

**From:** Policy Reporter  
**Subject:** Important Policy Change Analysis  
**To:** Matt.Brackett@ahca.myflorida.com  
**Sent:** March 28, 2022 10:42 AM (UTC-04:00)



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Our Policy Analyst Team reviewed the following automated alerts:

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**Absolute Total Care, Ambetter of North Carolina, Ambetter of Tennessee, Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Iowa Total Care, Louisiana Healthcare Connections, MHS Indiana, MHS Wisconsin, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, SilverSummit Healthplan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Pediatric Liver Transplant - Medical Policy**

#### High Importance Update

Reviewed with changes to criteria and supplementary information. Changes include, but are not limited to, the following (see policy for complete changes):

Added a glomerular filtration rate less than 40 mL/min/1.73 m<sup>2</sup> as a contraindication criterion;  
Added detectable viral load HIV infection as a contraindication criterion;  
Added progressive cognitive impairment as a contraindication criterion;  
Updated contraindication criterion for cancer malignancy;  
Updated contraindication criterion for significant major organ system dysfunction to specify acute renal failure;  
Updated contraindication criterion for active substance abuse or dependence;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Liver Transplant which falls under your interest in Transplant and Transfusion.

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**Absolute Total Care, Ambetter of North Carolina, Arizona Complete Health, Arkansas Health & Wellness, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Hyperemesis Gravidarum Treatment - Medical Policy**

#### Medium Importance Update

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Parenteral Nutrition which falls under your interest in Nutrition.

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**Absolute Total Care, Ambetter of Tennessee, Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Iowa Total Care, Magnolia Health, MHS Indiana, MHS Wisconsin, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Pediatric Heart Transplant - Medical Policy**

#### High Importance Update

Reviewed with changes to criteria and formatting. Changes include, but are not limited to, the following (see policy for complete changes):

Added a glomerular filtration rate less than 40 mL/min/1.73 m<sup>2</sup> as a contraindication criterion;

Added detectable viral load HIV infection as a contraindication criterion;  
Added progressive cognitive impairment as a contraindication criterion;  
Removed contraindication criterion of acute medical instability;  
Removed contraindication criterion of uncorrectable bleeding diathesis;  
Removed contraindication criterion of active Mycobacterium tuberculosis infection;  
Updated contraindication criterion for cancer malignancy;  
Updated contraindication criterion for significant major organ system dysfunction splitting into two separate criteria for acute liver failure and acute renal failure;  
Updated contraindication criterion for active substance abuse or dependence;  
Revised policy with minor formatting changes.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Heart Transplant which falls under your interest in Transplant and Transfusion.

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**Absolute Total Care, Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, SilverSummit Healthplan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Pancreas Transplantation - Medical Policy**

**High Importance Update**

Reviewed with changes to criteria, supplementary information, and formatting. Changes include, but are not limited to, the following (see policy for complete changes):

Added a glomerular filtration rate less than 40 mL/min/1.73 m<sup>2</sup> as a contraindication criterion;  
Added detectable viral load HIV infection as a contraindication criterion;  
Added progressive cognitive impairment as a contraindication criterion;  
Removed contraindication criterion of acute medical instability;  
Removed contraindication criterion of uncorrectable bleeding diathesis;  
Removed contraindication criterion for an adequate or reliable support system absence;  
Updated contraindication criterion for cancer malignancy;  
Updated contraindication criterion for significant major organ system dysfunction splitting into two separate criteria for acute liver failure and acute renal failure;  
Updated contraindication criterion for active substance abuse or dependence;  
Updated supporting and administrative information;  
Revised policy with minor formatting changes.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Endocrine Transplant which falls under your interest in Transplant and Transfusion.

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**Absolute Total Care, Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, MHS Wisconsin, Nebraska Total Care, Peach State Health Plan, SilverSummit Healthplan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Transcranial Magnetic Stimulation for Treatment Resistant Major Depression (Commercial, Medicare, Medicaid) - Medical Policy**

**High Importance Update**

Reviewed with changes to criteria, policy title, and supplementary information:

Added retreatment criterion to indicate additional augmented treatment or ECT should be considered if remission is not achieved;  
Updated maintenance treatment criterion to indicate TMS is not considered medically necessary;  
Updated retreatment criterion to indicate current symptoms have worsened with a PHQ-9 score of greater than 15;  
Updated policy title;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Transcranial Magnetic Stimulation which falls under your interest in Neurology.

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**Aetna: Darzalex (Commercial, Medicare) - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Darzalex for Multiple Myeloma which falls under your interest in Oncology.

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**Aetna: Darzalex Faspro (Commercial) - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Darzalex Faspro for Multiple Myeloma which falls under your interest in Oncology.

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**Alabama Medicaid: Durable Medical Equipment (DME) - Provider Manual****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 01/01/2022.

Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to DME Billing which falls under your interest in Payment Policies.

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**Ambetter of North Carolina, Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Home State Health, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Functional MRI - Medical Policy****Medium Importance Update**

Reviewed with changes to language, supporting information, administrative information, and formatting.

No changes to criteria intent.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Functional MRI which falls under your interest in Imaging.

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**AmeriHealth: Prior Authorization Requirements for Select Drugs (NJ Commercial) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/10/2022.

Next review date (payer defined): 09/23/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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**Amerihealth Caritas LA: Amerihealth Caritas LA - Provider Manual****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/23/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

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**AmeriHealth, Independence Blue Cross: Avastin and Related Biosimilars For Oncologic Use (Commercial) - Medical Policy****High Importance Update**

Reviewed with changes to criteria, coding, and supplementary information.

Added the following indications with corresponding criteria: small bowel adenocarcinoma/advanced ampullary cancer, malignant sex cord-stromal tumors, clear cell carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumors, mucinous carcinoma, and epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer;

Removed indication invasive breast carcinoma;

Updated criteria for all indications;

Updated ICD-10 coding;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.

Next review date (est.): 02/28/2023.

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You are receiving this notice because it's relevant to Avastin Oncology which falls under your interest in Oncology.

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**AmeriHealth, Independence Blue Cross: Avastin and Related Biosimilars For Oncologic Use (Commercial) - Medical Policy****High Importance Update**

Reviewed with changes to criteria, coding, and supplementary information.

Added the following indications with corresponding criteria: small bowel adenocarcinoma/advanced ampullary cancer, malignant sex cord-stromal tumors, clear cell carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumors, mucinous carcinoma, and epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer;

Removed indication invasive breast carcinoma;

Updated criteria for all indications;

Updated ICD-10 coding;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.

Next review date (est.): 02/28/2023.

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You are receiving this notice because it's relevant to Avastin Oncology which falls under your interest in Oncology.

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### **AmeriHealth, Independence Blue Cross: Avastin and Related Biosimilars for Oncologic Use Attachment A (Commercial) - Supporting Coverage Document**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Removed indication breast carcinoma;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Avastin Oncology which falls under your interest in Oncology.

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### **AmeriHealth, Independence Blue Cross: Avastin and Related Biosimilars for Oncologic Use Attachment A (Commercial) - Supporting Coverage Document**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Removed indication breast carcinoma;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Avastin Oncology which falls under your interest in Oncology.

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### **AmeriHealth, Independence Blue Cross: Migraine and Headache Agents - Pharmaceutical Policy**

#### **Pending - High Importance Update**

Reviewed with changes to applicable drugs, criteria, and supplementary information effective 04/01/2022:  
Added Trudhesa to applicable drugs and existing criteria;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/24/2022.  
Next review date (payer defined): 09/23/2022.

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You are receiving this notice because it's relevant to CGRP Antagonist for Migraine which falls under your interest in Pharmaceuticals.

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### **AmeriHealth, Independence Blue Cross: Prior Authorization Requirements for Selected Non-Preferred Drugs - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/21/2022.  
Next review date (payer defined): 03/21/2023.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### **AmeriHealth, Independence Blue Cross: Quantity Level Limits for Pharmaceuticals Covered Under the Pharmacy Benefit - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/21/2022.

Next review date (payer defined): 06/10/2022.

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You are receiving this notice because it's relevant to Quantity Limits which falls under your interest in Prior Authorization.

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### **AmeriHealth, Independence Blue Cross: Strensiq, Xuriden (Commercial) - Pharmaceutical Policy**

#### **Pending - High Importance Update**

Reviewed with changes to criteria and supplementary information effective 04/01/2022:  
Updated reauthorization criterion splitting into two separate criteria for Strensiq-specific and Xuriden-specific statements;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/24/2022.

Next review date (payer defined): 12/09/2022.

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You are receiving this notice because it's relevant to Strensiq which falls under your interest in Pharmaceuticals.

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### **AmeriHealth, Independence Blue Cross: Applicable Age Edits - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

Review date: 03/18/2022.

Next review date (payer defined): 12/09/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### **AmeriHealth, Independence Blue Cross: Oriahnn, Myfembree - Pharmaceutical Policy**

#### **Pending - Medium Importance Update**

Reviewed and reissued with no changes to intent effective 04/01/2022.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/24/2022.

Next review date (payer defined): 12/09/2022.

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You are receiving this notice because it's relevant to Myfembree which falls under your interest in Pharmaceuticals.

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**Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Louisiana Healthcare Connections, Magnolia Health, Maryland Physicians Care, MHS Indiana, MHS Wisconsin, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, SilverSummit Healthplan: Articular Cartilage Defect Repairs (Commercial) - Medical Policy**

**Medium Importance Update**

Reviewed with changes to language, supporting and administrative information.

No changes to criteria intent.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Cartilage Repair which falls under your interest in Orthopedics.

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**Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Sunshine Health, Superior Health Plan of Texas, Trillium Community Health Plan: Intestinal and Multivisceral Transplant - Medical Policy**

**High Importance Update**

Reviewed with changes to criteria. Changes include, but are not limited to, the following (see policy for complete changes):

Added a glomerular filtration rate less than 40 mL/min/1.73 m<sup>2</sup> as a contraindication criterion;  
Added detectable viral load HIV infection as a contraindication criterion;  
Added progressive cognitive impairment as a contraindication criterion;  
Removed contraindication criterion for acute medical instability;  
Removed contraindication criterion of uncontrollable bleeding diathesis;  
Updated contraindication criterion for cancer malignancy;  
Updated contraindication criterion for significant major organ system dysfunction to specify acute liver failure;  
Updated contraindication criterion for active substance abuse or dependence.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Intestinal Transplant which falls under your interest in Transplant and Transfusion.

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**Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Home State Health, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, New Hampshire Healthy Families, PA Health & Wellness, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Heart-Lung Transplant - Medical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information. Changes include, but are not limited to, the following (see policy for complete changes):

Added a glomerular filtration rate less than 40 mL/min/1.73 m<sup>2</sup> as a contraindication criterion;  
Added progressive cognitive impairment as a contraindication criterion;  
Added contraindication criterion regarding history of nicotine or tobacco use;  
Removed contraindication criterion of uncorrectable bleeding diathesis;  
Removed contraindication criterion for poorly controlled pre-transplant chronic infection;  
Removed contraindication criterion of significant chest wall or spinal deformity;  
Updated contraindication criteria combining into a single criterion to specify detectable viral load HIV infection;  
Updated contraindication criterion for cancer malignancy;  
Updated contraindication criterion for significant major organ system dysfunction to splitting into two separate criteria for acute renal failure and acute liver failure;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Heart-Lung Transplant which falls under your interest in Transplant and Transfusion.

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**Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Fidelis Care, Home State Health, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas: Gastric Electrical Stimulation - Medical Policy**

**Medium Importance Update**

Reviewed with changes to language, supporting and administrative information.

No changes to criteria intent.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Gastric Electrical Stimulation which falls under your interest in Gastrointestinal.

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**Arizona Complete Health, Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Magnolia Health, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Neulasta, Neulasta Onpro, Fulphila, Udenyca, Ziextenzo, Nyvepria (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and coding:

Added Wilms tumor initial approval step criteria for members 18 years of age and older (see policy for complete changes);

Added Wilms tumor initial approval step criteria for members under 18 years of age;

Updated initial approval and continued therapy criteria to indicate the request is associated with cancer in a state with regulations against step therapy in certain oncology settings;

Added the following HCPCS code: J2506;

Removed the following HCPCS code: J2505.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/19/2022.

Next review date (est.): 01/19/2023.

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You are receiving this notice because it's relevant to Fulphila which falls under your interest in Pharmaceuticals.

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**Arizona Complete Health, Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families: Penlac (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, coverage, and supplementary information:

Added continued therapy criterion restricting treatment to 48 weeks total;

Updated initial approval criterion to require use of generic ciclopirox 8% topical solution unless contraindicated or adverse effects are experienced;

Updated continued therapy approval duration to a total of 48 weeks of treatment;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Penlac which falls under your interest in Pharmaceuticals.

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**Arizona Complete Health, Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas: Jublia (Commercial, HIM, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria, coverage, and supplementary information:  
Added continued therapy criterion limiting treatment to a total of 48 weeks;  
Updated continued therapy approval duration to a total of 48 weeks;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Jublia which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness: Opsumit (Commercial) - Pharmaceutical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Opsumit which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Bavencio (Commercial, HIM, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to indications, criteria, drug information, and supplementary information:  
Added endometrial carcinoma as an off-label indication with associated criteria;  
Added urothelial carcinoma initial approval criterion requiring prescription as a single agent;  
Updated other NCCN recommended uses initial criterion to specify single agent prescription following systemic chemotherapeutic agents failure is for gestational trophoblastic neoplasia only;  
Updated appendices/general information;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Bavencio which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Arkansas Total Care, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Tecentriq (Commercial, HIM, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to indications, criteria, quantity limits, drug information, and supplementary information:  
Added non-small cell lung cancer (NSCLC) indication for stage II and IIIA with associated criteria;  
Removed triple-negative breast cancer (TNBC) as an indication with associated criteria;

Updated metastatic NSCLC indication to specify use is as a single agent;  
Added urothelial carcinoma initial approval criterion requiring prescription as a single agent;  
Added hepatocellular carcinoma initial approval criterion requiring confirmation of Child-Pugh class A status;  
Updated NSCLC initial approval criterion to specify member has a diagnosis of NSCLC;  
Updated NSCLC initial approval criterion to indicate member has both a negative and unknown EGFR or ALK mutation and recurrent, advanced, or metastatic NSCLC;  
Updated NSCLC initial approval criterion to indicate member has a positive EGFR or ALK mutation and recurrent, advanced, or metastatic NSCLC with a history of disease progression for the mutation following NCCN-recommended therapy;  
Removed quantity limit information for TNBC;  
Updated appendices/general information;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Tecentriq which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Arkansas Total Care, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Nebraska Total Care, Peach State Health Plan, Superior Health Plan of Texas: Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder - Medical Policy**

**High Importance Update**

Reviewed with changes to criteria and policy title:  
Updated retreatment of deep transcranial magnetic stimulation criterion to indicate the Yale Brown Obsessive Compulsive Scale score is over 15 with current symptoms having worsened;  
Updated policy title.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Repetitive TMS (rTMS) which falls under your interest in Neurology.

