

November 1, 2022

RE: Provider Notification: Medical Policy and Medical Benefit Drug Policy Updates

Dear Dean Health Plan Provider:

Dean Health Plan's Medical Policy Committee has approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. These updates, and others not included in this notification, will also be communicated as part of the quarterly provider newsletters and available online. Please share this information with others in your organization who may be affected by these updates.

Information in this notification is applicable to all Dean Health Plan products, unless specified.

**Also, this month's notice features the sections linked below** with updates that have resulted from annual reviews, some in adherence to federal requirements, to ensure integrity of Health Plan processes and policies:

- [New Prenatal Genetic Testing Medical Policies](#)
- [Updated Clinical Guidelines for Advanced Imaging and Musculoskeletal \(MSK\) Services](#)
- [Comprehensive Oncology Program Reminders, including encouragement to review new policies to help facilitate continuity of care for patients](#)
- [Annual ACA Medical Record Review](#)

### **Annual ACA Medical Record Review**

Each year, Dean Health Plan works with select providers to conduct medical record reviews for members enrolled in certain Affordable Care Act (ACA) plans. Dean Health Plan is required by the Department of Health and Human Services to submit complete diagnostic data regarding these members.

This year, on Dean Health Plan's behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval, and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services received in calendar year 2022. Patient records being requested include medical records, notes, and reports. Outreach is expected to begin by late November 2022 and chart collection must be completed by March 2023.

This industry-standard medical record retrieval is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable Dean Health Plan to identify conditions that may exist for members, but may not have been coded or previously captured. This enables the Health Plan to further assess the health conditions of members for effective care interventions and improved health outcomes.

Providers who have questions may contact CiOX at 1 (877) 445-9293 or [chartreview@cioxhealth.com](mailto:chartreview@cioxhealth.com).

## **Medical Policy Updates**

This section includes links to the online medical policy documents when they are available. The online [Document Library](#) contains current medical policies and, at times, may also include those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of policy documents.

### ***Medical Policies Retired***

Effective February 1, 2023:

- Breast Surgery MP9026 — See new policies:
  - [Breast Implant Removal, Revision, or Reimplantation MP9580](#)
  - [Male Gynecomastia Surgery MP9581](#)
  - [Female Breast Reduction Surgery – Reduction Mammoplasty MP9582](#)
- Laser Treatment for Psoriasis MP9399 — See revised policy [Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#)
  - [Medicare Advantage Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#) — This policy is specific to Medicare Advantage.
- Breast Reconstruction Surgery MP9476 — See new policies:
  - [Breast Implant Removal, Revision, or Reimplantation MP9580](#)
  - [Male Gynecomastia Surgery MP9581](#)
  - [Female Breast Reduction Surgery – Reduction Mammoplasty MP9582](#)
- Genetic Testing for Reproductive Carrier Screening and Prenatal Care MP9477 — See new policies:
  - [Genetic Testing: Non-Invasive Prenatal Screening \(NIPS\) MP9573](#)
  - [Genetic Testing: Preimplantation MP9574](#)
  - [Genetic Testing: Prenatal and Preconception Carrier Screening MP9575](#)
  - [Genetic Testing: Prenatal Diagnosis \(Amniocentesis, CVS, or PUBS\) and Pregnancy Loss MP9576](#)

### ***Medical Policies Prior Authorization Removed***

Effective December 1, 2022:

- [Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#)
  - [Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#) — This policy is specific to Medicare Advantage.
- Laser Treatment for Psoriasis MP9399

### ***Procedures and Devices Experimental and Investigational – Non-covered***

Effective November 1, 2022:

- Non-covered Medical Procedures and Services MP9415 — Electric cell-signaling treatment (e.g., neoGEN System)

### ***New Medical Policies***

Services listed for new policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective February 1, 2023:

