Providence Health Plan

Providence Health Assurance

# Healthcare Services Medical & Pharmacy Policy Alerts

Number 93

April 1, 2024

This is the April 1, 2024 issue of the Providence Health Plans, Providence Health Assurance and Providence Plan Partners, Medical and Pharmacy Policy Alert to our providers. The focus of this update is to communicate to providers' new or revised Medical or Pharmacy policy changes. The Health Plan has a standard process to review all Medical & Pharmacy Policies annually. Policies will be available for review on ProvLink and via the PHP website at: https://healthplans.providence.org/providers/provider-support/medical-policy-pharmacy-policy-and-provider-information/

The Provider Alert, Prior Authorization Requirements, and Medical policies are all available on ProvLink and through the link above.

NOTE: For Oregon Medicaid requests, services which do not require prior authorization will process against the Prioritized List. To determine which services require prior-authorization, please see the current PHP prior authorization list here.

****EXTERNAL PROVIDER REVIEW OPPORTUNITY****

PHP Medical Policy Committee is seeking feedback from providers to serve as clinical subject matter experts (SMEs) through the policy development and annual review processes. This review process allows providers to offer their expertise and discuss relevant research in their field that will be used to support how these policy decisions are made. This will allow providers an opportunity to offer valuable insight that will help shape policies that affect provider reimbursement and patient care.

If interested, please email us at PHPmedicalpolicyinquiry@providence.org with your name, specialty, and preferred email address.

# MEDICAL POLICY COMMITTEE

## MEDICAL

### New Medical Policies for Alternative Care and Lab Management

**Effective 6/1/2024**, Providence Health Plan and Providence Health Assurance will be implementing new medical policies addressing acupuncture, chiropractic manipulation, and laboratory testing. The purpose of these policies is to ensure that providers are billing a medically necessary diagnosis code for these services. The new policies and associated diagnosis code configuration will apply to all lines of business.

***Acupuncture***

See the Appendix of this Provider Alert for a complete list of medically necessary diagnosis codes.

***Chiropractic Manipulation***

See the Appendix of this Provider Alert for a complete list of medically necessary diagnosis codes.

***Laboratory Testing***

The Plan will be following Medicare National Coverage Determinations for urine cultures (NCD 190.12), HCG testing (NCD 190.27), prothrombin time (NCD 190.17), tumor antigen assays (NCD 190.28), and alpha-fetoprotein (NCD 190.25). These services will be considered medically necessary when billed with one of the ICD-10 codes included in the most recent "Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM)," available for download at Lab NCDs – ICD-10.

## COMPANY POLICIES

*Effective 4/1/2024*

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| **Bariatric Surgery**<br><br>**MP41** | **Policy Updates:**<br>**Recommendation:**<br>• Added a note to criterion I.A.B stating: Lower BMI thresholds (usually reduced by 2.5 kg/m2) should be considered for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, African-Caribbean, Native Hawaiian, Pacific Islanders, or American Indians/Alaska Natives family backgrounds based on NICE guidelines.<br>• Removed Nissen fundoplication for requirements for GERD treatment in criteria I.B.2.e and IV.B.2.f<br>• Combined criteria V and VI into one criterion for clarity<br>• Updated criterion IX to remove requirement that device was appropriately placed for medical necessity.<br>**Codes/PA:** No changes to codes or PA<br><br>**OHP:** These changes do not apply to OHP. The Prioritized List and the Oregon Administrative Rules will be followed. |

*Effective 5/1/2024*

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| **Ambulance Transport**<br><br>**MP118** | **Policy Updates:**<br>• No change to criteria. Continue to base policy on Medicare guidelines.<br>• Removed Temporary Provision Language, due to public health emergency for COVID-19 ending 5/11/2023.<br>• Billing Guidelines section: Add notes that ambulance services are not paid under the CMS ***Physician*** Fee Schedule, but are subject to the separate CMS ***Ambulance*** Fee schedule. Acknowledged that some services are statutorily excluded by Original Medicare, but they may be a covered benefit by the Plan. Also noted that some ambulance A-codes may be "covered," but this does not guarantee they are eligible for separate reimbursement or payment.<br>**Codes/PA:** No codes.<br><br>**OHP:** OHP will follow the Company Policy above |