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**Arkansas Health & Wellness, Buckeye Health Plan, California Health and Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, MHS Wisconsin, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Sunshine Health, Superior Health Plan of Texas, Trillium Community Health Plan: Tymlos (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information:  
Updated initial approval criteria for members at very high risk for fracture;  
Updated initial approval criterion for completion of a three-year trial of bisphosphonate therapy;  
Updated appendices/general information;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Tymlos which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Probuphine, Sublocade (Buprenorphine) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to drug information, language, supporting information, and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Opioid Dependence Agents which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Benznidazole (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to drug information, supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Rochagan which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Injectafer (HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Injectafer which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Baxdela (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, line of business, and supplementary information:

Updated other diagnoses/indications criteria to include commercial policy reference "CP.CPA.09";

Added commercial plans to line of business;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Baxdela which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Binosto, Fosamax Plus D (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Bisphosphonates for Bone Disorders which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Magnolia Health, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Zytiga, Yonsa (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, coverage, drug information, and supplementary information:

Updated initial approval and continued therapy criteria requiring use of generic abiraterone unless contraindicated or adverse effects are experienced;

Added Legacy Wellcare initial approval duration of 12 months;

Updated appendices/general information;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Yonsa which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, PA Health & Wellness, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Promacta (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information:

Updated immune thrombocytopenia initial approval diagnosis criterion to refer to Appendix D;

Updated myelodysplastic syndromes (MDS) initial approval criterion to indicate member has lower risk MDS;

Updated MDS initial approval criterion splitting into seven separate criteria indicating member either has severe or refractory thrombocytopenia OR thrombocytopenia or neutropenia and one of the listed criteria;

Updated appendices/general information;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Promacta which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS**

**Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Nuedexta (Commercial, HIM, Medicaid) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Nuedexta which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Zinplava (Commercial, HIM, Medicaid) - Pharmaceutical Policy****Medium Importance Update**

Reviewed with changes to drug information, supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Zinplava which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas: Rexulti (Commercial, HIM, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria, coverage, and supplementary information:

Updated schizophrenia initial approval age requirement criterion to 13 years of age or older;

Updated commercial initial approval and continued therapy approval durations to whichever is less of 12 months or duration of request;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Rexulti which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas: Saphris, Secuado (Commercial, HIM, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to coverage, drug information, supplementary information, and formatting:

Updated commercial initial approval durations to whichever is less of 12 months or duration of request;

Updated appendices/general information;

Updated supporting and administrative information;

No changes to criteria;

Revised policy with minor formatting changes.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Saphris which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Aggrenox (HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Updated initial approval and continued therapy criteria to require use of generic aspirin/dipyridamole unless contraindicated or adverse effects are experienced;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Aggrenox which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Inlyta (Commercial, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Updated initial approval and continued therapy criteria to require use of generic axitinib unless contraindicated or adverse effects are experienced;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Inlyta which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Letairis (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Added continued therapy criterion requiring use of generic ambrisentan unless contraindicated or adverse effects are experienced;  
Updated initial approval criterion to require use of generic ambrisentan unless contraindicated or adverse effects are experienced;  
Revised criteria statement language from "that Letairis is" to "that ambrisentan is";  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Letairis which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Pulmozyme (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to coverage and supplementary information:  
Added Legacy Wellcare initial approval duration of 12 months;  
Updated supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Pulmozyme which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Tracleer (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, quantity limits, and supplementary information:  
Added continued therapy criterion requiring use of generic bosentan unless contraindicated or adverse effects are experienced;  
Updated initial approval criterion requiring use of generic bosentan unless contraindicated or adverse effects are experienced;  
Revised criteria statement language from "that Tracleer is" to "that bosentan is";  
Added pediatric dosing quantity limits;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Tracleer which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Superior Health Plan of Texas, Trillium Community Health Plan: Gocovri, Osmolex (Commercial, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to coverage, drug information, and supplementary information:  
Updated commercial initial approval and continued therapy approval durations to whichever is less of 12 months or duration of request;  
Updated appendices/general information;  
Updated supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Gocovri which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Arikayce (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Added continued therapy criterion requiring member to not have received more than 12 months of treatment after conversion to negative sputum status;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Arikayce which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Firdapse (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to applicable drugs, criteria, quantity limits, drug information, and supplementary information:  
Removed Ruzurgi from applicable drugs with associated criteria;  
Updated quantity limit to reflect removal of Ruzurgi;  
Updated appendices/general information;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/23/2022.  
Next review date (est.): 02/23/2023.

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You are receiving this notice because it's relevant to Firdapse which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, New Hampshire Healthy Families, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Subutex (Commercial, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Subutex which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Xcopri (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.



To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Xcopri which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, Nebraska Total Care, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Keveyis (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Keveyis which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, Superior Health Plan of Texas: Aripiprazole Orally Disintegrating Tablet (Commercial, HIM) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, coverage, and supplementary information:  
Updated initial approval criterion requiring use of generic aripiprazole unless contraindicated or adverse effects are experienced;  
Updated initial approval criterion requiring concurrent prescription with an antidepressant;  
Updated commercial initial approval and continued therapy approval durations to whichever is less of 12 months or duration of request;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Abilify which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, HealthNet, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Ayvakit (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Added limitation of use criterion indicating Ayvakit for patients with AdvSM and platelet counts of less than  $50 \times 10^9/L$ ;  
Added advanced systemic mastocytosis initial approval criterion requiring documentation of platelet count;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Ayvakit which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Chloramphenicol Sodium Succinate (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:

Updated initial approval criteria combining member discharge from an acute care hospital and initiation of intravenous chloramphenicol therapy prior to discharge into a single criterion;

Updated continued therapy criterion splitting into three separate criteria indicating member either is currently receiving the medication and previously met initial approval criteria OR request is for a continuation after initiation in an acute care hospital;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Antibiotics which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Velcade (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria and supplementary information:

Added initial approval criterion relapsed or refractory T-cell acute lymphoblastic leukemia as an NCCN recommended off-label use diagnosis;

Updated NCCN recommended uses initial approval criterion to remove language requiring combination use with antiretroviral therapy for AIDS-related Kaposi sarcoma;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Velcade for Multiple Myeloma which falls under your interest in Oncology.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, New Hampshire Healthy Families, Peach State Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Oxervate (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Oxervate which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Nebraska Total Care, New Hampshire Healthy Families, Superior Health Plan of Texas, Trillium Community Health Plan: Nexletol, Nexlizet (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Nexletol which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Nebraska Total Care, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas, Trillium Community Health Plan: Duavee (HIM, Medicaid) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Duavee which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Nebraska Total Care, Superior Health Plan of Texas: Winlevi (Commercial, HIM, Medicaid) - Pharmaceutical Policy**

**High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information:  
Updated initial approval criterion to include tazarotene in topical retinoid options the member has failed;  
Updated appendices/general information;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Tazorac which falls under your interest in Pharmaceuticals.

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**Arkansas Health & Wellness, Centene Corporation, Coordinated Care Health Plan, Louisiana Healthcare Connections, Peach State Health Plan, Sunflower Health Plan, Superior Health Plan of Texas: Formulary Medications Without Specific Guidelines (HIM) - Medical Policy**

**High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/23/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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**Arkansas Total Care, Centene Corporation, Coordinated Care Health Plan, HealthNet, Magnolia Health, Nebraska Total Care, New Hampshire Healthy Families, Superior Health Plan of Texas, Trillium Community Health Plan: Vyepti (Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria and supplementary information:  
Updated initial approval and continued therapy criteria to include Qulipta in examples of other injectable and oral CGRP inhibitors;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Vyepti which falls under your interest in Pharmaceuticals.

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**Asuris Northwest Health, Bridgespan Health, Regence: Drugs for Chronic Inflammatory Diseases - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to applicable drugs, criteria, quantity limits, drug information, and supplementary information.  
Document history states (changes may not be limited to):  
Added upadacitinib (Rinvoq) to policy for psoriatic arthritis (PsA) as a level 2 option.  
Added risankizumab (Skyrizi) to policy for psoriatic arthritis (PsA) as a level1 option.  
Added tofacitinib (Xeljanz/ Xeljanz XR) to policy for ankylosing spondylitis (AS) as a level 2 option. Certolizumab (Cimzia syringes), Golimumab SC (Simponi), and Ixekizumab (Taltz) were moved to level 3.  
Added coverage criteria for upadacitinib (Rinvoq) for atopic dermatitis (AD).  
Added coverage criteria for etanercept (Enbrel), adalimumab (Humira), secukinumab (Cosentyx), and golimumab (Simponi) for enthesitis-related arthritis (ERA).  
Added coverage criteria for intravenous tocilizumab (Actemra) for solid organ transplant, antibody mediated rejection (AMR).  
Added criteria to allow coverage of intravenous abatacept (Orencia) for prophylaxis of graft versus host disease (GVHD).  
Adalimumab-aqvh (Yusimry) added to policy as a non-preferred adalimumab product.  
Wording for intravenous tocilizumab (Actemra) criteria for cytokine release syndrome (CRS) was modified to allow for coverage as part of CAR-T treatment plan.  
Updated position statement to clarify that non-TNFs may be an option for New York Heart Association (NYHA) class III/IV heart failure (HF) based on guidelines and post-market reports of new or worsening HF with TNF inhibitors.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/22/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Immunology Drugs which falls under your interest in Pharmaceuticals.

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**Asuris Northwest Health, Bridgespan Health, Regence: Drugs for Chronic Inflammatory Diseases - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to applicable drugs, criteria, quantity limits, drug information, and supplementary information.  
Document history states (changes may not be limited to):  
Added upadacitinib (Rinvoq) to policy for psoriatic arthritis (PsA) as a level 2 option.  
Added risankizumab (Skyrizi) to policy for psoriatic arthritis (PsA) as a level1 option.  
Added tofacitinib (Xeljanz/ Xeljanz XR) to policy for ankylosing spondylitis (AS) as a level 2 option. Certolizumab (Cimzia syringes), Golimumab SC (Simponi), and Ixekizumab (Taltz) were moved to level 3.  
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Added coverage criteria for etanercept (Enbrel), adalimumab (Humira), secukinumab (Cosentyx), and golimumab (Simponi) for enthesitis-related arthritis (ERA).  
Added coverage criteria for intravenous tocilizumab (Actemra) for solid organ transplant, antibody mediated rejection (AMR).  
Added criteria to allow coverage of intravenous abatacept (Orencia) for prophylaxis of graft versus host disease (GVHD).  
Adalimumab-aqvh (Yusimry) added to policy as a non-preferred adalimumab product.  
Wording for intravenous tocilizumab (Actemra) criteria for cytokine release syndrome (CRS) was modified to allow for coverage as part of CAR-T treatment plan.  
Updated position statement to clarify that non-TNFs may be an option for New York Heart Association (NYHA) class III/IV heart failure (HF) based on guidelines and post-market reports of new or worsening HF with TNF inhibitors.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/22/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Immunology Drugs which falls under your interest in Pharmaceuticals.

---

### Asuris Northwest Health, Bridgespan Health, Regence: Drugs for Chronic Inflammatory Diseases - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to applicable drugs, criteria, quantity limits, drug information, and supplementary information.

Document history states (changes may not be limited to):

Added upadacitinib (Rinvoq) to policy for psoriatic arthritis (PsA) as a level 2 option.

Added risankizumab (Skyrizi) to policy for psoriatic arthritis (PsA) as a level 1 option.

Added tofacitinib (Xeljanz/ Xeljanz XR) to policy for ankylosing spondylitis (AS) as a level 2 option. Certolizumab (Cimzia syringes), Golimumab SC (Simponi), and Ixekizumab (Taltz) were moved to level 3.

Added coverage criteria for upadacitinib (Rinvoq) for atopic dermatitis (AD).

Added coverage criteria for etanercept (Enbrel), adalimumab (Humira), secukinumab (Cosentyx), and golimumab (Simponi) for enthesitis-related arthritis (ERA).

Added coverage criteria for intravenous tocilizumab (Actemra) for solid organ transplant, antibody mediated rejection (AMR).

Added criteria to allow coverage of intravenous abatacept (Orencia) for prophylaxis of graft versus host disease (GVHD).

Adalimumab-aqvh (Yusimry) added to policy as a non-preferred adalimumab product.

Wording for intravenous tocilizumab (Actemra) criteria for cytokine release syndrome (CRS) was modified to allow for coverage as part of CAR-T treatment plan.

Updated position statement to clarify that non-TNFs may be an option for New York Heart Association (NYHA) class III/IV heart failure (HF) based on guidelines and post-market reports of new or worsening HF with TNF inhibitors.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/22/2022.

Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Immunology Drugs which falls under your interest in Pharmaceuticals.

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### Asuris Northwest Health, Bridgespan Health, Regence: Cone Beam Computed Tomography of the Breast - Medical Policy

#### Medium Importance Update

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (payer defined): 11/01/2022.

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You are receiving this notice because it's relevant to Cone Beam CT which falls under your interest in Imaging.

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### Asuris Northwest Health, Bridgespan Health, Regence: Cryosurgical Ablation of Miscellaneous Solid Tumors Outside of the Liver (Commercial) - Medical Policy

#### Medium Importance Update

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (payer defined): 11/01/2022.

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You are receiving this notice because it's relevant to Cryoablation Oncology which falls under your interest in Oncology.

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### BCBS Alabama: Oncology Agents (Medicare) - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Pharmaceutical PA Forms which falls under your interest in Prior Authorization.

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### **BCBS Arizona: Off Label Use Of A Cancer Medication For The Treatment Of Cancer Without A Specific Pharmacy Coverage Guideline - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with minor administrative changes.