- [Breast Implant Removal, Revision, or Reimplantation MP9580](#) — Unilateral or bilateral breast implant removal when associated with breast reconstruction following mastectomy and the procedure is coded as such does not require prior authorization. If criteria is met for implant removal unilaterally, then removal of the other breast implant is covered if both are removed at the same time.
- [Male Gynecomastia Surgery MP9581](#) — Prior authorization is not required for unilateral or bilateral breast reduction when it is associated with breast reconstruction following mastectomy. For pubertal (adolescent) onset, gynecomastia must have been present for at least two years and classified as Grade II, III, or IV per the American Society of Plastic Surgeons (ASPS). For post pubertal-onset, gynecomastia must have been present for at least one year and classified as Grade III or IV per the ASPS. Photographs are required.
- [Female Breast Reduction Surgery — Reduction Mammoplasty MP9582](#) — Unilateral or bilateral breast reduction when it is associated with breast reconstruction following a mastectomy, and the procedure will be coded as such, does not require prior authorization. Breast reduction for women aged 18 years and older or for whom growth is complete (e.g., breast size stable over one year) requires prior authorization. Women 40 years of age or older are required to have a mammogram negative for cancer within one year prior to planned surgery.
- [Genetic Testing – Payment Policy MP9584\\*](#) — Payment policy applies to genetic and molecular testing services and codes billed from the following sections of the CPT/HCPCS manual: molecular pathology; genomic sequencing procedures and other molecular multianalyte assays; multianalyte assays with algorithmic analyses and proprietary laboratory analyses (PLA) codes. \* *Please see the “[New Prenatal Genetic Testing Medical Policies](#)” section in this policy notice for more information regarding this document.*

### **Medical Policy Revisions**

Services listed for new policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective February 1, 2023:

- [Plastic and Reconstructive Surgery MP9022](#) — Prior authorization is not required for breast reconstruction for congenital anomalies (e.g., Poland syndrome, congenital tubular, constricted or absence of breast). Breast procedures following mastectomy and lumpectomy that result in significant deformity in order to produce a symmetrical appearance does not require prior authorization.
  - [Plastic and Reconstructive Surgery MP9022](#) — This policy is specific to Medicare Advantage.
- [Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#) — Prior authorization is not required for phototherapy, photochemotherapy, photodynamic therapy and laser therapy (e.g., excimer or pulsed dye laser) and intense pulse light therapy. Refer to the medical policy for criteria. Commercial tanning beds do not qualify as an office trial, and are considered not medically necessary, and therefore are not covered.
  - [Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057](#) — this policy is specific to Medicare Advantage.
- Genetic Testing for Somatic Tumor Markers MP9486 — Thyroid nodule gene expression testing (e.g., ThyraMir) is considered medically necessary. The following tumor profile tests are considered experimental and investigational, and therefore not medically necessary:

lung cancer algorithmic tests (e.g., Biodsix); Barrett's esophagus risk stratification testing (e.g., Tissue Cypher Barrett's Esophagus Assay) and ductal carcinoma in situ risk stratification testing (e.g., PreludeDx).

### **New Prenatal Genetic Testing Medical Policies**

Effective February 1, 2023, Dean Health Plan is introducing new prenatal genetic testing medical policies, expanding the Health Plan's coverage of prenatal testing. The new policies were developed by our contracted vendor Concert Genetics, an industry-leader in genetic testing technology assessment and policy development. As genetic testing has increasingly become the standard of care, the Health Plan is committed to the access and quality of these services for our members. As such, the Health Plan intends to partner with Concert Genetics for other medical policies in 2023 and will communicate these updates in a future policy update.

The following are the new policies, effective February 1, 2023:

- [Genetic Testing: Non-Invasive Prenatal Screening \(NIPS\) MP9573](#) — Other common names: non-invasive prenatal testing (NIPT), cell-free DNA testing (cfDNA) and cell-free fetal DNA testing. Prior authorization is required.
- [Genetic Testing: Preimplantation MP9574](#) — Prior authorization is dependent on applicable laws and provisions per state as outlined in the member benefit certificate or summary plan description. Prenatal cell-free DNA screening tests coverage criteria.
- [Genetic Testing: Prenatal and Preconception Carrier Screening MP9575](#) — Coverage criteria for prenatal cell-free DNA screening tests. Prior authorization is required.
- [Genetic Testing: Prenatal Diagnosis \(Amniocentesis, CVS, or PUBS\) and Pregnancy Loss MP9576](#) — Prior authorization is required. Coverage criteria related to prenatal and pregnancy loss diagnostic genetic testing intended to diagnose genetic conditions following amniocentesis, chorionic villus sampling or pregnancy loss.