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| **Allergy Testing**<br><br>**MP153** | **Policy Updates:** Added note to Billing Guidelines explaining that frequency limits are based on clinical rationale and may differ from CMS's Medically Unlikely Edits (MUEs).<br>**Codes/PA:** No changes to codes/PA.<br><br>**OHP:** These changes do not apply to OHP. The Prioritized List and the Oregon Administrative Rules will be followed. |
| **Surface Electromyography (sEMG) Testing**<br><br>**MP136** | **Policy Updates:** No changes to policy criteria.<br>**Codes/PA:** Updated 96002 from E/I to NMN denial (policy was updated, but remained denying as E/I). Retroactive coding configuration to 7/1/2023.<br><br>**OHP:** OHP will follow the Company Policy above |
| **Stem Cell Transplantation**<br><br>**MP282** | **Policy Updates:** Added code to policy that was previously on the PA list but not associated with a policy.<br>**Codes/PA:** Added 38204 to policy. Removed PA. Code denies under Coding Policy 13.0.<br><br>**OHP:** These changes do not apply to OHP. The Prioritized List and the Oregon Administrative Rules will be followed. |

*Effective 6/1/2024*

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| **Advanced Diabetes Management Technology**<br><br>**MP27** | **Policy Updates:** No recommended changes to criteria<br>**Codes/PA:** Changed denial from E/I to NMN for 0446T-0448T<br><br>**OHP:** These changes do not apply to OHP. The Prioritized List and the Oregon Administrative Rules will be followed. |

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## MEDICARE

*Effective 5/1/24*

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| **Ambulance Transport**<br><br>**MP386** | **Policy Updates:**<br>• No change to criteria. Continue to base policy on Medicare guidelines.<br>• Removed Temporary Provision Language, due to public health emergency for COVID-19 ending 5/11/2023.<br>• Billing Guidelines section: Added notes that ambulance services are not paid under the CMS ***Physician*** Fee Schedule, but are subject to the separate CMS ***Ambulance*** Fee schedule. Acknowledged that some services are statutorily excluded by Original Medicare, but they may be called out as a specific benefit under the Member EOC. Also noted that some ambulance A-codes maybe "covered," but this does not guarantee they are eligible for separate reimbursement or payment.<br>**Codes/PA:** No codes. |
| **Protein Biomarker and Genetic Testing for the Prostate**<br><br>*Previously: Prostate: Protein Biomarkers and Genetic Testing*<br><br>**MP95** | **Policy Updates:**<br>• Updated to 4Kscore Assay, miR Sentinel™ Prostate Cancer and IsoPSA® test criteria sources, but no change to criteria for other tests.<br>• Updated title.<br>**Codes/PA:**<br>• Code 0359U (IsoPSA®): Removed NMN denial and added PA (new LCD with coverage criteria).<br>• No changes to other codes in the policy or their configuration. |

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| **Stem Cell Transplantation**<br><br>**MP283** | **Policy Updates:** *On 3/6/2024, CMS released a final memo regarding allogenic hematopoietic stem cell transplant (HSCT) for myelodysplastic syndromes (MDS). With this update, CMS expanded coverage for Medicare members, removing coverage with evidence development (CED) requirements.*<br>**Codes/PA:** Added CPT 38204. Removed PA. Code denies under Coding Policy 13 *(Bundled or Adjunct Services)*. |
| **Advanced Diabetes Management Technology (Medicare)**<br><br>**MP25** | **Policy Updates:**<br>No change to criteria. Continue to use noted Medicare reference, based on device or service requested. Removed Temporary Provision Language, due to public health emergency for COVID-19 ending 5/11/2023.<br>**Codes/PA:** No change to codes or configuration (removed codes from policy document which had been termed more than 12 months ago). |

