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December 1, 2021

RE: Material Change Notification for Medical Benefit Drug Policies

Dear WellFirst Health Provider:

WellFirst Health's Medical Policy Committee has approved the drug policies highlighted in this notification. These changes, and other changes not included in this notification, will also be communicated in the [quarterly provider newsletters](#) and available online. Please share this information with others within your organization who may be affected by these changes.

This notification also outlines upcoming changes to the fax and phone numbers listed on Medical Benefit Drug Prior Authorization Forms effective January 15, 2022, and provides more information about the change to the [Pharmacy and Therapeutics \(P&T\) Committee review process communicated to providers in September 2021](#).

Information in this notification is applicable to all WellFirst Health products, unless specified.

WellFirst Health requires providers to obtain prior authorization on all drugs with written policies, unless otherwise noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

Changes to Drug Policies

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

- CRYSVITA (burosumab) MB1831 – which is a fibroblast growth factor 23 (FGF23)– blocking antibody indicated for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older. Additional language was added regarding criteria, accepted prescriber specialties, reduced initial authorization period to 4 months for adult X-linked phosphatemia, and added quantity limits. Prior authorization is required and is restricted to be prescribed by an endocrinologist, nephrologist, medical geneticist, or specialist experienced in treatment of metabolic bone disorders.

Changes to Fax and Phone Numbers on Medical Benefit Drug Prior Authorization Forms

Effective January 15, 2022, WellFirst Health will be managing medical benefit drug prior authorizations in place of Navitus Health Solutions who currently manages these authorizations. As a result, the Medical Benefit Drug Prior Authorization Forms will be revised to reflect new fax and phone numbers for form submission as well as the Customer Care number for questions.

Forms will continue to be available through the Navitus Prescriber Portal as they are today. Providers are encouraged to always obtain forms online, and not save them to their desktop or stockpile printed copies, to ensure they are using the most current forms.

Policies are not changing and this change will not affect any prior authorization requests approved prior to January 15, 2022.

Navitus will continue to manage pharmacy benefit drug authorizations.

New Drugs Are Not Covered Until Reviewed and Approved by P&T Committee

[As announced earlier this year](#), effective December 1, 2021, the Health Plan will no longer cover U.S. Food and Drug Administration (FDA) approved drugs that are new to the market until the P&T Committee formally reviews and grants approval. This means that any claims submitted for a drug newly approved by the FDA with a date of service before P&T Committee approval will be denied.

The P&T Committee will make coverage decisions within one year of the FDA approval and communicate approvals in the quarterly Provider News. If a provider believes that use of a new drug is medically necessary prior to P&T Committee approval, they may submit an [Exception to Coverage Request form](#).

The Health Plan may make exceptions for FDA emergency use authorizations and approvals related to the current public health emergency based on regulatory coverage guidance. These exceptions will be communicated in a COVID-19 provider notice and published to the [WellFirst Health COVID-19 provider web page](#).

Provider News

The quarterly *WellFirst Health Provider News* informs WellFirst Health Plan providers, clinic administrators, and professional staff of changes in health plan policies and benefits, including:

- Medical Policy and Drug Policy updates and Clinical Guidelines available on our website
- Formulary updates and Pharmacy Management Procedures
- Quality Improvement Program updates
- How to refer members to Care Management Programs
- Member Rights and Responsibilities
- Utilization Management criteria

WellFirst Health Provider News editions are published on the WellFirst Health website at wellfirstbenefits.com/Providers/Provider-news (or accessible by clicking the **See News** link on the [Providers page](#)).

Medical Benefit Drug Policies

Prescribers are encouraged to track changes and review policies in their entirety. Medical benefit drug policies are accessible online via the WellFirst Health Document Library at wellfirstbenefits.com/document-library or by visiting wellfirstbenefits.com and following the step-by-step instructions below:

- Select **Providers**, and then **Document Library**.
- From the Document Library page, for best results, select **Provider** in the **Audience dropdown** and select **Drug Policies** in the **Category** dropdown.
- In the **Search for** field, enter the drug 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 drug policies.

Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Provider Portal.

Please email any questions to DHPPharmacyServices@deancare.com.

Sincerely,

WellFirst Health Pharmacy Services