

December 30, 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, 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 April 1, 2022, the following:

- **INFUGEM-gemcitabine MB2132** – which is a nucleoside metabolic inhibitor indicated: (1) in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum based therapy; (2) in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated; (3) in combination with cisplatin, for the treatment of non-small cell lung cancer; and (4) as a single agent for the treatment of pancreatic cancer. Infugem (premixed gemcitabine in sodium chloride solution; J9198) will require prior authorization. Gemcitabine hydrochloride (J9201) will not require prior authorization. The prior authorization must be prescribed by, or in consultation with, an oncologist prescriber.
- **Parenteral Iron products MB2134** – used for patients intolerant or unresponsive to oral iron therapy, for receiving recombinant erythropoietin therapy, or for use in treating functional iron deficiency and iron deficiency anemia. Prior authorization is not required for preferred products (Venofer, INFED, Ferrlicit, Feraheme). Prior authorization is required for non-preferred products (Injectafer, Monoferric).

Retired Policies

Effective for February 1, 2022, the drug policy listed below will be retired, but not the drug itself. The drug will be under the pharmacy benefit per Navitus policy.

- **ACTHAR GEL** – repository corticotropin injection MB2103

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 **Current Drug Policies**, click **See library**.

- From the Document Library page, for best results, in the **Audience** dropdown, select **Provider** and in the **Category** dropdown, select **Drug Policies**.
- In the **Search for** field, enter the drug 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 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 DHPPharmacyServices@deancare.com.

Sincerely,

Dean Health Plan Pharmacy Services

This notification will be published on the Dean Health Plan Provider Communications web page at deancare.com/providers/provider-communications. Visit this page for on-demand access to current and past communications.