## REIMBURSEMENT

*Effective 4/1/24*

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| **Inpatient Hospital Readmissions**<br><br>**RP54** | **Annual Review**<br>**Recommendation:**<br>• Changes to existing criteria are minimal. There is no change to the intent of this criteria, only meant to be clarifications or format updates. Criteria I.D.3 as a whole was meant to be used as examples, not as an all-inclusive list. Therefore, new Criterion I.D.3.f was added to give flexibility and discretion for medical directors for unique cases.<br>• In accordance with CMS, facilities should combine readmissions when the stays are for related medical conditions. Previously, we were internally combining separately billed inpatient claims, which was creating confusion for providers who were combining those claims from the start.<br>• Updated policy ID from UM54 to RP54 (this is a *reimbursement* policy, not a *utilization management* policy)<br>**Reimbursement Methodology:** No changes to reimbursement methodology, inpatient readmissions for related medical conditions are combined into a single DRG payment.<br>**Relevant References/CMS Guidance:**<br>• Centers for Medicare & Medicaid Services (CMS). Quality Improvement Organization Manual, Chapter 4—Case Review, §4240 – Readmission Review |

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| | • Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 3—Inpatient Hospital Billing, §40.2.5—Repeat Admissions<br>• Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 3—Inpatient Hospital Billing, §40.2.6—Leave of Absence<br>• Centers for Medicare & Medicaid Services (CMS). Hospital Readmission Reduction Program (HRRP)<br>• Social Security Administration (SSA). Payment to Hospitals for Inpatient Hospital Services, Title 18, § 1886 |

## Here's what's new from the following policy committees:

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### Pharmacy & Therapeutics (P&T) Committee

Oregon Region P&T Committee Meeting February 2, 2024

Go-Live Date: Monday, April 01, 2024, unless otherwise noted

## Table of Contents:



## New Drugs or Combinations

1. **Zuranolone (Zurzuvae) Capsule**
   a. **Indication**: f=For the treatment of postpartum depression in adults.
   b. **Decision**:

| | Commercial | Medicaid | Medicare |
|---|---|---|---|
| **Formulary Status*** | Non-formulary | Non-formulary | Part D: Formulary |

| | | | |
|---|---|---|---|
| | | | Part B: N/A |
| **Tier**** | N/A | N/A | Non-preferred Drug |
| **Affordable Care Act Eligible** | N/A; Non-Formulary | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Managed by Fee-for-service | Prior Authorization |
| **Quantity Limit** | 20mg and 25mg capsules: 28 capsules/180 days<br>30mg capsules: 14 capsules/180 days | Managed by Fee-for-service | 20mg and 25mg capsules: 28 capsules/180 days<br>30mg capsules: 14 capsules/180 days |
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). | | | |
| **Formulary Alternatives: sertraline, escitalopram** | | | |

c. **Prior Authorization Criteria for Commercial/Medicare Part D**:

| | |
|---|---|
| PA PROGRAM NAME | Zurzuvae® |
| MEDICATION NAME | Zuranolone capsules (Zurzuvae®) |
| PA INDICATION INDICATOR | 1 - All FDA-Approved Indications |
| OFF-LABEL USES | None |
| EXCLUSION CRITERIA | • Past medical history of seizures<br>• Past medical history of bipolar disorder, schizophrenia, or schizoaffective disorder<br>• Current pregnancy |
| REQUIRED MEDICAL INFORMATION | Initial Authorization:<br>1. Diagnosis of moderate to severe major depressive disorder with documentation or provider attestation that depressive symptoms began between the third trimester of pregnancy to the first four weeks following delivery<br>2. Patient is within the first twelve months postpartum<br>3. Submission of validated screening tool results (for example, HAM-D, PHQ-9, MADRS) confirming diagnosis<br>4. Member has not received prior treatment with Zurzuvae® for the current pregnancy |

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|---|---|
| | 5. Patient has tried and failed a formulary generic selective serotonin reuptake inhibitor (SSRI) or serotonin and norepinephrine reuptake inhibitor (SNRI) for the current episode of postpartum depression (after 4-6 weeks at an adequate dose), or has an intolerance/contraindication to all SSRIs/SNRIs. This may be waived in cases of severe post-partum depression.<br><br>For Commercial only: Reauthorization: None; only one course allowed per pregnancy |
| AGE RESTRICTIONS | Ages 18 years and older |
| PRESCRIBER RESTRICTIONS | |
| COVERAGE DURATION | One month (one 14-day fill) per pregnancy |