Updated policy title.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/17/2022.  
Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Off Label Drug Coverage which falls under your interest in Administrative Documents.

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### **BCBS Arizona: Off-Label Use of Non-Cancer Medications - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with minor administrative changes.

Updated policy title.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/17/2022.  
Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Off Label Drug Coverage which falls under your interest in Administrative Documents.

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### **BCBS Arkansas, BCBS Health Advantage: Intravitreal and Punctum Corticosteroid Implants (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding.  
Added code 68841 effective 01/01/2022.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 04/01/2021.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Ophthalmic Steroids which falls under your interest in Pharmaceuticals.

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**BCBS Arkansas, BCBS Health Advantage: Implantable Infusion Pumps - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Implantable Infusion Pumps which falls under your interest in Pain Management.

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**BCBS Arkansas, BCBS Health Advantage: Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

Updated rationale section.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Transpupillary Thermotherapy which falls under your interest in Ophthalmology.

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**BCBS Arkansas, BCBS Health Advantage, BlueAdvantage Administrators of Arkansas: Prior Approval Form for Prescription Drugs - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Pharmaceutical PA Forms which falls under your interest in Prior Authorization.

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**BCBS Federal Employee Plan: Fortamet, Riomet - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/11/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Fortamet which falls under your interest in Pharmaceuticals.

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**BCBS Federal Employee Plan: Glumetza - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/11/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Glumetza which falls under your interest in Pharmaceuticals.

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**BCBS Federal Employee Plan: Humira - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/04/2022.

Next review date (est.): 03/04/2023.

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You are receiving this notice because it's relevant to Humira which falls under your interest in Pharmaceuticals.

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**BCBS Illinois: Hereditary Angioedema Agents (Medicaid) - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/07/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Hereditary Angioedema which falls under your interest in Pharmaceuticals.

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**BCBS Illinois, BCBS Montana, BCBS New Mexico, BCBS Oklahoma, BCBS Texas, Prime Therapeutics: Hereditary Angioedema Agents (Commercial) - Prior Authorization (PA) Form****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/07/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Hereditary Angioedema which falls under your interest in Pharmaceuticals.

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**BCBS Kansas: Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers - Medical Policy****High Importance Update**

Reviewed with changes to criteria, coding, and supplementary information.



Updated criteria for genetic testing for BRCA1 and BRCA2 variants in cancer-affected individuals;  
Updated ICD-10 coding section;  
Updated supporting information;  
Added "germline" to policy title.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/22/2022.  
Next review date (est.): 02/22/2023.

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You are receiving this notice because it's relevant to BRCA1 and BRCA2 Mutation Testing which falls under your interest in Diagnostics.

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### **BCBS Massachusetts: Medicare Advantage Management - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coverage. Added the following:  
Applied Behavioral Analysis;  
Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Service Coverage Admin which falls under your interest in Administrative Documents.

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### **BCBS Massachusetts: Chelation Therapy (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated references section.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Chelation Drugs which falls under your interest in Pharmaceuticals.

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### **BCBS Massachusetts: Esketamine Nasal Spray (Spravato) and Intravenous Ketamine for Mental Health Conditions (Commercial, Medicare) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated references section.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Ketalan for Depression which falls under your interest in Pharmaceuticals.

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**BCBS Massachusetts: Managed Care Out-of-Network - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Access to Care which falls under your interest in Payment Policies.

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**BCBS Massachusetts: Non-Emergent Ground Ambulance Transport - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Ambulance Payment which falls under your interest in Payment Policies.

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**BCBS Massachusetts: Orthodontia Services for Pediatric Essential Health Benefits - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Orthodontic Services which falls under your interest in Dental.

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**BCBS Massachusetts: Recertification for Skilled Nursing Services, Long-Term Care Hospital, and Rehabilitation Services - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Rehabilitative Services which falls under your interest in Payment Policies.

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**BCBS Massachusetts: Treatment of Tinnitus - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated references section.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Tinnitus Treatment which falls under your interest in Ear Nose and Throat.

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### **BCBS Mississippi: Identification of Microorganisms Using Nucleic Acid Probes (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to criteria, coding, and supplementary information. Changes include, but may not be limited to the following:  
Changed coverage decision for gardnerella vaginalis from medically necessary to investigational;  
Changed coverage decision for chlamydia pneumonia from investigational to medically necessary;  
Added separate medically necessary statement for respiratory virus panel testing with applicable criteria;  
Added bordetella pertussis, chlamydia pneumoniae, influenza virus, mumps, rubeola (measles), and zika virus to the list of microorganisms for which the use of nucleic acid testing using a direct or amplified probe technique (without quantification of viral load) maybe considered medically necessary;  
Remove influenza virus from the list of microorganisms for which the use of nucleic acid testing using a direct or amplified probe technique (with or without quantification of viral load) may be considered medically necessary;  
Moved 81513, 81514, 87510, 87511, 87632, and 87633 from the covered codes table to the investigational codes table;  
Moved 87485 and 87486 from the investigational codes table to the covered codes table;  
Added 87662 as covered and 0115U, 0202U, 0223U, and 0025U as investigational codes;  
Updated ICD-10 coding section;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.  
Next review date (est.): 03/18/2023.

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You are receiving this notice because it's relevant to Nucleic Acid Probes for Microorganisms which falls under your interest in Diagnostics.

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### **BCBS New Mexico: Basic PDP Plan (Medicare Part D) - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### **BCBS North Carolina: Infliximab Agents (Medical Benefit) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Avsola which falls under your interest in Pharmaceuticals.

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#### **BCBS North Carolina: Ocular Angiogenesis Inhibitor Agents (Medicare, Employer Groups) - Prior Authorization (PA) Form**

##### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Beovu which falls under your interest in Pharmaceuticals.

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#### **BCBS North Carolina: Quantity Limit Exception (Essential) - Prior Authorization (PA) Form**

##### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Pharmaceutical PA Forms which falls under your interest in Prior Authorization.

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#### **BCBS North Carolina: Reconstructive Eyelid Surgery and Brow Lift (Commercial) - Medical Policy**

##### **High Importance Update**

Reviewed with change to criteria:

Updated covered criterion regarding documentation of dermatochalasis with true lid ptosis.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.

Next review date (payer defined): 08/01/2022.

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You are receiving this notice because it's relevant to Eyelid and Eyebrow Surgery which falls under your interest in Surgical Services.

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#### **BCBS North Carolina: Revlimid (Commercial) - Prior Authorization (PA) Form**

##### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Revlimid which falls under your interest in Oncology.

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**BCBS North Dakota: Self Administered Oncology Agents (Commercial) - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to drug information, quantity limits, and supplementary information.  
Updated dosage and quantity limits for Talzenna;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Pharmacy Coverage Admin which falls under your interest in Administrative Documents.

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**BCBS North Dakota: Transcutaneous Transducer Garments (Commercial) - Medical Policy****Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.  
Next review date (est.): 03/23/2023.

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You are receiving this notice because it's relevant to Transcutaneous Transducer Garments (TTG) which falls under your interest in Pain Management.

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**BCBS Oklahoma, Prime Therapeutics: Medicare Advantage HMO Plans - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Neuromuscular Electrical Stimulation - Medical Policy****High Importance Update**

Reviewed with changes to coding.  
Removed codes 64553, 64555, 64561, 64565, 64566, 64580

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.  
Next review date (payer defined): 03/23/2023.

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You are receiving this notice because it's relevant to Neuromuscular Electrical Stimulation (NMES) which falls under your interest in Pain Management.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Nucala - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to indications and criteria:

Added chronic rhinosinusitis with nasal polyps and hypereosinophilic syndrome as approved indications with associated criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.

Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Nucala which falls under your interest in Pharmaceuticals.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Transcutaneous Electrical Nerve Stimulation - Medical Policy****High Importance Update**

Reviewed with changes to coding.

Added codes 97014, 97032;

Code 64550 marked as deleted.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.

Next review date (payer defined): 02/01/2023.

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You are receiving this notice because it's relevant to Transcutaneous Electrical Nerve Stimulators (TENS) which falls under your interest in Pain Management.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Aimovig, Ajovy, Emgality - Pharmaceutical Policy****Medium Importance Update**

Reviewed and reissued with no changes to intent.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/15/2022.

Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to CGRP Antagonist for Migraine which falls under your interest in Pharmaceuticals.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Cellular Neurotransplantation which falls under your interest in Transplant and Transfusion.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Cochlear Implant - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Cochlear Implants which falls under your interest in Hearing Devices.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Discarded Drugs/Biologicals - Pharmaceutical Waste - Reimbursement & Billing Document****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/08/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Pharmaceutical Wastage which falls under your interest in Payment Policies.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Electrophrenic Pacemaker (Commercial) - Medical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2022.

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You are receiving this notice because it's relevant to Electrophrenic Pacemaker which falls under your interest in Respiratory.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Fetal Surgery for Prenatally Diagnosed Malformations - Medical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Fetal Surgery which falls under your interest in Surgical Services.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Home Cardiorespiratory Monitoring - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Home Sleep Testing which falls under your interest in Sleep Management.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Home Phototherapy for Neonatal Jaundice - Medical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2022.

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You are receiving this notice because it's relevant to Neonatal Jaundice Light Therapy which falls under your interest in Durable Medical Equipment.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Home Spirometry - Medical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Spirometry which falls under your interest in Diagnostics.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Hyperbaric Oxygen Therapy - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Hyperbaric Oxygen Therapy which falls under your interest in Wounds and Cutaneous Conditions.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Intraocular Radiation Therapy for Age-Related Macular Degeneration - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Radiotherapy for Macular Degeneration which falls under your interest in Ophthalmology.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Krystexxa - Medical Policy****Medium Importance Update**

Reviewed and reissued with no changes to intent.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/16/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Krystexxa which falls under your interest in Pharmaceuticals.

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**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Ophthalmologic Techniques for Evaluating Glaucoma - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated background, rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Glaucoma Evaluation Techniques which falls under your interest in Ophthalmology.

---

**BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Optical Coherence Tomography of the Anterior Eye Segment (Commercial) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Anterior Eye Segment OCT which falls under your interest in Imaging.

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#### **BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Pertuzumab for Treatment of Malignancies - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references sections.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (payer defined): 07/01/2022.

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You are receiving this notice because it's relevant to Perjeta which falls under your interest in Oncology.

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#### **BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Transfusion Therapy for Hemolytic Disease of the Fetus and the Newborn - Medical Policy**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2022.

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You are receiving this notice because it's relevant to Fetal/Neonatal Transfusion which falls under your interest in Transplant and Transfusion.

---

#### **BCBS South Carolina, BlueChoice HealthPlan of South Carolina: Ultrasound for the Evaluation of Paranasal Sinuses - Medical Policy**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 03/01/2023.

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You are receiving this notice because it's relevant to Paranasal Sinuses Ultrasound which falls under your interest in Imaging.

---

#### **BCBS Tennessee: Provider Administered Specialty Products (Medicare Advantage) - Drug Administrative Document**

##### **High Importance Update**

Reviewed with changes to applicable products and coding.  
Added products Fyarro, nelarabine, and Susvimo, along with corresponding codes.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Specialty Drug Coverage which falls under your interest in Administrative Documents.

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#### **Blue Care Network: BCN Drug List Updates - Drug Administrative Document**

##### **High Importance Update**

Reviewed with changes to coverage.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Pharmacy Coverage Admin which falls under your interest in Administrative Documents.

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#### **Blue Cross Idaho: Genetic Testing for FMR1 mutations (including Fragile X Syndrome) - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/27/2022.

Next review date (est.): 01/27/2023.

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You are receiving this notice because it's relevant to Fragile X Genetic Testing which falls under your interest in Diagnostics.

---

#### **Blue Shield California: Blue Shield Medicare (PPO) for Alameda County (Medicare Advantage) - Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza  
Rubraca  
Zejula

Refer to the master criteria for other changes.

Review date: 02/22/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

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#### **Blue Shield California: Blue Shield Vital (HMO) for Los Angeles, Orange, Riverside, and San Bernardino Counties (Medicare Advantage) - Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza  
Rubraca  
Zejula

Refer to the master criteria for other changes.

Review date: 02/22/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

---

### **Blue Shield California: Genetic and Diagnostic Testing Services (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/17/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Multiple Genetic Tests which falls under your interest in Diagnostics.

---

### **Blue Shield California: Intensity-Modulated Radiotherapy (Generic) (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

PA form subsumed.

'Intensity-Modulated Radiotherapy' document has been subsumed under the new 'Radiation Oncology ' document.

See: <https://portal.policyreporter.com/policy/271819/review>

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You are receiving this notice because it's relevant to Intensity-Modulated Radiation Therapy (IMRT) which falls under your interest in Oncology.

---

### **Blue Shield California: Radiation Oncology (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the PA form.

Combined the document 'Intensity-Modulated Radiotherapy' into a single document titled 'Radiation Oncology'.

Review date: 02/22/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Radiation Therapy which falls under your interest in Oncology.

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### **Blue Shield of California Promise Health Plan: Master PA Criteria (Medicare Medicaid Dual Eligibles) - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza  
Rubraca

Refer to the master criteria for other changes.

Review date: 02/22/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

---

### **BlueAdvantage Administrators of Arkansas: C5 Complement Inhibitors (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to criteria.

Updated criteria for eculizumab for myasthenia gravis (MG) to specify refractory chronic disease;

Updated criteria for eculizumab for MG regarding previous stable dose of MG therapy, and inadequate response to treatment.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 10/11/2021.

Next review date (est.): 10/11/2022.

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You are receiving this notice because it's relevant to Soliris which falls under your interest in Pharmaceuticals.

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### **BlueAdvantage Administrators of Arkansas: COVID-19 Monoclonal Antibody Therapy (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to applicable products, criteria, coding, and supplementary information.

Added bebtelovimab to the policy;

Updated criteria regarding cilgavimab;

Updated dosage and administration information;

Added codes M0240-M0246, Q0240, Q0243-Q0245, Z23;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/14/2022.

Next review date (est.): 02/14/2023.

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You are receiving this notice because it's relevant to Bamlanivimab for Coronavirus which falls under your interest in Pharmaceuticals.