Member required to have genetic counseling by and testing ordered by:

- Board-certified medical geneticist
- Maternal-fetal medicine specialist/perinatologist
- Board-certified OBGYN
- Board-certified genetic counselor
- Advanced practice practitioner in genetics or maternal-fetal medicine/perinatology

Supplemental to the new prenatal genetic testing policies, the document [Genetic Testing – Payment Policy MP9584](#) has information regarding codes and billing for genetic and molecular testing services. Please note that references to the Concert Genetics Portal, in point 3.0 of the document, pertain to laboratories only.

For services requiring authorization, providers are to continue submitting prior authorization requests through the Dean Health Plan Provider Portal. Providers without portal access may fax the Genetic Testing prior authorization form to the number indicated on the form. Additionally, providers are to continue submitting claims to the Health Plan in the same way they do currently.

## **Updated Clinical Guidelines for Advanced Imaging and Musculoskeletal Services**

Dean Health Plan's contracted vendor NIA Magellan has completed annual review of the clinical guidelines for advanced imaging (high-end radiology) and musculoskeletal (MSK) services. As a result of this review, there have been a number of changes to prior authorization criteria that will be effective on February 1, 2023.

Providers are encouraged to review the [2023 Revision Summary Crosswalks for advanced imaging](#) and [MSK](#) which highlight changes from the current guidelines (referenced as "previous" in the documents) to the new guidelines. Additionally, the [2023 Advanced Imaging Clinical Guidelines](#) and the [2023 MSK Clinical Guidelines](#) are available for preview.

These updated guidelines pertain to providers who are currently required to go through NIA Magellan for prior authorization of advanced imaging and MSK services.

The annual review process involves physician evaluations supported by epidemiologists, medical editors of current peer-reviewed literature, and government and professional organization policy. The updated guidelines were approved by both the NIA Clinical Guideline Standing Committee and the Magellan National Medical Policy Committee, as well the Health Plan's Medical Policy Committee.

## **Medical Benefit Drug Policy Updates**

Dean Health Plan requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the Health Plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

Please email questions about drug policy updates to [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

## ***Pharmacy Drug Formulary Maintenance***

Effective for dates of service on and after December 1, 2022:

- Albuterol inhalers (albuterol HFA 6.7 g & 8.5 g) — Addition of quantity limit and preferred generic products to formulary.
- Branded contraceptive agents without generics — Moving branded products (with no generic alternative) that are currently not covered or on the non-preferred brand tier to \$0 to prevent any possible non-compliance. Branded products with a directly interchangeable generic product available on formulary will remain not covered since the generic is already covered at \$0.
- Combigan (brimonidine tartrate/timolol maleate) 0.2%/0.5% ophthalmic solution — Brand product will be removed from formulary, while generic product will move to the non-preferred generic tier.
- Female condoms — Addition of quantity limit of 12 condoms/fill.
- Linzess (linaclotide) 72, 145, & 290 mcg capsules — Addition to formulary at the non-preferred brand tier, a quantity limit, and prior authorization for indication and a trial of plecanatide.
- Male condoms — Adding coverage of \$0 copay and quantity limit of 12 condoms/fill.
- Phexxi (lactic acid/citric acid/potassium bitartrate) 1.8/1/0.4% gel — Adding coverage of \$0 and quantity limit.
- Rozlytrek (entrectinib) 100 mg & 200 mg capsules – Removal of Split-fill.