2. **Ritlecitinib tosylate (Litfulo) Capsule**
   a. **Indication**: For the treatment of severe alopecia areata in adults and adolescents 12 years and older.
   b. **Decision**: Decision deferred to April P&T

3. **Delandistrogene moxeparovec-rokl (Elevidys) Kit**
   a. **Indication**: Approved for ambulatory patients ages 4-5 years old with a confirmed mutation in the DMD gene.
   b. **Decision**:

| | Commercial | Medicaid | Medicare |
|---|---|---|---|
| **Formulary Status*** | Medical | Medical | Part D: Non-formulary<br>Part B: Medical |
| **Tier**** | N/A | N/A | N/A |
| **Affordable Care Act Eligible** | N/A; Non-Formulary | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Prior Authorization | Prior Authorization |
| **Quantity Limit** | N/A | N/A | N/A |
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). | | | |
| **Formulary Alternatives:** prednisone, deflazacort (Emflaza®) | | | |

c. **Prior Authorization Criteria for Commercial/Medicaid/Medicare Part B**: Delandistrogene moxeparvovec-rokl, for Duchene muscular dystrophy, is not considered medically necessary and will not be covered due to the lack of clinical evidence of improved outcomes and safety.

4. **Fruquintinib (Fruzaqla) Capsule**
   a. **Indication**: For the treatment of adult patients with metastatic colorectal cancer (mCRC) as the third-line therapy.
   b. **Decision**:

| | Commercial | Medicaid | Medicare |
|---|---|---|---|
| **Formulary Status*** | Formulary | Formulary | Part D: Formulary<br>Part B: N/A |
| **Tier**** | Tier 6 - Non-Preferred Specialty | N/A | Specialty |
| **Affordable Care Act Eligible** | No | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Prior Authorization | Prior Authorization |
| **Quantity Limit** | 5 mg: #21/28 days<br>1 mg: #105/28 days | 5 mg: #21/28 days<br>1 mg: #105/28 days | 5 mg: #21/28 days<br>1 mg: #105/28 days |
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). | | | |
| **Formulary Alternatives:** Lonsurf, Stivarga | | | |

   c. **Prior Authorization Criteria for Commercial/Medicaid**: Added to Oral Anti-Cancer Medications Policy
   d. **Prior Authorization Criteria for Medicare Part D**: Added to Oral Anti-Cancer Medications Policy

5. **Repotrectinib (Augtyro) Capsule**
   a. **Indication**: For the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC).
   b. **Decision**:

| | Commercial | Medicaid | Medicare |
|---|---|---|---|
| **Formulary Status*** | Formulary | Formulary | Part D: Formulary<br>Part B: N/A |

| | | | |
|---|---|---|---|
| **Tier**** | Tier 6 - Non-Preferred Specialty | N/A | Specialty |
| **Affordable Care Act Eligible** | No | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Prior Authorization | Prior Authorization |
| **Quantity Limit** | 8/day | 8/day | 8/day |
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). | | | |
| **Formulary Alternatives:** Rozlytrek, Xalkori and Zykadia | | | |

c. **Prior Authorization Criteria for Commercial/Medicaid**: Added to Oral Anti-Cancer Medications Policy
d. **Prior Authorization Criteria for Medicare Part D**: Added to Oral Anti-Cancer Medications Policy

6. **Capivasertib (Truqap) Tablet**
   a. **Indication**: For the treatment of adult patients with HR-positive, HER2-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations following progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.
   b. **Decision**:

| | **Commercial** | **Medicaid** | **Medicare** |
|---|---|---|---|
| **Formulary Status*** | Formulary | Formulary | Part D: Formulary<br>Part B: N/A |
| **Tier**** | Tier 6 - Non-Preferred Specialty | N/A | Specialty |
| **Affordable Care Act Eligible** | No | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Prior Authorization | Prior Authorization |
| **Quantity Limit** | 64/28 days | 64/28 days | 64/28 days |

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|---|
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). |
| **Formulary Alternatives:** Piqray in PIK3CA activating mutation |

c. **Prior Authorization Criteria for Commercial/Medicaid**: Added to Oral Anti-Cancer Medications Policy

d. **Prior Authorization Criteria for Medicare Part D**: Added to Oral Anti-Cancer Medications Policy

