

# Fast Facts

JULY 2020

News for Providers from HealthPartners Provider Relations & Network Management

## Administrative

### Medical Policy updates – 7/1/2020

#### 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.

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Coverage Policies	Comments / Changes
Minimally invasive and laser spine procedures	<p>Effective 6/1/2020:</p> <p>Intraosseous RFA of the basivertebral nerve for treatment of low back pain (e.g. Intracept<sup>®</sup> procedure) is considered experimental/investigational and therefore not a covered service. Prior authorization is not applicable. GA modifier rules apply.</p> <p>Minimally invasive percutaneous laminectomy (e.g. mild<sup>®</sup> procedure) continues to be considered experimental/investigational, is not a covered service, and no longer requires prior authorization. Prior authorization is not applicable. GA modifier rules apply.</p>
Genetic testing: Cancer management	<p>Effective 6/1/2020:</p> <p>Changes to policy previously titled “Genetic Testing: Molecular Profiling Assays for Cancer Management.” Policy expansion to provide coverage of additional indications for testing. Prior authorization is no longer required for chimerism testing following certain transplantation or cellular therapies. Prior authorization is also no longer required for specified cytogenetic studies.</p>
Genetic testing: Hereditary cancer syndromes	<p>Effective 9/1/2020:</p> <p>Changes to policy previously titled “Genetic Testing: Cancer Predisposition.” Policy expansion to include additional hereditary cancer syndromes. Member to be tested must be the most appropriate family member for testing, as documented by ordering clinician. Prior authorization is no longer required for certain specified tests / indications.</p>

Coverage Policies	Comments / Changes
Genetic testing: Gastrointestinal and Immune Function Disorders	<p>Effective 9/1/2020:</p> <p>The policy is updated In agreement with the 2019 Choosing Wisely recommendation from the American Academy of Pediatrics: “Do not send periodic fever syndrome genetic panels prior to infectious and oncologic work up or in a patient without clear evidence of recurrent fever.”</p> <p>Coverage of genetic testing for major periodic fever syndromes is extended to include cryopyrin-associated periodic syndrome (CAPS) when coverage criteria are met.</p>
Genetic testing	<p>Effective 9/1/2020:</p> <p>When a genetic test requires prior authorization, all of the following information must be provided with the prior authorization request:</p> <ul style="list-style-type: none"> <li>• A description of the test, including a list of all genes (or other genetic-related material) that the test will evaluate.</li> <li>• The name of the physician or healthcare provider who ordered the test.</li> <li>• The name of the laboratory that is performing the test.</li> <li>• The name of the laboratory, clinic, or other facility that will bill for the test.</li> <li>• All procedure codes that will be billed related to the entire test.</li> </ul>
Labor charges, repairs, and parts for Durable Medical Equipment (DME) including prosthetics and orthotics	Effective immediately, policy retired.
Durable medical equipment (DME) and prosthetics	Effective immediately, policy revised. Coverage criteria from the “Labor charges, repairs, and parts for Durable Medical Equipment (DME) including prosthetics and orthotics” policy have been incorporated into this policy.
Vitamin D testing	<p>Effective 7/1/2020:</p> <p>Coverage of vitamin D testing is extended to one additional indication, systemic lupus erythematosus (SLE).</p>
Home health service Home health service – Minnesota Health Care Programs	<p>Effective 9/1/2020:</p> <p>Prior authorization will be required for more than 25 home care visits for respiratory therapy services per calendar year when services are provided by a contracted vendor.</p>
Cognitive rehabilitation	<p>Effective 6/1/2020:</p> <p>Policy retired.</p>

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

## Pharmacy Policy updates – 7/1/2020

### DRUG FORMULARY UPDATES

Commercial Drug Formulary updates for July 2020 are as follows:

- Coverage criteria have been added for several new drugs, including Nurtec, Reyvow, Nexletol, and Palforzia.
- Suprep has been added to our Preferred-Rx formulary, and Moviprep has been removed.
- Several medications have been added to formulary, including mesalamine 375mg (Apriso generic) and solifenacin (Vesicare generic).
- Several prior authorizations have been updated, including Repatha, Vascepa, Dexcom, and Freestyle Libre.
- Several quantity limits have been added, including enoxaparin.
- Several products have been deleted from formulary, including albuterol tablets and cromolyn neb solution.

State Public Programs drug formulary updates are similar to the commercial updates. Medicare drug formulary updates are minimal, with most updates occurring in January of each year.

Please see the [HealthPartners Formulary](#) for details and a complete list (*path: healthpartners.com/formularies*). For additional information, please contact [peter.s.marshall@healthpartners.com](mailto:peter.s.marshall@healthpartners.com).

