

July 1, 2021

Dear Dean Health Plan Provider:

Dean Health Plan's Medical Policy Committee has approved the drug policies highlighted in this notification. These changes, and other changes not included in this notification, will also be communicated in the quarterly provider newsletters and available online. Please share this information with others within your organization who may be affected by these changes.

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

Dean Health Plan requires providers to obtain prior authorization on all drugs with written policies by sending authorization requests to Navitus, unless otherwise noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

New Drug Policies

Effective for dates of service on and after October 1, 2021, the following will require approved authorization through Navitus:

- ALPHA 1- ANTITRYPSIN INHIBITOR MB9446 — Alpha 1-Antitrypsin Inhibitors (e.g. Aralast NP, Prolastin-C, Glassia and Zemaira) are used to protect the body's tissues from being damaged by infection-fighting agents released by its immune system. Prior authorization is required and must be prescribed by, or in consultation with, a pulmonology specialist.
- KRYSTEXXA (pegloticase) MB2113 — used for the treatment of chronic gout in adult patients refractory to conventional therapy. Prior authorization is required and must be prescribed by, or in consultation with a rheumatology, orthopedic, sports medicine or pain medicine specialist.
- VISUDYNE (verteporfin) MB2114 — used for the treatment of patients with predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis. Prior authorization is required and must be prescribed by, or in consultation with, an ophthalmologist.
- Antihemophilic Factor VIII Products MB2116 — used to treat serious bleeding episodes in patients with a bleeding problem called von Willebrand disease (VWD). New policy in place for Factor VIII Products to adopt Navitus single policy from original policy Antihemophilia Factors and Clotting Factors MB1802. Prior authorization is required and must be prescribed, or in consultation with, hematology specialists.
- Antihemophilic Factor IX Products MB2117 — used to treat hemophilia B, which is sometimes called Christmas disease, this is a condition in which the body does not make enough factor IX. New policy in place for Factor IX Products to adopt Navitus single policy from original policy Antihemophilia Factors and Clotting Factors MB1802. Prior authorization is required and must be prescribed, or in consultation with, hematology specialists.
- Hyaluronic acid derivatives MB2115 — used for the treatment of pain in osteoarthritis of the knee in individuals who have failed to respond adequately to conservative non-pharmacologic therapy and analgesics (e.g., non-steroidal anti-inflammatory drugs and acetaminophen). No prior authorization is required for preferred products SYNVISIC, SYNVISIC ONE, HYALGAN, HYMOVIS, and TRILURON. Prior authorization is required for non-preferred. Preferred and non-preferred products must be prescribed by, or in consultation with, a rheumatology, orthopedic, sports medicine, or pain medicine specialists.
- Duchenne NMN MB2118 — used for treatments that can help to maintain comfort, function, and prolong life for people with Duchenne muscular dystrophy (DMD). New policy for non-covered Duchenne products.

Changes to Drug Policies

Effective for dates of service on and after October 1, 2021, the following will be changed:

- ENTYVIO (vedolizumab) MB945 — used in adults for the treatment of moderately to severely active ulcerative colitis and moderately to severely active Crohn's disease. Renewal Criteria regarding efficacy documented in the medical record indicating stabilization or improvement in disease activity updated to include: If not stable at maintenance dose of every 8 weeks; off-labeled indication with documentation up to every 4 weeks of therapy. Prior authorization is required and must be prescribed by, or in consultation with, gastroenterology specialists.
- Antihemophilia Factors and Clotting Factors MB1802 — used to treat or prevent bleeding episodes in people with hemophilia A. Removal of factor VIII and IX products to adopt 2 new Navitus separate policies and to change initial auth duration to 6 months. Prior authorization is required and must be prescribed by, or in consultation with, hematology specialists.

Medical Benefit Drug Policies

Prescribers are encouraged to track changes and review policies in their entirety. Medical benefit drug policies are accessible online via the Dean Health Plan Document Library at deancare.com/document-repository or by visiting deancare.com and following the step-by-step instructions below:

- Select the drop down from the **I AM A...** screen to **Provider**.
- Navigate to **Pharmacy Services**.
- Under **Up to date Drug Policies**, click **See library**.
- Enter the drug name or the numerical digits of the assigned policy number (e.g. entering 1234 of the medical benefit policy number MB1234) in the **Search for** field to find the full catalog of drug policies.

Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Provider Portal.

Please email any questions to DHPParmacyServices@deancare.com.

Sincerely,
Dean Health Plan Pharmacy Services