use Disorders MP9579](#) — Neurofeedback or biofeedback (with or without EEG guidance) is considered not medically necessary, and therefore not covered for treating any behavioral or substance use disorders.

### ***Medical Policy Revisions***

Effective January 1, 2023:

- [Responsive Cortical Stimulation MP9496](#) — Prior authorization is not required. Treatment is considered medically necessary for members age 18 and older with

localized focal epilepsy who:

- Have undergone diagnostic testing that localized no more than two epileptogenic foci
- Currently have an average of at least three or more disabling seizures per month
- Seizures are refractory to two or more antiepileptic medications

### **Medical Benefit Drug Policy Updates**

WellFirst Health 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](mailto:DHPPharmacyServices@deancare.com).

### **Pharmacy Drug Formulary Maintenance**

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

- Calquence (acalabrutinib) 100 mg tablets — Setup to mirror formulary coverage of the capsule at the preferred brand/specialty tier and will require a prior authorization to prescriber specialty (oncologist or hematologist) and indication, a quantity limit of two tablets per day, and split fill/limited distribution where applicable.
- Dual Orexin Receptor Antagonists (Dayvigo, Belsomra, Quviviq) — Changed from not-covered to a preferred or non-preferred generic with quantity limit.
- Rosuvastatin (Crestor equiv.) 5, 10, 20, 40 mg tablets — Quantity limit removed.
- Self-injectables (estradiol valerate, testosterone enanthate, ketorolac tromethamine, methylprednisolone SS, dexamethasone sodium phosphate, Solu-Cortef) — Changed from not-covered to a preferred or non-preferred generic coverage with quantity limit.

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

- Epiduo Forte (adapalene/benzoyl peroxide) 0.3/2.5% gel — Removal of the brand product from formulary and add the generic product at the non-preferred generic tier, still retaining the standard prior authorization requirements for acne products to prevent off-label cosmetic use.

### **Pharmacy Drug New Indications**

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

- Opzelura (ruxolitinib) 1.5% cream — New indication for treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.
- Nubeqa (darolutamide) 300 mg tablets — New indication for use, in combination with docetaxel, for the treatment of metastatic hormone-sensitive prostate cancer.

### **Pharmacy Drug Prior Authorization Form Updates**

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

- Strensiq (asfotase alfa) — Updated prior authorization documentation criteria for: removal of prescribing “in consultation,” as this complex disease state must be managed by an endocrinologist; removal of the “pediatric” specialist restriction, as an adult endocrinologist may continue to treat patients with pediatric-onset disease; required documentation of vitamin B6-dependent seizures, rachitic chest deformity causing respiratory problems, bowed arms/legs, or failure to thrive prior to the age of 18; required documentation from radiographic imaging reports demonstrating infantile rickets,

alveolar bone loss, craniosynostosis, or other evidence of hypophosphatasia prior to the age of 18 rather than a checkbox that imaging supports the diagnosis; and requiring documentation of the PLP level, rather than a checkbox to indicate elevated levels.

- Benlysta (belimumab) & Saphnelo (anifrolumab) — Updated steroid requirement criteria on prior authorization.
- Prolia (denosumab) — Added bisphosphonate step for oncology related indications, updated 'daily steroid use' requirement, and added continuation criteria to prior authorization form.
- Braftovi (encorafenib) & Mektovi (binimetinib) — Addition of criteria for encorafenib to be used in combination with either cetuximab or panitumumab for colorectal cancer.

### **New Comprehensive Oncology Program Policy Documents**

In the [provider notice dated September 1, 2022](#), WellFirst Health announced the new Comprehensive Oncology Program with Magellan Rx (MRx), effective for dates of service on and after January 1, 2023. The cobranded oncology and oncology-related medical benefit drug policy documents with future effective dates are accessible for preview from a direct link on the [WellFirst Health Document Library web page](#).

### **Medical Policies & Medical Benefit Drug Policies in the Document Library**

The WellFirst Health 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 WellFirst Health Document Library is directly accessible at [wellfirstbenefits.com/document-library](https://wellfirstbenefits.com/document-library) or by visiting [wellfirstbenefits.com](https://wellfirstbenefits.com) and following the step-by-step instructions below:

- Select **Providers**, and then **Medical Management**.
- 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.

### **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](https://prescribers.navitus.com).

Sincerely,

WellFirst Health

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