---

### **BlueAdvantage Administrators of Arkansas: COVID-19 Monoclonal Antibody Therapy (Walmart Associates' Health and Welfare Medical Plan) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to applicable products, criteria, coding, and supplementary information.

Added bebtelovimab to the policy;

Updated criteria regarding cilgavimab;

Updated dosage and administration information;

Added codes M0240-M0246, Q0240, Q0243-Q0245, Z23;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/10/2022.

Next review date (est.): 03/10/2023.

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You are receiving this notice because it's relevant to Bamlanivimab for Coronavirus which falls under your interest in Pharmaceuticals.

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### **BlueAdvantage Administrators of Arkansas: Allogeneic Pancreas Transplant - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

Updated description, rationale and references.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/16/2022.

Next review date (est.): 03/16/2023.

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You are receiving this notice because it's relevant to Allogeneic Pancreas Transplant which falls under your interest in Transplant and Transfusion.

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### **BlueAdvantage Administrators of Arkansas: Allogeneic Pancreas Transplant (Walmart Associate's Medical Plan) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated description, rationale and references.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/16/2022.

Next review date (est.): 03/16/2023.

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You are receiving this notice because it's relevant to Allogeneic Pancreas Transplant which falls under your interest in Transplant and Transfusion.

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### **BlueAdvantage Administrators of Arkansas: Antigen Leukocyte Antibody Test (ALCAT) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to Allergy Testing which falls under your interest in Allergy Testing Maintenance.

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### **BlueAdvantage Administrators of Arkansas: Antigen Leukocyte Antibody Test (Walmart Associate's Medical Plan) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to Allergy Testing which falls under your interest in Allergy Testing Maintenance.

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**BlueAdvantage Administrators of Arkansas: Composite Tissue Allotransplantation (CTA) of the Hand and/or Face - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated description and rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.  
Next review date (est.): 03/18/2023.

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You are receiving this notice because it's relevant to Composite Tissue Allotransplantation which falls under your interest in Transplant and Transfusion.

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**BlueAdvantage Administrators of Arkansas: Composite Tissue Allotransplantation of the Hand and/or Face (Walmart Associates) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.  
Updated description and rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.  
Next review date (est.): 03/18/2023.

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You are receiving this notice because it's relevant to Composite Tissue Allotransplantation which falls under your interest in Transplant and Transfusion.

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**BlueAdvantage Administrators of Arkansas: Corneal Topography (Photokeratoscopy) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Corneal Topography which falls under your interest in Ophthalmology.

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**BlueAdvantage Administrators of Arkansas: Corneal Topography (Photokeratoscopy) (Walmart Associate's Medical Plan) - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Corneal Topography which falls under your interest in Ophthalmology.

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### **BlueAdvantage Administrators of Arkansas: Hematopoietic Stem Cell Transplantation for Primary Amyloidosis - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to HSCT for Amyloidosis which falls under your interest in Transplant and Transfusion.

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### **BlueAdvantage Administrators of Arkansas: Light Therapy for Psoriasis - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to Psoriasis Light Therapy which falls under your interest in Durable Medical Equipment.

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### **BlueAdvantage Administrators of Arkansas: Lung and Lobar Lung Transplant - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale section.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.  
Next review date (est.): 03/18/2023.

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You are receiving this notice because it's relevant to Lobar Lung Transplant which falls under your interest in Transplant and Transfusion.

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### **BlueAdvantage Administrators of Arkansas: Meniscal Allografts and Other Meniscus Implants - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.  
Next review date (est.): 03/18/2023.



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You are receiving this notice because it's relevant to Meniscal Transfer which falls under your interest in Orthopedics.

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### **BlueAdvantage Administrators of Arkansas: Outpatient Pulmonary Rehabilitation (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to Pulmonary Rehabilitation which falls under your interest in Respiratory.

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### **BlueAdvantage Administrators of Arkansas: Outpatient Pulmonary Rehabilitation (Walmart Associate's Medical Plan) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.  
Updated rationale and references.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/17/2023.

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You are receiving this notice because it's relevant to Pulmonary Rehabilitation which falls under your interest in Respiratory.

---

### **BMC Healthnet: Complement Inhibitors (MassHealth) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to applicable drugs, criteria, coding, and supplementary information.  
Added applicable drug Empaveli, with corresponding criteria;  
Added code J3590;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/11/2022.  
Effective date: 03/01/2022.  
Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Empaveli which falls under your interest in Pharmaceuticals.

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### **BMC Healthnet: Prior Authorization CPT Code Look up Tool - Coding Document**

#### **High Importance Update**

Reviewed with changes to coding.  
Removed codes including 21193, 64911, 92620.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Coding Documents which falls under your interest in Administrative Documents.

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### **BMC Healthnet, Well Sense Health Plan: Prior Authorization HCPCS Code Look Up Tool - Coding Document**

#### **High Importance Update**

Reviewed with changes to coding.  
Removed codes G0464, S9470.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Coding Documents which falls under your interest in Administrative Documents.

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### **Buckeye Health Plan, Centene Corporation, Coordinated Care Health Plan, HealthNet, Louisiana Healthcare Connections, MHS Indiana, Nebraska Total Care, Trillium Community Health Plan: Brand Name Override (Medicaid) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Pharmacy Coverage Admin which falls under your interest in Administrative Documents.

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### **Capital Health Plan: Self Administered Oncology Agents (Commercial) - Prior Authorization (PA) Criteria, Quantity Limit (QL) Criteria**

#### **High Importance Update**

Reviewed with changes to drug information, quantity limits, and supplementary information.  
Updated dosage and quantity limits for Talzenna;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Pharmacy Coverage Admin which falls under your interest in Administrative Documents.

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### **CareFirst BCBS: Entyvio - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 01/01/2022.  
Next review date (est.): 01/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Entyvio which falls under your interest in Pharmaceuticals.

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### CareFirst BCBS: Natpara - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/13/2022.  
Next review date (est.): 03/01/2023.

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[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Natpara which falls under your interest in Pharmaceuticals.

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### CareFirst BCBS: Yervoy - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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[View Policy History](#)

You are receiving this notice because it's relevant to Yervoy which falls under your interest in Oncology.

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### CareFirst BCBS: Givlaari - Prior Authorization (PA) Form

#### Medium Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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[View Policy History](#)

You are receiving this notice because it's relevant to Givlaari which falls under your interest in Pharmaceuticals.

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### CareOregon: Provider Post Service Claim Reconsideration/Appeal Form (Medicaid and Medicare) - Appeals Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/16/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to PA Appeals Claims which falls under your interest in Payment Policies.

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### **Centene Corporation, HealthNet: Vyepti (Commercial) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information:

Updated initial approval and continued therapy criteria to include Qulipta in examples of other injectable or oral CGRP inhibitors;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Qulipta which falls under your interest in Pharmaceuticals.

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### **Centene Corporation, Trillium Community Health Plan: Pennsaid (Medicaid) - Pharmaceutical Policy**

#### **High Importance Update**

New policy.

Pennsaid may be considered medically necessary when criteria are met.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Pennsaid which falls under your interest in Pharmaceuticals.

---

### **CGS Administrators: JB DME MAC POE Calendar of Events: Webinars, Workshops and More - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new webinar titled "Knee Orthoses Webinar", which will take place 04/05/2022 from 2:30 p.m. to 4:00 p.m.

Agenda not yet posted.

Registration link available here: <https://attendee.gotowebinar.com/register/123419502098610700>

Review date: 03/25/2022.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Unspecified Committee Meetings which falls under your interest in Advisory Meetings.

---

### **CGS Administrators: JC DME MAC POE Calendar of Events: Webinars, Workshops and More - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new webinar titled "Knee Orthoses Webinar", which will take place 04/05/2022 from 2:30 p.m. to 4:00 p.m.

Agenda not yet posted.

Registration link available here: <https://attendee.gotowebinar.com/register/123419502098610700>

Review date: 03/25/2022.

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You are receiving this notice because it's relevant to Unspecified Committee Meetings which falls under your interest in Advisory Meetings.

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### **CGS Administrators: BCR-ABL Negative Myeloproliferative Disease Genetic Testing (MoIDX) (J15) (A56999) - Local Coverage Article (LCA)**

#### **Medium Importance Update**

Issued a new version of the document. Document history states (changes may not be limited to):

Under Article Text added verbiage, "For single genes performed by NGS, these tests must demonstrate compliance with L38047 MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies and its accompanying billing and coding article, A54795 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer."

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.

Next review date (est.): 03/18/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to BCR-ABL Mutation Analysis which falls under your interest in Diagnostics.

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### **CGS Administrators: Intravenous Immune Globulin (J15) (L35891) - Local Coverage Determination (LCD)**

#### **Medium Importance Update**

Issued a new version of the document. Document history states (changes may not be limited to):

Annual review, no changes were made.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/18/2022.

Next review date (est.): 03/18/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Intravenous Immunoglobulin which falls under your interest in Pharmaceuticals.

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### **Cigna: Aranesp, Epogen, Procrit, Retacrit (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Mircera which falls under your interest in Pharmaceuticals.

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### **Cigna: Makena - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria, drug information, and supporting information. Changes include, but may not be limited to:

Updated medically necessary criteria for Makena to reduce risk of preterm birth;

Updated experimental, investigational, or unproven indications;

Added approval duration and preferred covered alternatives;

Removed dosing information;

Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/15/2022.  
Next review date (payer defined): 03/15/2023.

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You are receiving this notice because it's relevant to Makena which falls under your interest in Pharmaceuticals.

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### **Cigna: Master Precertification List (Individuals and Families) - Prior Authorization (PA) List**

#### **High Importance Update**

Reviewed with changes to applicable codes.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/22/2022.  
Next review date (est.): 05/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Procedures Requiring PA which falls under your interest in Prior Authorization.

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### **Cigna: Nulojix (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 01/01/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Nulojix which falls under your interest in Pharmaceuticals.

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### **Cigna: Rituxan, Ruxience, Truxima - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Riabni Oncology which falls under your interest in Oncology.

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### **Cigna: Sivextro, Zyvox - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria, drug information, and supporting information. Changes include, but may not be limited to:  
Updated medically necessary criteria for oxazolidinone antibiotics;  
Removed dosing information;  
Updated formatting;  
Updated supporting and administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/15/2022.  
Next review date (payer defined): 03/15/2023.

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You are receiving this notice because it's relevant to Sivextro which falls under your interest in Pharmaceuticals.

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### **Cigna: Stelara IV - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Stelara which falls under your interest in Pharmaceuticals.

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### **Cigna: Stelara SQ - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Stelara which falls under your interest in Pharmaceuticals.

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### **Cigna: Testosterone Therapy (Injectables and Implantable Pellets) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information. Changes include, but may not be limited to:

Added medically necessary criteria for Aveed or Xyosted injection for gender-dysphoric/gender-incongruent persons; persons undergoing female-to-male gender reassignment (i.e. endocrinologic masculinization);

Added medically necessary criteria for Testopel for hypogonadism (primary or secondary) in males (testicular hypofunction/low testosterone with symptoms) and gender-dysphoric/gender-incongruent persons; persons undergoing female-to-male gender reassignment (i.e. endocrinologic masculinization);

Updated medically necessary criteria for Aveed or Xyosted injection for hypogonadism (primary or secondary) in males (testicular hypofunction/low testosterone with symptoms);

Updated medically necessary criteria for Testopel for delayed puberty or induction of puberty in males;

Updated criteria for the use of preferred products;

Updated authorization duration and dosing;

Updated supporting information, formatting, and policy title.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/15/2022.

Next review date (payer defined): 03/15/2023.

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You are receiving this notice because it's relevant to Androgenic Hormones which falls under your interest in Pharmaceuticals.

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### **Cigna: Medicare Advantage - Provider Manual**

#### **Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/14/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **CMS: Alpha-fetoprotein (190.25) - National Coverage Determination (NCD)**

#### **Medium Importance Update**

Reviewed with the following changes to policy attachments and administrative information.

Updated revision history, adding a link to April 2021, July 2021, October 2021, and January 2022 covered code lists.

Added July 2021, October 2021, and January 2022 changes to lab NCD edit software.

Refer to NCD to access link to coding update.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/19/2022.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to AFP-L3 Markers for HCC which falls under your interest in Diagnostics.

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### **CMS: Fecal Occult Blood Test (190.34) - National Coverage Determination (NCD)**

#### **Medium Importance Update**

Reviewed with the following changes to policy attachments and administrative information.

Updated revision history, adding a link to April 2021, July 2021, October 2021, and January 2022 covered code lists.

Added July 2021, October 2021, and January 2022 changes to lab NCD edit software.

Refer to NCD to access link to coding update.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Fecal DNA for Colorectal Cancer which falls under your interest in Diagnostics.

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### **CMS: HIV Testing (Diagnosis) (190.14) - National Coverage Determination (NCD)**

#### **Medium Importance Update**

Reviewed with the following changes to policy attachments and administrative information.

Updated revision history, adding a link to April 2021, July 2021, October 2021, and January 2022 covered code lists.

Added July 2021, October 2021, and January 2022 changes to lab NCD edit software.

Refer to NCD to access link to coding update.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/19/2022.  
Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to HIV Testing which falls under your interest in Diagnostics.

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### **Colorado Medicaid: Preferred Drug List - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 05/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### **Community Health Plan of Washington: Genetic Testing (Medicaid/Medicare) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.

Added requirements for unlisted genetic tests;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/09/2022.

Next review date (est.): 03/09/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Multiple Genetic Tests which falls under your interest in Diagnostics.

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### **ConnectiCare: Asparlas (Commercial) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.

Added criteria note for prophylaxis/prevention of febrile neutropenia;

Revised exclusion criterion language;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.

Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Asparlas which falls under your interest in Oncology.

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### **ConnectiCare: COVID-19 Billing Guidelines (Commercial, Medicare Advantage) - Reimbursement & Billing Document**

#### **High Importance Update**

Reviewed with changes to billing guidelines.

Indicated that modifier CS must be appended to services related to determining the need for COVID test effective 6/01/2022.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/16/2022.

Next review date (est.): 03/16/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to Coronavirus Testing which falls under your interest in Diagnostics.

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### ConnectiCare: Erwinaze and Rylaze - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Updated criteria and note for acute lymphoblastic leukemia;  
Updated exclusion criterion regarding use after disease progression;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to Erwinaze which falls under your interest in Oncology.