### **Pharmacy Drug New or Expanded Formulations**

Effective for dates of service on and after December 1, 2022:

- Imbruvica (ibrutinib) 70 mg/mL oral suspension — Moved from not-covered to prior authorization and quantity limit.
- Orkambi (lumacaftor/ivacaftor) 75 mg/94 mg oral granules — Addition of prior authorization and quantity limit of two packets per day.
- Pheburane (sodium phenylbutyrate) 483 mg/gram oral pellets — Moved from not-covered to placement at the preferred brand tier or specialty tier.
- Tadalafil (tadalafil) 20 mg/5 mL oral suspension — Moved from not-covered to prior authorization only for those nine years and older. For those nine years and older, prior authorization criteria will restrict use to those with a diagnosis of PAH who are unable to use the tablets.
- Zonisamide (zonisamide) 100 mg/5 mL oral suspension — Moved from not-covered to prior authorization only for those nine years and older.

### **Pharmacy Drug New Indications**

Effective for dates of service on and after December 1, 2022:

- Myfembree (relugolix/estradiol/norethindrone acetate) 40/1/5 mg tablets — New indication added including same criteria used for Orilissa (elagolix) which includes diagnosis of endometriosis or cyclic pelvic pain suspected to be related to endometriosis, prescribed by an OB/GYN or women's health specialist, trials of both an NSAID and hormonal contraceptive, and no known osteoporosis for the patient. Approval will be limited to 24 months without renewal as FDA-approval specifically limits therapy to that duration due to risk of continued and potentially irreversible bone loss with use of relugolix.
- Orkambi (lumacaftor/ivacaftor) 75 mg/94 mg, 100 mg/125 mg, 150 mg/188 mg oral granules — Updated age expansion.
- Pemazyre (pemigatinib) 4.5, 9, & 13.5 mg tablets — New indication added for the treatment of adults with relapsed or refractory myeloid/lymphoid neoplasm (MLNs) with a fibroblast growth factor receptor 1 (FGFR1) rearrangement. This will require prescription by an oncologist or hematologist, appropriate diagnosis, and documentation of an FGFR1 rearrangement.
- Retevmo (selpercatinib) 40 mg & 80 mg capsules — New indication to include solid tumors, and to update the non-small cell lung cancer (NSCLC) indication to include those with locally advanced NSCLC.

### **Pharmacy Drug Prior Authorization Form Updates**

Effective for dates of service on and after December 1, 2022:

- Esbriet (pirfenidone) — Update diagnosis criteria to allow use of transbronchial lung cryobiopsy.
- Khapzory (levoleucovorin) & Fusilev (levoleucovorin) — Update body surface area (BSA) requirements to only require for metastatic colon cancer diagnosis or NCCN supported indications.
- Ofev (nintedanib) — Updated diagnosis criteria to allow use of transbronchial lung cryobiopsy (for immune thrombocytopenia (ITP) and clarify mycophenolate requirement (for systemic sclerosis Interstitial lung disease (SSc-ILD)).



- Promacta (eltrombopag olamine) & Nplate (romiplostim) — Update prescriber requirement for immune thrombocytopenia from hematology specialist to hematologist.
- Stelara (ustekinumab) — Updated weight requirement. Weight submission will no longer be required 45 mg dose requests when used for plaque psoriasis treatment or when used for psoriatic arthritis treatment with or without co-morbid moderate-to-severe plaque psoriasis. Additionally, we will now require confirmation that a member has co-morbid plaque-psoriasis (along with a provided weight > 100 kg) for approval of 90 mg dosing for a member with psoriatic arthritis.

### ***New Medical Benefit Drug Policies***

Effective for dates of service on and after February 1, 2023:

- KYPROLIS (carfilzomib) — New Medical Policy and prior authorization is required.

### **Comprehensive Oncology Program**

As a reminder, Dean Health Plan announced the new [Comprehensive Oncology Program](#) with Magellan Rx (MRx), effective for dates of service on and after January 1, 2023, and made the new oncology and oncology-related medical benefit drug policy documents available via a direct link on the [Dean Health Plan Document Library](#) web page.