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 Pharmacy Info](#) (*path: healthpartners.com/provider/admin tools/pharmacy policies*), including the [Drug Formularies](#).

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.

### SPECIALTY PHARMACY NETWORK

Beginning August 3 2020, certain Limited Distribution medications must be filled by an in-network pharmacy coordinated through MedImpact Specialty Direct. Very few specialty medications will be impacted by this change.

- A point-of-sale (POS) message will be put in place to direct prescriptions to appropriate in-network pharmacies.
- Some members will need to change specialty pharmacies, and will be notified by letter.
- MedImpact Specialty Direct phone number, 1-877-391-1103.

Specialty Network requirements apply to Commercial and State Program members (MHCP) only. Questions can be directed to: Viri DeRuiz, HealthPartners Pharmacy Administration Specialty Network  
Email: [Viri.A.DeRuiz@HealthPartners.com](mailto:Viri.A.DeRuiz@HealthPartners.com)

## PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
<p><b>Recent Food and Drug Administration (FDA) approved medications covered policy</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Prior authorization is required for recently approved drugs listed on this policy.</p> <p>Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> <li>Leuprolide (Fensolvi)</li> </ul> <p>Drugs removed from this policy include:</p> <ul style="list-style-type: none"> <li>Isatuximab (Sarclisa). Sarclisa has been added to the Oncology Medication Coverage Policy.</li> <li>Enfortumab (Padcev). Padcev has been added to the Oncology Medication Coverage Policy.</li> </ul> <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><b>Glucose Testing Supplies</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Certain diabetic supplies must be purchased from a pharmacy starting October 1 2020.</p> <p>Applies to Commercial members only.</p> <ul style="list-style-type: none"> <li>Dexcom and FreeStyle Libre continuous glucose monitoring systems must be purchased from a pharmacy. Prior authorization is required.</li> <li>Guardian continuous glucose monitoring system can be purchased at either setting (from a pharmacy or from a DME vendor). The Guardian is reserved for patients using the Medtronic MiniMed insulin pump, due to the integrated functionality.</li> <li>Glucose test strips and glucose meters must be must be purchased from a pharmacy.</li> </ul>
<p><b>Bevacizumab (Avastin®, Mvasi™, Zirabev®)</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Avastin will be non-preferred for commercial members effective 10/1/2020.</p> <p>Patients new to bevacizumab therapy must use a preferred biosimilar product, either Mvasi (bevacizumab-awwb) or Zirabev (bevacizumab-bvzr).</p> <ul style="list-style-type: none"> <li>Providers are encouraged to use biosimilar products prior to the 10/1/2020 effective date.</li> <li>Members currently using Avastin may continue to do so after 10/1/2020.</li> </ul>

Coverage Policies	Comments / Changes
<p><b>Trastuzumab (Herceptin<sup>®</sup>, Herzuma<sup>®</sup>, Kanjinti<sup>™</sup>, Ogivri<sup>™</sup>, Ontruzant<sup>®</sup>, Trazimera<sup>™</sup>)</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Herceptin will be non-preferred for commercial members effective 10/1/2020.</p> <p>Patients new to trastuzumab therapy must use a preferred biosimilar product, either Kanjinti (trastuzumab-anns) or Ogivri (trastuzumab-dkst).</p> <ul style="list-style-type: none"> <li>Providers are encouraged to use biosimilar products prior to the 10/1/2020 effective date.</li> </ul> <p>Members currently using Herceptin may continue to do so after 10/1/2020.</p>
<p><b>Rituximab (Rituxan<sup>®</sup>, Ruxience<sup>™</sup>, Truxima<sup>®</sup>, and Rituxan Hycela<sup>®</sup>)</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Rituxan will be non-preferred for commercial members effective 10/1/2020.</p> <p>Patients new to rituximab therapy must use a preferred biosimilar product, either Ruxience (rituximab-pvvr) or Truxima (rituximab-abbs).</p> <ul style="list-style-type: none"> <li>Providers are encouraged to use biosimilar products prior to the 10/1/2020 effective date.</li> </ul> <p>Members currently using Rituxan may continue to do so after 10/1/2020.</p>
<p><b>Oncology drug coverage</b></p> <p><b>Coverage policy</b> can also be found in the medical coverage policy search page, searchable by drug name or billing codes. (<i>path:healthpartners.com/public/coverage-criteria/</i>)</p>	<p>Prior authorization is required for oncology drugs listed on this policy.</p> <p>Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> <li>Isatuximab (Sarclisa)</li> <li>Enfortumab vedotin (Padcev)</li> </ul> <p>Additional criteria may apply – see the coverage policy for more information.</p>

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at [healthpartners.com/fastfacts](http://healthpartners.com/fastfacts).

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