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### ConnectiCare: Luteinizing Hormone Releasing Hormone (LHRH) Agonists and Antagonist (Commercial) - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Updated criteria for prostate cancer, breast cancer, and fertility preservation in women undergoing cytotoxic chemotherapy;  
Updated exclusion criteria;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to GnRH Agonists which falls under your interest in Oncology.

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### ConnectiCare: Monjuvi (Commercial) - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Updated criteria and removed note for diffuse large B cell lymphoma;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Monjuvi which falls under your interest in Oncology.

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### ConnectiCare: Oncaspar - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Added exclusion criterion stating disease progression on or after an Oncaspar (pegaspargase) containing regimen;  
Updated criteria note for acute lymphocytic leukemia;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Oncaspar which falls under your interest in Oncology.

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### **ConnectiCare: Opdivo (Commercial) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Updated criteria for renal cell carcinoma, esophageal carcinoma, and malignant pleural mesothelioma;  
Updated notes for NSCLC, Hodgkin's Lymphoma, and urothelial carcinoma;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.

Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Opdivo which falls under your interest in Oncology.

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### **ConnectiCare: Kadcyla - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.

Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Kadcyla which falls under your interest in Oncology.

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### **ConnectiCare: Myeloid Growth Factors - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with changes to criteria and supplementary information.  
Added criteria note for prophylaxis/prevention of febrile neutropenia;  
Revised exclusion criterion language;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.

Next review date (est.): 02/25/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to White Blood Cell Stimulators which falls under your interest in Pharmaceuticals.

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### **ConnectiCare: Vitamin D Deficiency Testing (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/11/2022.  
Next review date (est.): 03/11/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Vitamin D Testing which falls under your interest in Diagnostics.

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### **Coordinated Care Health Plan: Synagis - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 01/14/2022.  
Next review date (est.): 01/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Synagis which falls under your interest in Pharmaceuticals.

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### **CVS Caremark: Hepatitis C - Enrollment Form**

#### **Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/28/2022.  
Next review date (est.): 02/01/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Hepatitis C Drugs which falls under your interest in Pharmaceuticals.

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### **Dean Health Plan, Prevea360, WellFirst Health: Fabrazyme - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Updated renewal criteria;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Fabrazyme which falls under your interest in Pharmaceuticals.

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### **Dean Health Plan, Prevea360, WellFirst Health: Procrit, Epogen, Retacrit - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Removed preferred drug information;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Red Blood Cell Stimulators which falls under your interest in Pharmaceuticals.

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#### **Dean Health Plan, Prevea360, WellFirst Health: Actemra IV Formulation - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Actemra which falls under your interest in Pharmaceuticals.

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#### **Dean Health Plan, Prevea360, WellFirst Health: Herceptin, Kanjinti, Ontruzant, Herzuma, Ogivri (Commercial, Medicare, Medicaid) - Pharmaceutical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to HER2 Positive Breast Cancer Drugs which falls under your interest in Oncology.

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#### **Dean Health Plan, Prevea360, WellFirst Health: Pertuzumab Products (Perjeta, Phesgo) (Commercial, Medicare) - Pharmaceutical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Perjeta which falls under your interest in Oncology.

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#### **Dean Health Plan, Prevea360, WellFirst Health: Sublingual Immunotherapy (SLIT) for Allergy (Commercial, Medicare, Medicaid) - Pharmaceutical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Immunotherapy Allergy which falls under your interest in Pharmaceuticals.

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### **Delaware Medicaid: Pharmacy (Medicaid) - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **El Paso First Health Plans: El Paso First Health Plans - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **EmblemHealth: COVID-19 Billing Guidelines (Commercial, Medicare Advantage) - Reimbursement & Billing Document**

#### **High Importance Update**

Reviewed with changes to billing guidelines.  
Indicate that modifier CS must be appended to services related to determining the need for COVID test effective 6/01/2022.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/16/2022.  
Next review date (est.): 03/16/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to COVID-19 Testing which falls under your interest in Diagnostics.

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### **EmblemHealth: Sacroiliac Joint Fusion (Commercial, Medicare, Medicaid) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/11/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Sacroiliac Spine which falls under your interest in Spine.

---

### **EmblemHealth: Vitamin D Deficiency Testing - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/11/2022.  
Next review date (est.): 03/11/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Vitamin D Testing which falls under your interest in Diagnostics.

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### **Excellus: Nucala - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Nucala which falls under your interest in Pharmaceuticals.

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### **Excellus, Univera Healthcare: Blood Modifiers (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Releuko which falls under your interest in Pharmaceuticals.

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### **Excellus, Univera Healthcare: Dupixent (Commercial) - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Dupixent for Dermatology which falls under your interest in Pharmaceuticals.

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### **Excellus, Univera Healthcare: Interleukin-5 Antagonists - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Cinqair which falls under your interest in Pharmaceuticals.

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### **Excellus, Univera Healthcare: Pulmonary Arterial Hypertension (PAH) Drugs - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to PAH Drugs which falls under your interest in Pharmaceuticals.

---

### **Express Scripts, Medica Health Plans: Multiple Sclerosis (MS) Preferred Specialty Management (Commercial) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with changes to required documentation.  
Removed documentation requirement for Gilenya

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/09/2022.

Next review date (est.): 03/09/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Immunostimulants for MS which falls under your interest in Pharmaceuticals.

---

### **FDA: Advisory Committee Calendar - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new meeting for the Vaccines and Related Biological Products Advisory Committee, which will take place 4/06/2022 from 8:30 a.m. to 5:00 p.m. The committee will meet in open session to discuss considerations for use of COVID-19 vaccine booster doses and the process for COVID-19 vaccine strain selection to address current and emerging variants.

Agenda available here: <https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-meeting-april-6-2022-announcement>

Review date: 03/25/2022.

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You are receiving this notice because it's relevant to Food and Drug Administration (FDA) Meetings which falls under your interest in Advisory Meetings.

---

#### **FDA: Recent New and Generic Drug Approvals - Drug Administrative Document**

##### **High Importance Update**

Reviewed with changes to applicable drugs.  
Added applicable drugs Smoflipif, Glyxambi, Synjardy, and Winlevi.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to New To Market Drugs which falls under your interest in Administrative Documents.

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#### **Fidelis Care: Non-Obstetrical and Obstetrical Transabdominal and Transvaginal Ultrasounds - Reimbursement & Billing Document**

##### **High Importance Update**

New policy.

Non-obstetrical or first trimester obstetrical transabdominal ultrasounds and transvaginal ultrasounds may be reimbursed when criteria are met.

Review date: 02/15/2022.  
Next review date (est.): 02/15/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Transabdominal Ultrasound which falls under your interest in Imaging.

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#### **FirstCare Health Plans, Scott and White: Medications, Services & Supplies Not Medically Necessary (Commercial, Medicare, Medicaid) - Medical Policy**

##### **High Importance Update**

Reviewed with changes to coding. Added the following:  
33267-33269;  
61736-61737;  
68841

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/24/2022.  
Next review date (payer defined): 03/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Noncovered Services which falls under your interest in Administrative Documents.

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#### **FirstCare Health Plans, Scott and White: Laser Treatment of Skin Lesions (Commercial, Medicare) - Medical Policy**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (payer defined): 01/27/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Laser Treatment of Cutaneous Conditions which falls under your interest in Wounds and Cutaneous Conditions.

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### Florida Blue: Skyrizi - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Skyrizi which falls under your interest in Pharmaceuticals.

---

### Golden State Medicare Health Plan: Master PA Criteria (HMO C-SNP) (Medicare Advantage) - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 04/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### Great Plains Medicare Advantage: Master PA Criteria (Medicare Advantage) (SD) - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza

Rubraca

Zejula

Refer to the master criteria for other changes.

Review date: 02/01/2022.

Next review date (est.): 04/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

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### Great Plains Medicare Advantage: Master PA Criteria (ND Medicare Advantage) - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza

Rubraca

Zejula

Refer to the master criteria for other changes.

Review date: 02/01/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

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### Great Plains Medicare Advantage: Master PA Criteria (NE Medicare Advantage) - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with the following changes to the applicable drugs and criteria.

Drugs and/or drug groups with revised criteria include, but are not limited to, the following:

Lynparza  
Rubraca  
Zejula

Refer to the master criteria for other changes.

Review date: 02/01/2022.

Next review date (est.): 04/01/2022.

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You are receiving this notice because it's relevant to Lynparza which falls under your interest in Oncology.

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### Hawaii Medical Services Association: Cimzia (Medicare Advantage) - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Cimzia which falls under your interest in Pharmaceuticals.

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### Health New England: Keytruda - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria, drug information, and supplementary information.

Updated criteria for cutaneous melanoma and renal cell carcinoma;

Updated dosage/administration information for cutaneous melanoma;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/04/2022.

Next review date (est.): 01/04/2023.

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You are receiving this notice because it's relevant to Keytruda which falls under your interest in Oncology.

---

### Highmark BCBS Delaware: Experimental/Investigational Services (DE Commercial) - Medical Policy

#### High Importance Update

Reviewed with changes to coding. Changes include, but may not be limited to:

Removed codes including 68841, 0439T, 0609T, Q2055, S8040.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/07/2022.  
Next review date (est.): 03/07/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Experimental/Investigational Services which falls under your interest in Administrative Documents.

---

**Highmark BCBS Delaware, Highmark Pennsylvania, Highmark West Virginia: Placental or Cord Abnormalities Imaging (Commercial) - Medical Policy****Retired/Archived - High Importance Update**

Archived policy.

Retired date: 04/01/2019.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Prenatal Ultrasound which falls under your interest in Imaging.

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**Highmark BCBS Delaware, Highmark Pennsylvania, Highmark West Virginia: Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon Miscellaneous (Commercial) - Medical Policy****High Importance Update**

Reviewed with changes to criteria and coding.  
Updated medically necessary statement and criteria for WCE;  
Updated experimental/investigational criteria for WCE;  
Updated ICD-10 coding section.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.  
Next review date (est.): 02/28/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to Wireless Capsule Endoscopy which falls under your interest in Gastrointestinal.

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**Highmark BCBS of Western New York, Highmark Blue Shield of Northeastern New York, Highmark Western and Northeastern New York Inc.: Oxbryta - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria, coverage, drug information, and supplementary information.  
Updated initial and renewal criteria for Oxbryta for sickle cell disease;  
Updated coverage duration;  
Added tablets for oral suspension formulation;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 04/04/2022.  
Next review date (payer defined): 01/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Oxbryta which falls under your interest in Pharmaceuticals.

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**Highmark BCBS of Western New York, Highmark Blue Shield of Northeastern New York, Highmark Western and Northeastern New York Inc.: Skyrizi - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Added coverage of Skyrizi for adult members for psoriatic arthritis (active disease), along with associated criteria;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (payer defined): 02/01/2023.

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You are receiving this notice because it's relevant to Skyrizi which falls under your interest in Pharmaceuticals.

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### **Highmark Inc.: Adbry (Commercial and Healthcare Reform) - Pharmaceutical Policy**

#### **High Importance Update**

Reviewed with change to quantity limits.

Added quantity limits.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/26/2022.

Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Adbry which falls under your interest in Pharmaceuticals.

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### **Highmark Inc.: Glycated Hemoglobin/Glycated Protein (PA Medicare) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to ICD-10 coding and references.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

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You are receiving this notice because it's relevant to Hemoglobin HbA1c Testing which falls under your interest in Diagnostics.

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### **Highmark Inc.: Hemoglobin A1c Glycated Hemoglobin/Glycated Protein (WV Medicare) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to ICD-10 coding and references.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

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You are receiving this notice because it's relevant to Hemoglobin HbA1c Testing which falls under your interest in Diagnostics.

---

### **Highmark Inc.: Lipid Testing (PA Medicare) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to ICD-10 coding and references.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Lipoprotein Risk Factors which falls under your interest in Diagnostics.

---

### Highmark Inc.: Lipid Testing (WV Medicare) - Medical Policy

#### High Importance Update

Reviewed with changes to ICD-10 coding and references.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

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You are receiving this notice because it's relevant to Lipoprotein Risk Factors which falls under your interest in Diagnostics.

---

### Highmark Inc.: Pharmacogenomics Testing (WV Medicare) - Medical Policy

#### High Importance Update

Reviewed with changes to coding and supplementary information.

Added codes 81479, 0029U, 0034U, 0286U;

Updated ICD-10 coding section;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/15/2022.

Next review date (est.): 03/15/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Pharmacogenetic and Pharmacodynamic Testing which falls under your interest in Diagnostics.

---

### Highmark Inc.: Thyroid Testing (PA Medicare) - Medical Policy

#### High Importance Update

Reviewed with changes to ICD-10 coding and supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

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You are receiving this notice because it's relevant to Thyroid Hormone Testing which falls under your interest in Diagnostics.

---

### Highmark Inc.: Vestibular and Audiologic Function Studies (PA Medicare) - Medical Policy

#### High Importance Update

Reviewed with changes to coding and supplementary information.

Removed codes 92561 and 92564;

Updated ICD-10 coding section;

Updated references.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/21/2023.

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You are receiving this notice because it's relevant to Vestibular Disorder Testing which falls under your interest in Diagnostics.

---

#### **Highmark Inc.: Voxzogo (DE, PA, WV Medicare) - Pharmaceutical Policy, Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with changes to criteria.  
Updated age limit to between 5 and 17 years;  
Removed limitation regarding use in members with achondroplasia.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/26/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Voxzogo which falls under your interest in Pharmaceuticals.

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#### **Highmark Pennsylvania, Highmark West Virginia: Experimental/Investigational Services (PA, WV Commercial) - Medical Policy**

##### **High Importance Update**

Reviewed with changes to coding. Changes include, but may not be limited to:  
Removed codes including 68841, 0439T, 0609T.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/07/2022.  
Next review date (est.): 03/07/2023.

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You are receiving this notice because it's relevant to Experimental/Investigational Services which falls under your interest in Administrative Documents.

---

#### **Independence Blue Cross: Infliximab and Related Biosimilars (Medicare Advantage) - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.  
Next review date (est.): 03/22/2023.

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You are receiving this notice because it's relevant to Tumor Necrosis Factor Inhibitors which falls under your interest in Pharmaceuticals.