Providers are strongly encouraged to review the new policies as there may be considerable changes to authorization criteria and/or the length of authorization for some drugs that may impact a provider's plan of care for a patient. For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time, and may or may not be renewed upon review according to clinical indication. (As a reminder, prior authorizations approved before the effective date will be grandfathered under the previous policy and exempt through the prior authorization expiration date.)

To assist providers and help to facilitate continuity of care for patients, please see the [Comprehensive Oncology Program Reference](#) summarizing program information.

Providers can email questions regarding the Comprehensive Oncology Program to Pharmacy Services at [DHP.PharmacyServices@deancare.com](mailto:DHP.PharmacyServices@deancare.com).

### **Medical Policies & Medical Benefit Drug Policies in the Document Library**

The Dean Health Plan Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents.

Providers are encouraged to track updates and review policies in their entirety. The Dean Health Plan Document Library is directly accessible at [deancare.com/document-repository](http://deancare.com/document-repository) or by visiting [deancare.com](http://deancare.com) and following the step-by-step instructions below:

- Hover over **For Providers** located on the top, right of the screen.
- Click **Medical Management Home**.
- Under Dean Health Plan Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

**Pharmacy Benefit Drug Policies**

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Navitus Prescriber Portal at [prescribers.navitus.com](https://prescribers.navitus.com).

Sincerely,

Dean Health Plan

***This notification will be published on the Dean Health Plan [Provider Communications web page](#). Visit this page for on-demand access to current and past communications.***



## Overview of Comprehensive Oncology Program

The Health Plan's new Comprehensive Oncology Program with Magellan Rx (MRx), a division of Magellan Health, Inc., is effective for dates of service on and after January 1, 2023.

- The program offers comprehensive oncology medical benefit drug policies that include advanced clinical criteria, dose optimization, and drug wastage components.
- The program gives the Health Plan access to and support from oncology specialists in areas such as breast, lung, melanoma, myeloma, lymphoma, genitourinary, lung, and gastrointestinal cancer, as well as a team of board-certified oncology pharmacists to assist Dean Health Plan staff with prior authorization clinical recommendations.
- Providers can email questions regarding the Comprehensive Oncology Program to Pharmacy Services at [DHP.PharmacyServices@deancare.com](mailto:DHP.PharmacyServices@deancare.com).

## Affected Medications

- A [listing of oncology and oncology-related medications](#) show those drugs having new, changed, or retired medical benefit drug policies.

## Oncology and Oncology-Related Medical Benefit Drug Policies

- Policies are effective on and after January 1, 2023, and are informed by NCCN guidelines.
- Policy documents are co-branded with both MRx and the Health Plan logos.
- For visibility and easy access, policy documents are available from direct links on the Health Plan's [Document Library](#) web page and the [Medical Management page](#).
- Providers are encouraged to review the policies for changes to authorization criteria and/or the length of authorization that may impact a provider's plan of care for a patient. *For example, some drugs that previously had approval periods of 12 months may be approved for a shorter period of time and may or may not be renewed upon review according to clinical indication.*

## Prescribing and Medical Oncology Prior Authorization Process Highlights

- Prior authorizations approved before January 1, 2023, are grandfathered and exempt from new program requirements through the prior authorization expiration date.
- Prior authorization requests must be submitted to the Health Plan, using one, universal prior authorization form which is linked in the Health Plan's Medical Injectable List.
- Clinical notes and all supporting documentation for the authorization request are required.
- Providers may receive a phone call from MRx supporting the Health Plan during the authorization review process, if additional information for the request is necessary.
- Determinations are returned from the Health Plan.
- The peer-to-peer process is available for consultation and clinical review of potential denials and appeals for all oncology and oncology-related medical benefit drugs.

## ATTACHMENT

The Health Plan's Comprehensive Oncology Program is effective for dates of service on and after January 1, 2023.

