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October 29, 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.

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 by sending authorization requests to Navitus, 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 February 1, 2022, the following:

- Medicare Part B Step Therapy MB2011 — this Medical Benefit Injectable policy is provided for informational purposes only and does not constitute medical advice. This policy supplements Medicare National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals for the purpose of determining coverage under Medicare Part B medical benefits. This policy implements a prior authorization requirement for prescriptions or administrations of medical benefit drugs only. It also includes changes to 2021 Step B therapy treatments and additional Step B therapy treatments for 2022.
- ORENCIA (abatacept-IV) MB9457 — which is a selective T cell costimulation modulator indicated for the treatment of: adult patients with moderately to severely active rheumatoid arthritis (RA), patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA), and adult patients with active psoriatic arthritis (PsA). Changes made to align with Navitus subcutaneous (SC) policy due to contract changes, double step from single step for all indications (RA, PJIA, PsA). Prior authorization is required and is restricted to rheumatology prescribers.
- SIMPONI ARIA (golimumab) MB9847 — which is a tumor necrosis factor (TNF) blocker indicated for the treatment of: adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate; active psoriatic arthritis (PsA) in patients 2 years of age and older; adult patients with active ankylosing spondylitis (AS); and active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older. Removal of non-first line therapies from step requirements. Prior authorization is required and is restricted to (or in consultation with) rheumatology specialists (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis) or gastroenterology specialists (Ulcerative Colitis).

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

- FLOLAN-epoprostenol-REMODULIN-treprostinil MB1934 — FLOLAN, which is a prostaglandin (a hormone-like substance that occurs naturally in the body) used to treat pulmonary hypertension. REMODULIN, which is a prostacyclin mimetic indicated for: Treatment of pulmonary arterial hypertension (PAH; WHO Group 1) to diminish symptoms associated with exercise and patients who require transition from epoprostenol, to reduce the rate of clinical deterioration. Adoption of Navitus Policy and only generic approvable through authorization, brand Remodulin not covered. Prior authorization is required for generic and be prescribed by, or in consultation with, a cardiologist or pulmonologist.

New Drug Policies for Medicare Advantage

Effective for dates of service on and after February 1, 2022, the drug policies listed below, currently applicable to Commercial products, will also apply to Medicare Advantage products:

- Medically Administered Oncology Products, MB2112
- ACTHAR GEL (repository corticotropin injection), MB2103
- ADAKVEO (crizanlizumab), MB2003
- BENLYSTA (belimumab), MB1820
- ZULRESSO (brexanolone), MB1939
- CRYSVITA (burosumab-twza), MB1831
- ERWINAZE (asparaginase erwinia chrysanthemi), MB1919
- EVRYSDI (risdiplam), MB2111
- FLOLAN-(epoprostenol) REMODULIN (treprostinil), MB1934
- GAZYVA (obinutuzmab), MB9451
- GIVLAARI (givosiran), MB2001
- IMFINZI (durvalumab), MB1828
- KEYTRUDA (pembrolizumab), MB1812
- KRYSTEXXA (pegloticase), MB2113
- SPINRAZA (nusinersen), MB9949
- SCENESSE (afamelanotide), MB2002
- TEPEZZA (teprotumumab-trbw), MB2005
- TROGARZO (ibalizumab), MB2014
- ULTOMIRIS (ravulizumab), MB1902
- ZEPZELCA (lurbinectedin), MB2015
- OXLUMO (lumasiran), MB2125
- BLENREP (belantamab mafodotin-blmf), MB2012
- VYEPTI (eptinezumab-jjmr), MB2120
- Alpha- 1 Antitrypsin Inhibitor, MB9446
- Mepsevii (vestronidase alfa-vjbk), MB2119

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 **Overview**.
- Navigate to **Manuals** and click **Go to manuals**.
- Enter the drug name or the numerical digits of the assigned policy number (e.g. entering 1234 of the medical benefit policy number MB1234) in the **Search for** field to find the full catalog of 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

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