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#### **Independence Blue Cross: Infliximab and Related Biosimilars Attachment A (Medicare Advantage) - Supporting Coverage Document**

##### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.  
Next review date (est.): 03/22/2023.

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You are receiving this notice because it's relevant to Tumor Necrosis Factor Inhibitors which falls under your interest in Pharmaceuticals.

---

### **Independence Blue Cross: Infliximab and Related Biosimilars Attachment B (Medicare Advantage) - Supporting Coverage Document**

#### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/22/2022.  
Next review date (est.): 03/22/2023.

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You are receiving this notice because it's relevant to Tumor Necrosis Factor Inhibitors which falls under your interest in Pharmaceuticals.

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### **Kaiser Permanente: Implantable Cardiac Defibrillators (WA Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with change to criteria and coding.  
Updated criteria to refer to corresponding CMS coverage manual;  
Added codes 0571T-0580T and 0614T.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Implantable Defibrillators which falls under your interest in Cardiovascular.

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### **Kaiser Permanente: Injectable Drugs Requiring PA (WA Commercial) - Prior Authorization (PA) Criteria**

#### **Medium Importance Update**

Reviewed with no changes to content.

Review date: 03/21/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

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### **Kansas Medicaid: Benlysta, Saphnelo (Medicaid) - Pharmaceutical Policy**

#### **Draft - High Importance Update**

Released draft policy with proposed changes to applicable drugs, criteria, quantity limits, coding, supplementary information, and formatting. Changes include, but are not limited to, the following (see policy for complete changes):  
Added Saphnelo as an approved agent with associated criteria;  
Added initial authorization criterion requiring use of preferred drug unless non-preferred criteria are met;  
Added renewal authorization criteria to policy;  
Added criteria for drug that have a current PA requirement;  
Removed initial authorization criterion restricting current treatment for a chronic infection;



Removed initial authorization criterion indicating patient has not had an anaphylactic response to belimumab;  
Updated initial authorization age and indication criteria redirecting to table 1;  
Updated initial authorization criteria combining into a single criterion indicating patient has a confirmed systemic lupus erythematosus consistent presence of autoantibodies;  
Updated initial authorization criteria for concurrent therapies;  
Added dosing limits limit information;  
Added reference link for coding;  
Updated supporting and administrative information;  
Revised policy with minor formatting changes.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/19/2022.  
Next review date (est.): 01/19/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Benlysta which falls under your interest in Pharmaceuticals.

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### **Kansas Medicaid: Botulinum Toxins - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Botox which falls under your interest in Pharmaceuticals.

---

### **Kansas Medicaid: Duchenne Muscular Dystrophy (DMD) Agents - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Amondys 45 which falls under your interest in Pharmaceuticals.

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### **Kansas Medicaid: Multiple Sclerosis Agents - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Immunostimulants for MS which falls under your interest in Pharmaceuticals.

---

### **Kansas Medicaid: Narcolepsy Agents - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Sunosi which falls under your interest in Pharmaceuticals.

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### **LifeWise Health Plans, Premera: Phosphoinositide 3-kinase (PI3K) Inhibitors - Medical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.

Removed medically necessary statement for Copiktra (duvelisib) (oral) for relapsed or refractory chronic lymphocytic leukemia or small lymphocytic lymphoma, along with associated criteria;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Kinase Inhibitors Lymphoma which falls under your interest in Oncology.

---

### **LifeWise Health Plans, Premera: Phosphoinositide 3-kinase (PI3K) Inhibitors - Medical Policy**

#### **High Importance Update**

Reviewed with changes to criteria and supplementary information.

Removed medically necessary statement for Copiktra (duvelisib) (oral) for relapsed or refractory chronic lymphocytic leukemia or small lymphocytic lymphoma, along with associated criteria;

Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Kinase Inhibitors Lymphoma which falls under your interest in Oncology.

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### **LifeWise Health Plans, Premera: Immune Prophylaxis for Respiratory Syncytial Virus - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/03/2022.

Next review date (est.): 02/03/2023.

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You are receiving this notice because it's relevant to Synagis which falls under your interest in Pharmaceuticals.

---

### **LifeWise Health Plans, Premera: Technology Review - Medical Policy**

**Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Technology Assessments which falls under your interest in Administrative Documents.

---

**LifeWise Health Plans, Premera: Technology Review - Medical Policy****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Technology Assessments which falls under your interest in Administrative Documents.

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**Louisiana Medicaid: Rural Health Clinics - Provider Manual****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Rural Health Clinic which falls under your interest in Payment Policies.

---

**Medical Mutual: Bone Anchored Hearing Aid - Medical Policy****High Importance Update**

Reviewed with changes to coding.

Added codes 69716, 69719

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.

Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Bone Anchored Hearing Aid (BAHA) which falls under your interest in Hearing Devices.

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**Medical Mutual: Bone Mineral Density Studies - Medical Policy**

**High Importance Update**

Reviewed with changes to coding.  
Added codes 77089, 77090, 77091, 77092 - considered not medically necessary

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/25/2023.

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You are receiving this notice because it's relevant to Bone Density X-Ray which falls under your interest in Imaging.

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**Medical Mutual: CardioMEMS - Medical Policy****High Importance Update**

Reviewed with changes to applicable therapies and coding.  
Added applicable therapy peripheral electrical stimulation to reduce tremor;  
Added codes K1018 and K1019.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/21/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Wireless Pulmonary Artery Pressure Monitoring which falls under your interest in Cardiovascular.

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**Medical Mutual: Firdapse, Ruzurgi - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to criteria.  
Updated approval criteria for members continuing therapy with Firdapse or Ruzurgi

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Potassium Channel Blockers for Neuromuscular Disorders which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Gamifant - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information.  
Updated criterion regarding latent tuberculosis;  
Updated dosage/administration;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Gamifant which falls under your interest in Pharmaceuticals.

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**Medical Mutual: H.P. Acthar Gel, Cortrophin Gel (Commercial) - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to applicable products, coding, and supplementary information.  
Added Cortrophin Gel to the policy with existing criteria applicable;  
Added code J3590;  
Updated supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Acthar which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Inflammatory Conditions Care Value - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to criteria.  
Added Rinvoq criteria section;  
Updated criteria sections for all existing applicable products.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Immunology Drugs which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Intuniv, Kapvay, Qelbree, Strattera (Commercial) - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to criteria.  
Updated recommended authorization criteria for Qelbree for attention deficit/hyperactivity disorder

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Intuniv which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Keytruda (Commercial) - Medical Policy****High Importance Update**

Reviewed with changes to criteria, drug information, and supplementary information.  
Updated initial approval criteria for Keytruda for cutaneous melanoma and renal cell carcinoma;  
Updated dosing information;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/04/2022.  
Next review date (est.): 01/04/2023.

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You are receiving this notice because it's relevant to Keytruda which falls under your interest in Oncology.

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#### **Medical Mutual: Kineret (Commercial) - Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with changes to drug information.  
Updated approval duration

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Kineret which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Livmarli - Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with change to criteria.  
Updated step therapy criteria requirement.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/01/2023.

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You are receiving this notice because it's relevant to Livmarli which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Marqibo (Commercial) - Medical Policy**

##### **High Importance Update**

Reviewed with changes to criteria and supplementary information.  
Updated initial approval criteria for Marqibo for acute lymphoblastic leukemia;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/04/2022.  
Next review date (est.): 01/04/2023.

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You are receiving this notice because it's relevant to Marqibo which falls under your interest in Oncology.

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#### **Medical Mutual: Orencia - Prior Authorization (PA) Criteria**

##### **High Importance Update**

Reviewed with changes to criteria and drug information.  
Added graft versus host disease, along with associated criteria, to recommended authorization criteria for Orencia;  
Added dosing information and approval duration.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Orenca which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Oxbryta (Commercial) - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Updated recommended authorization criteria for Oxbryta for sickle cell disease, initial therapy and continuation of therapy;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Oxbryta which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Rinvoq - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Added psoriatic arthritis, along with associated criteria, to recommended authorization criteria for Rinvoq;  
Updated recommended authorization criteria for Rinvoq for rheumatoid arthritis;  
Added use of Rinvoq in combination with another biologic DMARD and use of Rinvoq in combination with another JAK inhibitor to conditions not recommended for approval;  
Updated approval duration;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Rinvoq which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Rituxan - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria, drug information, and supplementary information.  
Updated initial approval criteria for Rituxan for pediatric aggressive mature B-cell lymphomas;  
Updated dosing information;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Rituxan which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Rituxan, Ruxience, Riabni, Truxima (Commercial) - Medical Policy

#### High Importance Update

Reviewed with changes to criteria, drug information, and supporting information.  
Updated initial approval criteria for Rituxan for pediatric aggressive mature B-cell lymphomas;  
Updated dosing information;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Riabni Oncology which falls under your interest in Oncology.

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### Medical Mutual: Xeljanz - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria and supplementary information. Changes include, but may not be limited to:  
Added ankylosing spondylitis and juvenile idiopathic arthritis, along with associated criteria, to recommended authorization criteria for Xeljanz/Xeljanz XR;  
Updated recommended authorization criteria for Xeljanz/Xeljanz XR for psoriatic arthritis, rheumatoid arthritis, and ulcerative colitis;  
Added will not be used in combination with a biologic DMARD to conditions not recommended for approval;  
Updated approval duration;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Xeljanz which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Zepatier - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria.  
Updated recommended authorization criteria for Zepatier for chronic hepatitis C virus genotype 1a, chronic hepatitis C virus genotype 1b, and chronic hepatitis C virus genotype 4;  
Updated conditions not recommended for approval: pediatric patients.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Zepatier which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Cayston - Prior Authorization (PA) Criteria

#### Medium Importance Update

Reviewed and reissued with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/17/2022.  
Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Cayston which falls under your interest in Pharmaceuticals.

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### Medical Mutual: Compounded Drugs - Medical Policy

#### Medium Importance Update

Reviewed with no changes to content.



To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Drug Compounding which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Exservan, Tiglutik Kit, Rilutek (Commercial) - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Glutamatergics for Motor Neuron Diseases which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Extended Use of Opioid Medication (Commercial) - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Opioids Pain which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Hetlioz - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Hetlioz which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Kuvan (sapropterin dihydrochloride) - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.  
Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Kuvan which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Motegrity - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.

Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Motegrity which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Myalept - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.

Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Myalept which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Nuedexta - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.

Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Nuedexta which falls under your interest in Pharmaceuticals.

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#### **Medical Mutual: Ravicti - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.

Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Ravicti which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Symdeko - Prior Authorization (PA) Criteria****Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/20/2022.

Next review date (est.): 01/20/2023.

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You are receiving this notice because it's relevant to Symdeko which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Tobipodhaler - Prior Authorization (PA) Criteria****Medium Importance Update**

Reviewed and reissued with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/17/2022.

Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Tobipodhaler which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Ubrovelvy - Prior Authorization (PA) Criteria****Medium Importance Update**

Reviewed with changes to supporting information and formatting.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/17/2022.

Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Ubrovelvy which falls under your interest in Pharmaceuticals.

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**Medical Mutual: Nurtec ODT - Prior Authorization (PA) Criteria**

Minor formatting changes.

Review date: 02/17/2022.

Next review date (est.): 02/17/2023.

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You are receiving this notice because it's relevant to Nurtec ODT which falls under your interest in Pharmaceuticals.

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**Minnesota Medicaid: Alcohol and Drug Abuse Services - Provider Manual****High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/25/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Addiction Treatment and Recovery which falls under your interest in Behavioral Health.

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### Missouri Medicaid: Therapy - Provider Manual

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

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### Nebraska Blue: Clinical Trials - Medical Policy

#### High Importance Update

Reviewed with changes to coding.  
Added codes C9782, C9783 effective 04/01/2022

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.  
Next review date (est.): 03/23/2023.

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You are receiving this notice because it's relevant to Bare-Metal Stents (BMS) Coronary which falls under your interest in Cardiovascular.

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### Nebraska Blue: Continuous Monitoring of Glucose in the Interstitial Fluid - Medical Policy

#### High Importance Update

Reviewed with changes to coding.  
Added codes A4238, E2102 effective 04/01/2022

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.  
Next review date (est.): 03/23/2023.

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You are receiving this notice because it's relevant to Continuous Glucose Monitoring (CGM) which falls under your interest in Medical Supplies.

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### Nebraska Blue: Enzyme Replacement Therapy - Medical Policy

#### High Importance Update

Reviewed with change to coding:  
Added the following HCPCS code: J0219.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/23/2022.

Next review date (est.): 03/23/2023.

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You are receiving this notice because it's relevant to Lysosomal Storage Disorder Drugs which falls under your interest in Pharmaceuticals.

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### Nebraska Blue: Lantus Insulin - Pharmaceutical Policy

#### High Importance Update

New policy.

Lantus insulin may be considered medically necessary when criteria are met.

Review date: 02/16/2022.

Effective date: 04/01/2022.

Next review date (payer defined): 11/09/2022.

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You are receiving this notice because it's relevant to Lantus which falls under your interest in Pharmaceuticals.

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### Nebraska Blue: Procedures for Medical Review - Prior Authorization (PA) List

#### High Importance Update

Reviewed with changes to applicable codes.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/24/2022.

Next review date (est.): 05/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to PA Lists which falls under your interest in Prior Authorization.

---

### Nebraska Blue: Systemic Lupus Erythraematosus - Medical Policy

Minor formatting changes.

Review date: 03/24/2022.

Next review date (est.): 03/24/2023.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Benlysta which falls under your interest in Pharmaceuticals.

---

### New York Medicaid: Master PA Criteria PDL - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to applicable drugs.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/22/2022.

Next review date (est.): 05/01/2022.

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You are receiving this notice because it's relevant to PA Criteria which falls under your interest in Prior Authorization.

---

### **New York Medicaid: Meetings Schedule - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new meeting for the Public Health and Health Planning Council, which will take place 04/05/2022 at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany starting at 10:15 a.m.

Agenda not yet posted.

Link to meeting: <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.ny.gov%2Fevents%2Fwebcasts%2F&data=04%7C01%7Cjennifer.bishop%40health.ny.gov%7Ccc96905c9fd84a29f00008da0cf6ba93%7Cf46cb8ea79c>

Review date: 03/25/2022.

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[View Policy History](#)

You are receiving this notice because it's relevant to Unspecified Committee Meetings which falls under your interest in Advisory Meetings.

