

Medical Policy Updates – November 2018

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 (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
Wheelchairs - Mobility assistive equipment (MAE) - (includes manual, power & scooter) – Medicare	Effective immediately, language regarding coverage of mobility assistive equipment in a skilled nursing facility (SNF) or long-term care (LTC) facility has been added.
Orthotics, braces and shoes	Effective immediately, policy revised. “Off-the-shelf foot orthotics” and “supports, braces or sleeves made entirely of elastic” were removed from this policy and added to the DME grid as not covered. The statements regarding replacement of lost or stolen items and duplicate/similar items not being covered were removed, as these replicate member contract language.
Sacroiliac joint pain treatment procedures	Effective immediately, policy revised to allow coverage for minimally invasive sacroiliac joint fusion. Prior authorization will be required. Please refer to policy for criteria.
Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnea	Effective immediately, policy revised to allow for diagnosis of obstructive sleep apnea by a sleep specialist following <u>either</u> home sleep study or polysomnogram. Previously, diagnosis by a sleep specialist following polysomnogram was required.
DME benefits grid	<ul style="list-style-type: none"> Effective 1-1-19, blood pressure monitors added as a noncovered item. Effective immediately, braces, sleeves or supports made entirely of elastic added as non-covered, available over-the-counter items. Effective immediately foot orthotics, shoe inserts and arch supports obtained over the counter added as noncovered items.
Bio-identical hormone replacement and saliva hormone testing	Effective 9/13/2018 policy retired. Information can be found on the Investigational policy. No change in coverage.
Sacral nerve stimulation for fecal incontinence	Effective immediately, policy is retired.
Autologous chondrocyte implantation (ACI)	Effective 1/1/19, policy will require prior authorization. The following revisions will also be effective 1/1/19: age limit increased to 55 years, coverage added for patellar defects, and location of femoral condyle defects was clarified to include medial, lateral and trochlear.

Coverage Policies	Comments / Changes
Investigational Services – List of noncovered services	<p>Effective immediately, the following codes have been added to the policy:</p> <ul style="list-style-type: none"> • 0263T: Autologous intramuscular stem cell therapy with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance if performed. • 0506T: Heterochromatic Flicker Photometry for measurement of macular pigment ocular density in patients with macular degeneration. • 0446T, 0447T, 0448T: Implantable, interstitial, continuous blood glucose monitor (e.g., Eversense CGMS). • 0507T: Near infrared dual imaging of Meibomian glands (e.g., LipiView). • 0508T: Pulse echo ultrasound bone density measurement or ultrasound densitometry (e.g., osteoporosis evaluation via the Bindex BI-2 system). <p>Effective immediately, the following codes have been removed from the policy:</p> <ul style="list-style-type: none"> • 0406T, 0407T Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant.
Prosthesis - Upper Limb Prosthesis – Lower Limb	<p>Effective 1/1/19, the following changes have been made to both policies:</p> <p>Prosthetic sleeves have been added to the list of components for which prior authorization is not required.</p> <p>Replacement of a complete prosthesis or its components will be reviewed according to the following criteria:</p> <ul style="list-style-type: none"> • Replacement of a prosthetic limb component (other than those specifically listed as not requiring prior authorization) is eligible for coverage when clinical documentation indicates: <ul style="list-style-type: none"> ○ There is a change in the physiologic condition or functional level of the member which necessitates replacement of the requested component(s); or ○ There is an irreparable change in the condition of the component that is not a result of misuse or neglect; and ○ The component is not covered under warranty. • Replacement of a complete prosthesis is eligible for coverage according to the criteria listed in #1-7 above when clinical documentation indicates: <ul style="list-style-type: none"> ○ There is a change in the physiologic condition or functional level of the member which causes the prosthesis to become nonfunctional; or ○ The condition of the prosthesis requires repairs which would exceed the estimated expense of purchasing a new prosthesis. • Replacement of a functional prosthesis or its components solely for the purpose of upgrading or acquiring newer technology is considered not medically necessary.
Transplants	<p>Effective 1-1-19, prior to selecting a transplant provider, submission of a transplant pre-consultation prior authorization form from the referring physician is required. This prior authorization will support the initiation of care and benefit coordination.</p>

