

July 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 directly 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.

### Changes to Drug Policies

Effective for dates of service on and after November 1, 2021, the following drugs:

- ADAKVEO (crizanlizumab) MB2003 — which is a selectin blocker indicated to reduce the frequency of vasoocclusive crises in adults and pediatric patients ages 16 years and older with sickle cell disease. Conversion to Navitus Criteria, removal of sickle cell disease (SCD) specialist, criteria bypass if from SCD center of excellence (COE), and addition of step therapy through Endari. Prior authorization is required and must be prescribed by, or in consultation with, a hematologist specialist.
- SIMPONI ARIA (golimumab) MB9874 — which is a tumor necrosis factor (TNF) blocker indicated for the treatment of: adult patients with moderately to severely active rheumatoid arthritis (RA) in combination with methotrexate; active psoriatic arthritis (PsA) in patients 2 years of age and older; adult patients with active ankylosing spondylitis (AS); and active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older. Updated to include preferred pharmacy benefit products from Navitus and require, where appropriate, a trial of preferred infliximab as part of the criteria, removed ulcerative colitis (UC) as this is not a labeled indication. Prior authorization is required and must be prescribed by, or in consultation with, a rheumatology specialist (Rheumatoid Arthritis, Peripheral Ankylosing Spondylitis, or Psoriatic Arthritis).

### 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](https://deancare.com/document-repository) or by visiting [deancare.com](https://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 [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

Sincerely,  
Dean Health Plan Pharmacy Services