---

### **New York Medicaid: Physician Manual Policy Guidelines - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **nirvanaHealth: Opioid Analgesics - Prior Authorization (PA) Criteria**

#### **High Importance Update**

Reviewed with changes to criteria.

Updated criteria for short acting opioids, short-term therapy.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/07/2021.

Next review date (est.): 12/01/2022.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Opioids Pain which falls under your interest in Pharmaceuticals.

---

### **Noridian: JF Open Public Meeting - Advisory Meeting Document**

#### **Medium Importance Update**

Posted the following changes to meeting information.

Added a recording and transcript link for the open meeting on 02/24/2022. Topics discussed include the following:

LCD: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease

LCD: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors

LCD: Epidural Steroid Injections for Pain Management

Recording and transcript available here: <https://med.noridianmedicare.com/web/jfb/policies/lcd/open/open-transcript-022422>

Review date: 03/25/2022.

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[View Full Policy - Payer Website](#)

[View Policy History](#)

You are receiving this notice because it's relevant to Open Meetings which falls under your interest in Advisory Meetings.

---

### **North Dakota Medicaid: Public Notices - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new meeting for a study on Revised Medicaid Payment Methodology for Basic Care Facility Services, which will take place 3/31/2022 virtually from 9:00 a.m. to 12:00 p.m. Topics that will be discussed include the following:  
Discussion on Data

Agenda and virtual meeting information available here: <https://www.nd.gov/dhs/info/publicnotice/2022/3-31-study-revised-medicaid-payment-methodology-bc-facility-services.pdf>

Announced a new meeting for North Dakota State Rehabilitation Council, which will take place 04/20/2022 at the North Dakota Heritage Center at 612 E. Boulevard Ave., Bismarck, N.D. or virtually from 10:00 a.m. to 4:00 p.m. Topics that will be discussed include the following:  
State Independent Living Center (SILC)  
Tribal Updates  
CAP Report

Agenda and virtual meeting information available here: <https://www.nd.gov/dhs/info/publicnotice/2022/4-20-nd-src.pdf>

Review date: 03/25/2022.

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You are receiving this notice because it's relevant to Unspecified Committee Meetings which falls under your interest in Advisory Meetings.

---

### **Northwood: Incontinent Supplies (NH Medicaid) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding, quantity limits, and supplementary information.  
Added codes T4521-T4544;  
Updated quantity limits;  
Updated supporting information;  
Updated administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/09/2021.

Next review date (est.): 12/09/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Incontinence Supplies which falls under your interest in Medical Supplies.

---

### **Northwood: High Frequency Chest Wall Oscillation Devices - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/10/2021.

Next review date (est.): 12/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to High Frequency Chest Wall Oscillation which falls under your interest in Durable Medical Equipment.

---

#### **Northwood: Hip Orthosis and Legg's Perthes Brace - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/10/2021.

Next review date (est.): 12/10/2022.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Hip Orthoses which falls under your interest in Orthopedics.

---

#### **Northwood: Home Lumbar Traction Devices - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/24/2021.

Next review date (est.): 11/01/2022.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Spinal Traction which falls under your interest in Orthopedics.

---

#### **Northwood: Hospital Beds and Accessories - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/01/2021.

Next review date (est.): 12/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Beds which falls under your interest in Durable Medical Equipment.

---

#### **Northwood: Insulin Infusion Pumps and Supplies - Medical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/15/2021.

Next review date (est.): 12/15/2022.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Artificial Pancreas Devices which falls under your interest in Medical Supplies.

---

### **Northwood: Intrapulmonary Percussive Ventilation System - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/01/2021.

Next review date (est.): 12/01/2022.

[View Full Policy - PDF](#)

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[View Policy History](#)

You are receiving this notice because it's relevant to Intrapulmonary Percussive Ventilator which falls under your interest in Respiratory.

---

### **Northwood: Knee Orthosis - Medical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/16/2021.

Next review date (est.): 12/16/2022.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to Knee Bracing which falls under your interest in Orthopedics.

---

### **Northwood: Pressure Gradient Garments and Support Stockings - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/24/2021.

Next review date (est.): 11/24/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Compression Garments which falls under your interest in Vascular Procedures.

---

### **Northwood: Respiratory Assist Devices - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/15/2021.

Next review date (est.): 12/15/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Ventilation Respiratory which falls under your interest in Respiratory.

---

### **Northwood: Vitrectomy Support System - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/01/2021.

Next review date (est.): 11/01/2022.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Vitrectomy Chair/Face-Down Positioning System which falls under your interest in Ophthalmology.

---

### **Ohio Medicaid: Preferred Diabetic Supply List - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/01/2022.

Next review date (est.): 01/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Diabetic Supplies which falls under your interest in Medical Supplies.

---

### **Prevea360: Non-covered Medical Procedures and Services (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coverage and coding. Added the following to the policy:  
Body Surface-Activation Mapping of Pacemaker or Pacing Cardiodefibrillator;  
Kinematic and Kinetic Motion Analysis Markless 3D;  
Subchondroplasty Procedure – Injection of bone substitute material into subchondral defect;  
Therapeutic Ultrafiltration.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Noncovered Services which falls under your interest in Administrative Documents.

---

### **Prevea360: Breast Reconstructive Surgery (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Breast Reconstructive Surgery which falls under your interest in Surgical Services.

---

### **Prevea360: Breast Surgeries (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Breast Reconstructive Surgery which falls under your interest in Surgical Services.

---

### **Prevea360: Hyperbaric Oxygen Therapy (Commercial) - Medical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Hyperbaric Oxygen Therapy which falls under your interest in Wounds and Cutaneous Conditions.

---

### **Prime Therapeutics: Self-Administered Oncology Agents (Commercial) - Prior Authorization (PA) Criteria, Quantity Limit (QL) Criteria**

#### **High Importance Update**

Reviewed with changes to drug information, quantity limits, and supplementary information.  
Updated dosage and quantity limits for Talzenna.  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.

Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Pharmacy Coverage Admin which falls under your interest in Administrative Documents.

---

### **PrimeWest Health: Equipment and Supplies - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/15/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **PrimeWest Health: Equipment and Supplies - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/17/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **Priority Health Michigan: Experimental/Investigational/Unproven Care/Benefit Exceptions - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding and supplementary information.  
Added codes including, but not limited to 53451-53454, 61736, 61737, and 0303U-0305U;  
Removed codes including, but not limited to C9745, 0139U, and 0191T;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/21/2021.

Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Experimental/Investigational Services which falls under your interest in Administrative Documents.

---

### **Priority Health Michigan: Solid Organ Transplant - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding and supplementary information.  
Added codes 66999 and 81560;  
Removed code 0290T;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/01/2021.

Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Corneal Procedures which falls under your interest in Ophthalmology.

---

### **Providence Health Plan: Investigational and Non-covered Medical Technologies (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding.  
Added codes 93590 and 93591;  
Removed codes 0648T, 0649T, 0662T, and 0663T.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/01/2021.

Next review date (est.): 12/01/2022.

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You are receiving this notice because it's relevant to Noncovered Services which falls under your interest in Administrative Documents.

---

### **Providence Health Plan: Investigational and Non-covered Medical Technologies (Medicare) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding.  
Added codes 93590-93592;  
Removed codes 0648T, 0649T, and C1833.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Noncovered Services which falls under your interest in Administrative Documents.

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### **Quartz Health Plan Corporation: BadgerCare Plus, Quartz Health Solutions Commercial - Provider Manual**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

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### **Scott and White: Medical Necessity Determination - Service Administrative Document**

#### **High Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/24/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Service Coverage Admin which falls under your interest in Administrative Documents.

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### **Scott and White: OSA Diagnosis and Treatment - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding.  
Added 64582-64584;  
Removed 0466T.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (payer defined): 12/23/2022.

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You are receiving this notice because it's relevant to Hypoglossal Nerve Stimulation which falls under your interest in Sleep Management.

---

### SelectHealth: Botox, Dysport, Myobloc, Xeomin (Commercial) - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the form.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/24/2022.

Next review date (est.): 03/24/2023.

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You are receiving this notice because it's relevant to Botox which falls under your interest in Pharmaceuticals.

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### SelectHealth: Iclusig (Commercial/Medicaid) - Prior Authorization (PA) Form

#### High Importance Update

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/22/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Iclusig which falls under your interest in Oncology.

---

### Tennessee Medicaid: TennCare Preferred Drug List - Drug Administrative Document

#### High Importance Update

Reviewed with changes to applicable drugs.

Added products including, but not limited to: Bijuva, Dhivy, Kuvan, Palynziq, Rectiv

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Preferred Drug List which falls under your interest in Administrative Documents.

---

### Tufts Health Plan: Care Management (Medicare) - Prior Authorization (PA) List

#### High Importance Update

Reviewed with changes to applicable codes.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/22/2022.

Next review date (est.): 05/01/2022.

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You are receiving this notice because it's relevant to Procedures Requiring PA which falls under your interest in Prior Authorization.

---

**Tufts Health Plan: Mobile Outpatient Cardiac Telemetry (Commercial/Medicaid/Medicare) - Medical Policy****High Importance Update**

Reviewed with change to plan information.  
Updated lines of business.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/01/2022.  
Next review date (est.): 02/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Mobile Cardiac Telemetry which falls under your interest in Cardiovascular.

---

**Tufts Health Plan: Continuous Passive Motion (CPM) Device (Commercial, Medicaid) - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Continuous Passive Motion Devices which falls under your interest in Orthopedics.

---

**Tufts Health Plan: Heart Transplant Request (Commercial, Medicaid, Medicare-Medicaid) - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Heart Transplant which falls under your interest in Transplant and Transfusion.

---

**Tufts Health Plan: Intestinal and Multivisceral Transplant (Commercial, Medicaid, Medicare-Medicaid) - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Intestinal Transplant which falls under your interest in Transplant and Transfusion.

---

**Tufts Health Plan: Lung Transplant (Commercial, Medicaid, Medicaid-Medicare) - Prior Authorization (PA) Form****Medium Importance Update**

Issued a new version of the document.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Lung Transplant which falls under your interest in Transplant and Transfusion.

---

### **Tufts Health Plan: Pancreas Transplant (Commercial, Medicaid, Medicare-Medicaid) - Prior Authorization (PA) Form**

#### **Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Allogeneic Pancreas Transplant which falls under your interest in Transplant and Transfusion.

---

### **Tufts Health Plan: Procedures for the Treatment of Benign Prostatic Hypertrophy (BPH) (Commercial, Medicaid) - Medical Policy**

#### **Medium Importance Update**

Reviewed with changes to supporting and administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/24/2022.  
Next review date (est.): 03/24/2023.

[View Full Policy - PDF](#)

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You are receiving this notice because it's relevant to Water Ablation for BPH which falls under your interest in Reproductive and Urinary.

---

### **UHC Community Plan: 17-Alpha-Hydroxyprogesterone Caproate (Makena and 17P) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

Retired date: 03/01/2022.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

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You are receiving this notice because it's relevant to Makena which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Actemra (Tocilizumab) Injection for Intravenous Infusion (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

Retired date: 03/01/2022.

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You are receiving this notice because it's relevant to Actemra which falls under your interest in Pharmaceuticals.

---

#### **UHC Community Plan: Adakveo (Crizanlizumab-Tmca) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Adakveo which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Alpha1-Proteinase Inhibitors (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Aralast which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Amondys 45 (Casimersen) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Amondys 45 which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Antiemetics for Oncology (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to NK1 Antagonist Antiemetics which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Benlysta (Belimumab) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Benlysta which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Brineura (Cerliponase Alfa) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Brineura which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Cimzia (Certolizumab Pegol) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Cimzia which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Complement Inhibitors (Soliris & Ultomiris) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Soliris which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Crysvida (Burosumab-Twza) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Crysvida which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Evenity (Romosozumab-Aqqg) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Evenity which falls under your interest in Pharmaceuticals.

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**UHC Community Plan: Evkeeza (Evinacumab-dgnb) (KY Medicaid) - Medical Policy****Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Evkeeza which falls under your interest in Pharmaceuticals.

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**UHC Community Plan: Exondys 51 (Eteplirsen) (KY Medicaid) - Medical Policy****Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Exondys 51 which falls under your interest in Pharmaceuticals.

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**UHC Community Plan: Gamifant (Emapalumab-Lzsg) (KY Medicaid) - Medical Policy****Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Gamifant which falls under your interest in Pharmaceuticals.

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**UHC Community Plan: Givlaari (Givosiran) (KY Medicaid) - Medical Policy****Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Givlaari which falls under your interest in Pharmaceuticals.

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**UHC Community Plan: Gonadotropin Releasing Hormone Analogs (KY Medicaid) - Medical Policy****Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to GnRH Agonists which falls under your interest in Oncology.

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### **UHC Community Plan: Hereditary Angioedema (HAE), Treatment and Prophylaxis (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Berinert which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Ilaris (Canakinumab) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Ilaris which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Ilumya (Tildrakizumab-Asmn) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Ilumya which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Intravenous Enzyme Replacement Therapy (ERT) for Gaucher Disease (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Cerezyme which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Intravitreal Corticosteroid Implants (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Iluvien which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Ketalar (Ketamine) and Spravato (Esketamine) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Ketalar for Anesthesia which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Krystexxa (Pegloticase) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Krystexxa which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Lemtrada (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Lemtrada which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Long-Acting Injectable Antiretroviral Agents (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Cabenuva which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Luxturna (Voretigene Neparvovec-Rzyl) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Luxturna which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Maximum Dosage and Frequency (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Maximum Dosage which falls under your interest in Administrative Documents.

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### **UHC Community Plan: Medical Therapies for Enzyme Deficiencies (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Lysosomal Storage Disorder Drugs which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Nplate (Romiplostim) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Nplate which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Off-Label/Unproven Specialty Drug Treatment (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Off Label Drug Coverage which falls under your interest in Administrative Documents.

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### **UHC Community Plan: Onpattro (Patisiran) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Onpattro which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Ophthalmologic Vascular Endothelial Growth Factor (VEGF) Inhibitors (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Anti-Angiogenic Ophthalmic Agents which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Oxlumio (Lumasiran) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Oxlumio which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Parsabiv (Etelcalcetide) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Parsabiv which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Radicava (Edaravone) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Radicava which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Reblozyl (Luspatercept-Aamt) (KY Medicaid) - Medical Policy**

**High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Reblozyl which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Repository Corticotropin Injection (Acthar Gel) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Acthar which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Rituximab (Riabni, Rituxan, Ruxience, & Truxima) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Riabni Oncology which falls under your interest in Oncology.

