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December 30, 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, unless otherwise noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

New Drug Policies

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

- INFUGEM-gemcitabine MB2132 – which is a nucleoside metabolic inhibitor indicated: (1) in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum based therapy; (2) in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated; (3) in combination with cisplatin, for the treatment of non-small cell lung cancer; and (4) as a single agent for the treatment of pancreatic cancer. Infugem (premixed gemcitabine in sodium chloride solution; J9198 will require prior authorization. Gemcitabine hydrochloride (J9201) will not require prior authorization. The prior authorization must be prescribed by, or in consultation with, an oncologist prescriber.
- Parenteral Iron products MB2134 – used for patients intolerant or unresponsive to oral iron therapy, for receiving recombinant erythropoietin therapy, or for use in treating functional iron deficiency and iron deficiency anemia. Prior authorization is not required for preferred products (Venofer, INFED, Ferrlicit, Feraheme). Prior authorization is required for non-preferred products (Injectafer, Monoferric).

Retired Policies

Effective for February 1, 2022, the drug policy listed below will be retired, but not the drug itself. The drug will now be under the pharmacy benefit per Navitus policy.

- ACTHAR GEL – repository corticotropin injection MB2103

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