

## Medical Policy updates – 9/1/18

### MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at [healthpartners.com](http://healthpartners.com) (path: Provider/Coverage Criteria). Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Reduction Mammoplasty	<p>Effective immediately, policy revised.</p> <ul style="list-style-type: none"> <li>• Criterion #4 was changed from 'Reduction mammoplasty in patients less than 18 years old will be determined on a case by case basis' to 'Member must either be at least 18 years of age, or have completed breast growth, as evidenced by documentation of stable breast size over the preceding 12 months.'</li> <li>• The requirements in criterion #2 were changed from 'Documented history of recurrent dermatitis of the skin related to large breasts. An example is grooves on shoulders from a bra' to 'documented history of recurrent dermatitis of the skin related to large breasts. An example is intertrigo (a rash appearing between folds of skin); -or- documented history of grooves on shoulders from a bra.'</li> </ul>
Equipment in skilled nursing / long term care facility	Effective immediately, policy retired.
Durable Medical Equipment & Prosthetics	<p>Effective immediately, policy revised. Prior authorization is not required for DME and supplies that are included in a facility's per diem.</p> <p>New non-covered indications: Durable medical equipment (DME) and supplies covered under a facility's per diem are not eligible for separate reimbursement.</p>
Artificial Pancreas System	Effective immediately, policy revised. Artificial pancreas is now covered for ages 7 years and older, when criteria are met.
Airway clearance system / chest compression generator system	Effective 11/1/18, policy revised. Added chest injury and spinal instability to list of non-covered indications. Language indicating that requests will be initially authorized for 3 months rental, with continued rental requiring separate prior authorization and documentation of medical necessity, was moved from the Administrative Process section to Indications that are covered #4. Added that coverage beyond three months requires that member is consistently using device. Added criteria for replacement.
Wearable cardioverter defibrillator and non-wearable external defibrillator – Commercial & Minnesota Health Care Plans	<p>Effective immediately, policy title changed to Automatic external defibrillator.</p> <p>Wearable cardioverter defibrillator and accessories have been moved to the DME benefits grid as covered items. The coverage criteria for automatic external defibrillator remain on the policy, with no changes made to the criteria. Prior authorization is required for automatic external defibrillators.</p>

Coverage Policies	Comments / Changes
Discography/intra-discal steroid injections	Effective 9/1/18, lumbar discography is considered experimental/investigational and therefore not a covered service.  Cervical and thoracic discography, functional anesthetic discography, and intra-discal steroid injections are also considered experimental/investigational and continue to be non-covered services.
DME Benefit Grid	Wearable cardioverter defibrillator, and replacement garments and electrodes added to the grid as covered.  Replacement battery for wearable cardioverter defibrillator added as covered.
Genetic Testing: Connective Tissue, Skeletal and Integumentary Disorders	Effective 11/1/18. Policy revisions to describe additional covered and non-covered indications for testing. Prior authorization is required for most services.  When coverage criteria are met, covered services now include genetic testing for ankylosing spondylitis, nonradiographic axial spondyloarthritis, tuberous sclerosis complex, primary lymphedema, hypophosphatasia, and hereditary hypophosphatemic rickets as well as whole exome sequencing. Coverage of multiple-gene panels for Ehlers-Danlos syndrome (EDS) is restricted to orders placed by genetics specialists. Single-gene testing for EDS, vascular type, is unchanged.

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.

## Pharmacy Policy updates – 9/1/18

### HEALTHPARTNERS DRUG FORMULARY

Formulary updates are made quarterly. Recent updates for Commercial and State Programs include:

- ADHD stimulant medications. Quantity limits have been updated, up to the FDA-approved maximum dose, up to #3 short-acting pills per day and #2 long-acting pills per day.
- Insulin detemir (Levemir) has been updated from “on-formulary with step-therapy” to “on-formulary with prior authorization.” Criteria remain similar: reserved for patients with an inadequate response to insulin glargine, or with medical contra-indications to its use.
- Olopatadine (Pazeo) remains non-formulary and prior authorization has been added. Pazeo is reserved for patients with an inadequate response to generic olopatadine 0.1% (Patanol generic).
- Semaglutide (Ozempic) has been added to formulary.
- Guselkumab (Tremfya) will require the use of secukinumab (Cosentyx) prior to approval. Change will be effective 10/1/18.
- The following medications will be added to the Trial Drug Program effective 9/1/2018. The first 6 fills of a trial drug will be limited to less than a month supply, usually 14-15 days’ supply. The trial drug program is for medications that may not be well tolerated due to side effects, or with potential for discontinuation.
  - Oncology: Cometriq (cabozantinib), Lynparza (olaparib), Nerlynx (neratinib), Odomzo (sonidegib), Rubraca (rucaparib), Zejula (niraparib)
  - Parkinson’s: Nuplazid (pimavanserin)

Please see the formulary for details and a complete list, at [healthpartners.com/formularies](http://healthpartners.com/formularies).

Quarterly Formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics (P&T) Committee policies are available at [healthpartners.com/provider/admin\\_tools/pharmacy\\_policies](http://healthpartners.com/provider/admin_tools/pharmacy_policies), including the **Drug Formularies** (*path: healthpartners.com/formulary*).

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax - **952-853-8700** or **1-888-883-5434** Telephone - **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

## PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
<p><b>Botulinum Toxin Policy</b></p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045822)</i></p>	<p>Prior authorization from Pharmacy Administration is required for some uses of botulinum toxins.</p> <p>Claims received without prior authorization for these uses may be denied.</p>
<p><b>Oncology Drug Coverage Policy</b></p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_190828 )</i></p>	<p>Prior authorization from Pharmacy Administration is required for select oncology medications.</p> <p>Claims for drugs on this policy received without prior authorization may be denied.</p>
<p><b>Recently FDA-Approved Medications Coverage Policy</b></p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046122)</i></p>	<p>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</p> <p>Click <b>HERE*</b> for a complete and up-to-date list of drugs impacted by the policy or visit <b>healthpartners.com</b>.</p> <p><i>*path: http://www.healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf)</i></p> <p>As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice.</p> <p>Claims received without prior authorization may be denied as this policy was published in November 2011.</p>