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#### **UHC Community Plan: Scenesse (Afamelanotide) (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Scenesse which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Simponi Aria (Golimumab) Injection for Intravenous Infusion (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Simponi which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Somatostatin Analogs (KY Medicaid) - Medical Policy**

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Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Sandostatin for Carcinoid Tumor which falls under your interest in Oncology.

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#### **UHC Community Plan: Spinraza (Nusinersen) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

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You are receiving this notice because it's relevant to Spinraza which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Stelara (Ustekinumab) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Stelara which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Subcutaneous Implantable Naltrexone Pellets (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Drug Compounding which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Synagis (Palivizumab) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

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You are receiving this notice because it's relevant to Synagis which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Tepezza (Teprotumumab-Trbw) (KY Medicaid, Dual Eligibles) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Document removed from payer website. KY is now reflected in the following policy: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/tepezza-cs.pdf>

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Tepezza which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Testosterone Replacement or Supplementation Therapy (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Aveed which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Trogarzo (Ibalizumab-Uiyk) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Trogarzo which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Tysabri (Natalizumab) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Tysabri Crohn's Disease which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Uplizna (Inebilizumab-Cdon) (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Uplizna which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Viltepso (KY Medicaid) - Medical Policy**

##### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Viltepso which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Vyepiti (Eptinezumab) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Vyepiti which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Vyondys 53 (Golodirsen) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Vyondys 53 which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: White Blood Cell Colony Stimulating Factors (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

Review date: 03/01/2022.

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You are receiving this notice because it's relevant to White Blood Cell Stimulators which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Xiaflex (Collagenase, Clostridium, Histolyticum) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Xiaflex which falls under your interest in Pharmaceuticals.

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#### **UHC Community Plan: Zolgensma (Onasemnogene Apeparvovec-Xioi) (KY Medicaid) - Medical Policy**

**Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Zolgensma which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Zulresso (Brexanolone) (KY Medicaid) - Medical Policy**

#### **Retired/Archived - High Importance Update**

Policy archived into community plan national medical benefit drug policy versions.

See: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/ky/community-plan-ky-medical-policy-update-bulletin-march-2022.pdf>

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You are receiving this notice because it's relevant to Zulresso which falls under your interest in Pharmaceuticals.

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### **UHC Community Plan: Physician, Health Care Professional, Facility and Ancillary Care Manual (NC Medicaid) - Provider Manual**

#### **Medium Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/21/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Provider Manual which falls under your interest in Payment Policies.

---

### **Univera Healthcare: PAH Drugs - Prior Authorization (PA) Form**

#### **High Importance Update**

Issued a new version of the document.

To view all changes, click 'View Policy History' below to access the side-by-side comparison.

Review date: 03/01/2022.

Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to PAH Drugs which falls under your interest in Pharmaceuticals.

---

### **University of Utah Health Plans: Gender Affirming Surgery (Commercial, Medicaid) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coding and supplementary information.

Added codes 17380 and 17999;

Removed code 19324;

Updated administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/08/2022.

Next review date (payer defined): 12/08/2022.

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You are receiving this notice because it's relevant to Gender Dysphoria Services which falls under your interest in Behavioral Health.

---

**Utah Medicaid: Epidiolex (Medicaid) - Prior Authorization (PA) Criteria, Prior Authorization (PA) Form****High Importance Update**

Reviewed with change to criteria:  
Added diagnosis of refractory epilepsy (adjunct).

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Epidiolex which falls under your interest in Pharmaceuticals.

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**Utah Medicaid: Spravato - Prior Authorization (PA) Criteria, Prior Authorization (PA) Form****High Importance Update**

Reviewed with change to criteria:  
Removed criterion previously stating healthcare setting and dispensing pharmacy are certified in the Spravato REMS program.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Spravato which falls under your interest in Pharmaceuticals.

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**Ventegra: Atripla - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to applicable products, criteria, and supplementary information.  
Updated preferred products list;  
Removed criterion previously stating member is unable to take Symfi and Symfi Lo due to documented history of intolerance or resistance to lamivudine (3TC);  
Updated administrative information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 06/08/2021.  
Next review date (est.): 06/01/2022.

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You are receiving this notice because it's relevant to Atripla which falls under your interest in Pharmaceuticals.

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**Ventegra: Cimduo, Temixys - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to applicable products and criteria.  
Added Temixys to the policy;  
Added step therapy criterion for preferred emtricitabine-tenofovir disoproxil fumarate.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/08/2021.  
Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Cimduo which falls under your interest in Pharmaceuticals.

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**Ventegra: Descovy - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with change to criteria.  
Updated step therapy criterion to remove "prescription is for generic emtricitabine-tenofovir disoproxil".

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/17/2022.  
Next review date (est.): 01/01/2022.

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You are receiving this notice because it's relevant to Descovy which falls under your interest in Pharmaceuticals.

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**Ventegra: Erythropoiesis-Stimulating Agents (ESAs) - Pharmaceutical Policy****High Importance Update**

Reviewed with change to applicable products.  
Updated preferred products (removed Retacrit).

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/12/2021.  
Next review date (est.): 12/12/2022.

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You are receiving this notice because it's relevant to Aranesp which falls under your interest in Pharmaceuticals.

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**Ventegra: Harvoni - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to criteria.  
Updated age criteria for Harvoni;  
Updated criteria regarding liver transplant.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/15/2021.  
Next review date (est.): 11/15/2022.

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You are receiving this notice because it's relevant to Harvoni which falls under your interest in Pharmaceuticals.

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**Ventegra: Nuplazid (Pimavanserin) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to quantity limits and supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/08/2022.  
Next review date (est.): 02/08/2023.

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You are receiving this notice because it's relevant to Nuplazid which falls under your interest in Pharmaceuticals.

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**Ventegra: Ophthalmic Immunomodulators - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to applicable products, criteria, and supplementary information.  
Added Eysuvis to the policy with associated criteria;  
Added step therapy criteria;  
Updated applicable diagnoses;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/21/2021.  
Next review date (est.): 12/21/2022.

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You are receiving this notice because it's relevant to Cequa which falls under your interest in Pharmaceuticals.

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**Ventegra: Ophthalmic VEGF Inhibitors (Commercial, Medicaid) - Pharmaceutical Policy****High Importance Update**

Reviewed with changes to applicable drugs and supplementary information.  
Removed applicable drug Macugen;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/08/2022.  
Next review date (est.): 01/08/2023.

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You are receiving this notice because it's relevant to Macugen which falls under your interest in Pharmaceuticals.

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**Ventegra: Tafinlar - Prior Authorization (PA) Criteria****High Importance Update**

Reviewed with changes to quantity limits information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/24/2021.  
Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Tafinlar which falls under your interest in Oncology.

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**Ventegra: Vosevi - Pharmaceutical Policy****High Importance Update**

Reviewed with change to criteria.  
Removed criterion previously requiring documentation of member's Hepatitis C treatment history and baseline viral load.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/18/2021.  
Next review date (est.): 11/18/2022.

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You are receiving this notice because it's relevant to Vosevi which falls under your interest in Pharmaceuticals.

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#### **Ventegra: Androgens - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 12/12/2021.

Next review date (est.): 12/01/2022.

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You are receiving this notice because it's relevant to Androgenic Hormones which falls under your interest in Pharmaceuticals.

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#### **Ventegra: BRAF/MEK Inhibitors - Pharmaceutical Policy**

##### **Medium Importance Update**

Reviewed with change to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 06/10/2021.

Next review date (est.): 06/10/2022.

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You are receiving this notice because it's relevant to Braftovi which falls under your interest in Oncology.

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#### **Ventegra: Breast Cancer Risk Reduction Medications for Zero Copay - Prior Authorization (PA) Criteria**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/23/2021.

Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Evista which falls under your interest in Oncology.

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#### **Ventegra: Chronic Constipation (Idiopathic/IBS-C) (Commercial, CA) - Pharmaceutical Policy**

##### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/04/2021.

Next review date (est.): 11/04/2022.

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You are receiving this notice because it's relevant to Amitiza for IBS which falls under your interest in Pharmaceuticals.

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### **Ventegra: Esbriet - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with change to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/24/2021.

Next review date (est.): 11/24/2022.

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You are receiving this notice because it's relevant to Esbriet which falls under your interest in Pharmaceuticals.

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### **Ventegra: Ingrezza - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 01/13/2022.

Next review date (est.): 01/13/2023.

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You are receiving this notice because it's relevant to Ingrezza which falls under your interest in Pharmaceuticals.

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### **Ventegra: Juluca - Prior Authorization (PA) Criteria**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/18/2021.

Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Juluca which falls under your interest in Pharmaceuticals.

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### **Ventegra: Neupro (Commercial) - Pharmaceutical Policy**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/18/2021.

Next review date (est.): 11/18/2022.

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You are receiving this notice because it's relevant to Neupro which falls under your interest in Pharmaceuticals.

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### **Ventegra: Opioid-Induced Chronic Constipation (Commercial) - Pharmaceutical Policy**

**Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/06/2021.

Next review date (est.): 11/06/2022.

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You are receiving this notice because it's relevant to Opioid-Induced Constipation Agents which falls under your interest in Pharmaceuticals.

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**Ventegra: Prevyomis - Pharmaceutical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 07/13/2021.

Next review date (est.): 07/13/2022.

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You are receiving this notice because it's relevant to Prevyomis which falls under your interest in Pharmaceuticals.

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**Ventegra: Stribild - Pharmaceutical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/19/2021.

Next review date (est.): 11/19/2022.

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You are receiving this notice because it's relevant to Stribild which falls under your interest in Pharmaceuticals.

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**Ventegra: Symtuza - Prior Authorization (PA) Criteria****Medium Importance Update**

Reviewed with changes to administrative information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/18/2021.

Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Symtuza which falls under your interest in Pharmaceuticals.

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**Ventegra: Thalomid (Commercial, Medicaid) - Pharmaceutical Policy****Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 07/15/2021.  
Next review date (est.): 07/15/2022.

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You are receiving this notice because it's relevant to Thalomid which falls under your interest in Oncology.

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### **Ventegra: Vemlidy - Prior Authorization (PA) Criteria**

#### **Medium Importance Update**

Reviewed with no changes to content.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 11/23/2021.  
Next review date (est.): 11/01/2022.

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You are receiving this notice because it's relevant to Vemlidy which falls under your interest in Pharmaceuticals.

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### **Ventegra: Zytiga (abiraterone) - Prior Authorization (PA) Criteria**

#### **Medium Importance Update**

Reviewed with changes to supporting information.

No changes to criteria.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 07/15/2021.  
Next review date (est.): 07/01/2022.

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You are receiving this notice because it's relevant to Zytiga which falls under your interest in Oncology.

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### **Vermont Medicaid: Medicaid and Exchange Advisory Board Meetings - Advisory Meeting Document**

#### **High Importance Update**

Posted the following new meeting information.

Announced a new meeting for the Medicaid and Exchange Advisory Committee, which will take place 03/28/2022 virtually from 10:00 a.m. to 11:00 a.m. Topics that will be discussed include the following:  
Global Commitment Update  
Committee Membership: Appointment terms overview  
Recruitment recommendations and Advisory Committee goals

Agenda and virtual meeting information available here: [https://dvha.vermont.gov/sites/dvha/files/doc\\_library/Advisory%20Committee%203\\_28\\_22%20Agenda%20DRAFT\\_0.pdf](https://dvha.vermont.gov/sites/dvha/files/doc_library/Advisory%20Committee%203_28_22%20Agenda%20DRAFT_0.pdf)

Review date: 03/25/2022.

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You are receiving this notice because it's relevant to Unspecified Committee Meetings which falls under your interest in Advisory Meetings.

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### **WellFirst Health: Non-Covered Medical Procedures and Services (Commercial) - Medical Policy**

#### **High Importance Update**

Reviewed with changes to coverage and coding. Added the following to the policy:

Body Surface-Activation Mapping of Pacemaker or Pacing Cardiodefibrillator;  
Kinematic and Kinetic Motion Analysis Markless 3D;  
Subchondroplasty Procedure – Injection of bone substitute material into subchondral defect;  
Therapeutic Ultrafiltration.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 03/01/2022.  
Next review date (est.): 03/01/2023.

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You are receiving this notice because it's relevant to Noncovered Services which falls under your interest in Administrative Documents.

---

### Wellmark: Opdivo - Pharmaceutical Policy

#### High Importance Update

Reviewed with changes to criteria and supplementary information.  
Added compendial use indications cervical cancer and nasopharyngeal carcinoma, with corresponding criteria;  
Updated indication adjuvant treatment of melanoma to include urothelial carcinoma;  
Updated criterion for required documentation regarding mutations;  
Updated criteria for non-small cell lung cancer regarding mutations and use in combination with other therapies;  
Updated criterion for Merkel cell carcinoma regarding use as neoadjuvant treatment;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/28/2022.  
Next review date (est.): 02/28/2023.

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You are receiving this notice because it's relevant to Opdivo which falls under your interest in Oncology.

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### West Virginia Medicaid: Hetlioz - Prior Authorization (PA) Criteria

#### High Importance Update

Reviewed with changes to criteria, coverage, and supplementary information.  
Added indication nighttime sleep disturbances in Smith-Magenis syndrome, with corresponding criteria;  
Added criterion for non-24-hour sleep-wake disorder regarding other causes of symptoms;  
Removed criterion regarding documentation of blindness and trials with non-benzodiazepine sedative hypnotic agents;  
Updated criteria regarding age limit and prescription by a specialist;  
Updated criteria for reauthorization regarding continuous therapy and compliance;  
Added continuation of therapy duration of 12 months;  
Updated supporting information.

To view all changes, click 'View Policy History' below to access a side-by-side comparison.

Review date: 02/16/2022.  
Next review date (est.): 02/01/2023.

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You are receiving this notice because it's relevant to Hetlioz which falls under your interest in Pharmaceuticals.

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Regards,

**Policy Reporter Staff**  
Tel (855) 749-7322  
[www.policyreporter.com](http://www.policyreporter.com)  
**Policy Reporter**