- [New policies](#) require prior authorization. **Note:** Some of the listed drugs may have required prior authorization previously, but did not have an associated policy.
- [Changed policies](#) are updated for changed criteria and/or prior authorization requirements.
- [Retired policies](#) do not require prior authorization, but are covered with an appropriate diagnosis.

| <b>New Oncology &amp; Oncology-Related Medical Benefit Drug Policies</b> |  |  |            |                                       |
|--|--|--|------------|---------------------------------------|
| Brand Name   | Generic Name                           |  | Brand Name | Generic Name                          |
| Akynzeo  | fosnetupitant/palonosetron             |  | Nivestym   | filgrastim-aafi                       |
| Aliqopa  | copanlisib                             |  | Nplate     | romiplostim                           |
| Aloxi  | palonosetron                           |  | Onivyde    | irinotecan liposome injection         |
| Azedra   | iobenguane I-131                       |  | Opdualag   | nivolumab/relatlimab-rmbw             |
| Carvykti   | ciltacabtagene autoleucel              |  | Pluvicto   | lutetium Lu 177 vipivotide tetraxetan |
| Fyarro   | sirolimus albumin-bound                |  | Poteligeo  | mogamulizumab-kpkc                    |
| Granix   | tbo-filgrastim                         |  | Provenge   | sipuleucel-T                          |
| Herceptin<br>Hylecta<br>(SQ)   | trastuzumab and hyaluronidase-<br>oysk |  | Releuko    | filgrastim-ayow                       |
| Imlygic  | talimogene laherparepvec               |  | Sustol     | granisetron                           |
| Jelmyto  | mitomycin                              |  | Sylvant    | siltuximab                            |
| Marqibo  | vincristine sulfate liposomal          |  | Vyxeos     | daunorubicin-cytarabine               |
| Mylotarg   | gemtuzumab ozogamicin                  |  | Yondelis   | trabectedin                           |
| Neupogen   | filgrastim                             |  |            |                                       |

| <b>Changed Oncology &amp; Oncology-Related Medical Benefit Drug Policies</b> |                                    |                       |  |
|--|------------------------------------|-----------------------|--|
| <b>Brand Name</b>  | <b>Generic Name</b>                | <b>Brand Name</b>     | <b>Generic Name</b>                            |
| Abecma   | Idcabtagene vicleucel              | Kanjinti              | trastuzumab-anns                               |
| Abraxane   | paclitaxel protein bound           | Keytruda              | pembrolizumab                                  |
| Adcetris   | brentuximab vedotin                | Khapzory              | levoleucovorin                                 |
| Aranesp  | darbepoetin alpha                  | Kymriah               | tisagenlecleucel                               |
| Alimta   | pemetrexed                         | Libtayo               | cemiplimab-rwlc                                |
| Alymsys  | bevacizumab                        | Lumoxiti              | moxetumomab pasudotox-tdfk                     |
| Avastin  | bevacizumab                        | Lutathera             | lutetium Lu 177 dotatate                       |
| Bavencio   | avelumab                           | Margenza              | margetuximab-cmkb                              |
| Beleodaq   | belinostat                         | Mvasi                 | bevacizumab                                    |
| Belrapzo   | bendamustine                       | Monjuvi               | tafasitamab-cxix                               |
| Bendeka  | bendamustine                       | Ogivri                | trastuzumab-dkst                               |
| Besponsa   | inotuzumab ozogamicin              | Ontruzant             | trastuzumab-dttb                               |
| Blenrep  | belantamab mafodotin-blmf          | Opdivo                | nivolumab                                      |
| Blinicyto  | blinatumomab                       | Padcev                | enfortumab vedotin-ejfv                        |
| Bortezomib   | bortezomib                         | Pegfilgrastim         | Pegfilgrastim products                         |
| Breyanzi   | lisocabtagene maraleucel           | Pemfexy               | pemetrexed                                     |
| Cosela   | trilaciclib                        | Pepaxto               | melphalan flufenamide                          |
| Cyramza  | ramucirumab                        | Perjeta               | pertuzumab                                     |
| Danyelza   | naxitamab-gqgk                     | Phesgo                | pertuzumab, trastuzumab and hyaluronidase-zzxf |
| Darzalex (IV)  | daratumumab                        | Polivy                | polatuzumab vedotin-piiq                       |
| Darzalex Faspro (SC)   | daratumumab and hyaluronidase-fihj | Portrazza             | necitumumab                                    |
| Elzonris   | tagraxofusp-erzs                   | Procrit               | epoetin alfa                                   |
| Empliciti  | elotuzumab                         | Proleukin             | aldesleukin, IL-2                              |
| Enhertu  | fam-trastuzumab deruxtecan-nxki    | Retacrit              | epoetin alfa-epbx                              |
| Epogen   | epoetin alfa                       | Riabni (IV)           | rituximab-arrx                                 |
| Erbitux  | cetuximab                          | Rituxan (IV)          | rituximab                                      |
| Fulphila   | pegfilgrastim-jmdb                 | Rituximab Hycela (SC) | rituximab and hyaluronidase human              |
| Fusilev  | levoleucovorin                     | Ruxience (IV)         | rituximab-pvvr                                 |
| Gazyva   | obinutuzumab                       | Rybrevent             | amivantamab-vmjw                               |
| Herceptin  | Trastuzumab                        | Sarclisa              | isatuximab-irfc                                |
| Herzuma  | trastuzumab-pkrb                   | SANDOSTATIN LAR       | octreotide acetate                             |
| Imfinzi  | durvalumab                         | Tecartus              | brexucabtagene autoleucel                      |
| Infugem  | gemcitabine                        | Tecentriq             | atezolizumab                                   |
| Jemperli   | dostarlimab-gxly                   | Tivdak                | tisotumab vedotin-tftv                         |
| Jevtana  | cabazitaxel                        | Trazimera             | trastuzumab-qyyp                               |
| Kadcyla  | ado-trastuzumab emtansine          | Treanda               | bendamustine                                   |