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

Pharmacy Policy Updates – November 2018

HEALTHPARTNERS DRUG FORMULARY

COMMERCIAL AND STATE PROGRAMS

- Pazopanib (Votrient), Lapatinib (Tykerb), Erlotinib (Tarceva), Sunitinib (Sutent), Sorafenib (Nexavar), Vandetanib (Caprelsa), and Everolimus (Afinitor/Disperz) will now require prior authorization before use. This is a result of the high cost of these medications.
- Dasatinib (Sprycel), Nilotinib (Tasigna), and Bosutinib (Bosulif) will be reserved for members with high Sokol scores at initiation or for those progressing on imatinib (Gleevec).
- Epoetin alfa products, Procrit and Epogen, will be reserved after Retacrit. (Providers submitting claims through the medical benefit will be able to submit claims for any epoetin alfa therapy at this time.)
- Hydroxyprogesterone caproate (Makena and generics) will be considered specialty drugs and dispensed by our specialty pharmacy network. Only single-dose formulations will be covered. There will be a quantity limit of two per dispense to prevent waste.
- Chenodiol (Chenodal) will be considered a specialty drug.

COMMERCIAL PRODUCTS ONLY

- Octreotide will have a quantity limit, per FDA labeling.
- Pegfilgrastim (Fulphilia) will be available for retail pharmacy dispensing. It will not be restricted to specialty pharmacy.

MEDICARE

Many of these changes were previously announced and implemented for Commercial and State Programs. Medicare changes become effective in January. Updates include:

- Teriparatide (Forteo) for osteoporosis will be reserved after abaloparatide (Tymlos).
- Levemir (insulin detemir) is being removed from the formulary. Alternatives include Basaglar.

SEVERAL OPIOID UPDATES

- New users will be limited to a 7-day supply. Certain exceptions can be overridden at the pharmacy.
- Concurrent use of opioids and benzodiazepines may reject at the pharmacy when multiple providers are prescribing. Rejections can be overridden at the pharmacy.
- Oxycontin/Oxycodone ER is being removed from the formulary. Alternatives include morphine ER.
- Long-acting opioids such as morphine ER and fentanyl patch will require prior authorization.
- Two or more concurrent long-acting opioids will reject at the pharmacy. Certain exceptions can be overridden at the pharmacy.
- Ezetimibe-simvastatin is being removed from the formulary. Alternatives include individual products.

Please see the formulary for details and a complete list, at 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 (path: *healthpartners.com/provider-public/pharmacy-services/policies-and-forms/*) 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>Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®)</p>	<p>Revised coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Severe axillary hyperhidrosis will now require appropriate first-line therapies.</p>
<p>Hereditary angioedema (HAE) drug therapy (Haegarda®, Ruconest®, Berinert®, Cinryze®, Kalbitor®, and Firazyr®)</p>	<p>Revised coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Prior authorization now requires submission of an HAE treatment plan.</p>
<p>Peg-filgrastim (Neulasta®, Neulasta Onpro®, Fulphilia®)</p>	<p>New coverage policy effective 1/1/2019. Claims received without prior authorization may be denied. Prior authorization from Pharmacy Administration will be required for all hospital use. Authorization will not be required for use in a clinic or office setting. Coverage criteria will require use of the most appropriate and cost-effective level of care. In some circumstances, members prescribed Neulasta or Neulasta Onpro may be required to use Fulphilia. Fulphilia can be dispensed at a pharmacy for self-administration or brought to a clinician for professional administration. Claims received without prior authorization may be denied on 01/01/2019.</p>
<p>Ado-Trastuzumab (Kadcyla®), Pertuzumab (Perjeta®), and Trastuzumab (Herceptin®)</p>	<p>New coverage policy effective 1/1/2019. Adding prior authorization to Trastuzumab (Herceptin®). Ado-Trastuzumab (Kadcyla®), Pertuzumab (Perjeta®) previously required prior authorization. No prior authorization will be required for most FDA-approved uses. Some combination therapy and off-label use will require prior authorization and is generally not covered. Claims requiring prior authorization received without prior authorization may be denied.</p>
<p>Bevacizumab (Avastin) (path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045654)</p>	<p>Revised coverage policy effective 1/1/2019. Claims requiring prior authorization received without prior authorization may be denied.</p>

Coverage Policies	Comments / Changes
<p>Oncology Drug Coverage Policy</p> <p><i>(path: https://www.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>Levoleucovorin (Fusilev) was added to the policy effective 1/1/2019.</p> <p>Claims for drugs on this policy received without prior authorization may be denied.</p> <p>Recently FDA-approved medications that are new to market may be added to this policy on an ongoing basis.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p> <p><i>(path: https://www.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 HERE* for a complete and up-to-date list of drugs impacted by the policy or visit healthpartners.com.</p> <p><i>*(path: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>