| <b><i>Changed</i> Oncology &amp; Oncology-Related Medical Benefit Drug Policies</b> |                            |  |                          |                            |
|---|----------------------------|--|--------------------------|----------------------------|
| <b><u>Brand Name</u></b>  | <b><u>Generic Name</u></b> |  | <b><u>Brand Name</u></b> | <b><u>Generic Name</u></b> |
| Trodelyv  | sacituzumab govitecan-hziy |  | Yescarta                 | axicabtagene ciloleucel    |
| Truxima   | rituximab-abbs             |  | Zepzelca                 | lurbinectedin              |
| Vectibix  | panitumumab                |  | Zirabev                  | bevacizumab                |
| Velcade   | bortezomib                 |  | Zynlonta                 | tafasitamab-cxix           |
| Yervoy  | ipilimumab                 |  |                          |                            |

| <b>Retired Oncology &amp; Oncology-Related Medical Benefit Drug Policies</b> |  |  |                   |                     |
|--|--|--|-------------------|---------------------|
| <b>Brand Name</b>  | <b>Generic Name</b>                        |  | <b>Brand Name</b> | <b>Generic Name</b> |
| Arzerra  | ofatumumab                                 |  | Istodax           | romidepsin          |
| Asparlas   | calaspargase pegol                         |  | Kyprolis          | carfilzomib         |
| Camcevi  | leuprolide                                 |  | Lupron Depot      | leuprolide          |
| Cosmegen   | dactinomycin                               |  | Oncaspar          | pegaspargase        |
| Eligard  | leuprolide                                 |  | Orgovyx           | relugolix           |
| Erwinaze   | asparaginase erwinia<br>chrysanthemi       |  | Synribo           | omacetaxine         |
| Fensolvi   | leuprolide acetate for depot<br>suspension |  | Unituxin          | dinutuximab         |
| Folotyn  | pralatrexate                               |  | Zaltrap           | ziv-aflibercept     |
| Halaven  | eribulin mesylate                          |  |                   |                     |