7. **Toripalimab-tpzi (Loqtorzi) Vial**

a. **Indication**: For first-line treatment of adults of metastatic or recurrent, locally advanced nasopharyngeal carcinoma (NPC) with cisplatin and gemcitabine and as a single agent for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

b. **Decision**:

| | Commercial | Medicaid | Medicare |
|---|---|---|---|
| **Formulary Status*** | Medical | Medical | Part D: Non-formulary<br>Part B: Medical |
| **Tier**** | N/A | N/A | N/A |
| **Affordable Care Act Eligible** | N/A; Non-Formulary | N/A | N/A |
| **Utilization Management Edits** | Prior Authorization | Prior Authorization | Prior Authorization |
| **Quantity Limit** | N/A | N/A | N/A |
| * Recommendations for placement may differ between lines of business due to regulatory requirements.<br>** Medications will be placed on recommended tier above for the base formulary; tier placement for custom formulary(ies) will be based on designation above. For example, Commercial Tier 6 designation above means that the medication will be placed on the highest cost-sharing tier on the respective formulary(ies). | | | |
| **Formulary Alternatives:** cisplatin/gemcitabine, cisplatin/gemcitabine + other PD-1 inhibitor (such as pembrolizumab or nivolumab), cisplatin/5-FU, cisplatin or carboplatin/docetaxel or paclitaxel, carboplatin/cetuximab, gemcitabine/carboplatin, see NCCN guidelines for other recommended regimens | | | |

c. **Prior Authorization Criteria for Commercial/Medicaid/Medicare Part B**: Added to Injectable Anti-cancer Medications Policy

## New Indications:

**Therapies with Prior Authorization Policies (Non-oncology)**

1. **Idacio** (Adalimumab-AACF)
    a. Previous Indication(s):
        a. Rheumatoid Arthritis
        b. Juvenile Idiopathic Arthritis
        c. Psoriatic Arthritis
        d. Ankylosing Spondylitis
        e. Crohn's Disease
        f. Ulcerative Colitis
        g. Plaque Psoriasis
    b. New indication approved 10/11/2023, 11/16/2023:
        a. Hidradenitis Suppurativa
        b. Uveitis
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy with new indication.

2. **Zoryve** (roflumilast)
    a. Previous Indication(s):
        a. Treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older
    b. New indication approved 10/11/2023:
        a. Treatment of plaque psoriasis, including intertriginous areas, in patients **6 years of age and older**
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy criteria with age.

    Prior Authorization Criteria for **Commercial/Medicaid**:

| | |
|---|---|
| PA PROGRAM NAME | Vtama, Zoryve |
| PA INDICATION INDICATOR | 1 - All FDA-Approved Indications |
| AGE RESTRICTIONS | Zoryve® - Approved for patients 6 years and older |

3. **Enbrel** (etanercept)
    a. Previous Indication(s):

i. Rheumatoid Arthritis (RA)
ii. Polyarticular Juvenile Idiopathic Arthritis (JIA) in patients aged 2 years or older
iii. Psoriatic Arthritis (PsA)
iv. Ankylosing Spondylitis (AS)
v. Plaque Psoriasis (PsO) in patients 4 years or older

b. New indication approved 10/18/2023:
    a. Adult patient with:
        1. Rheumatoid Arthritis (RA)
        2. Psoriatic Arthritis (PsA)
        3. Ankylosing Spondylitis (AS)
        4. Plaque Psoriasis (PsO)
    b. Pediatric patients with:
        1. Polyarticular Juvenile Idiopathic Arthritis (pJIA), 2 years of age or older
        2. Juvenile Psoriatic Arthritis, 2 years of age or older (JPsA)
        3. Plaque Psoriasis, 4 years of age or older
c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy with new indication.

4. **Voxzogo** (vosoritide)
    a. Previous indications:
        a. Increase linear growth in pediatric patients with achondroplasia who are 5 years of age and older with open epiphyses. This indication is approved under accelerated approval based on an improvement in annualized growth velocity. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s)
    b. New indication(s) approved 10/20/2023:
        a. Increase linear growth in **pediatric patients** with achondroplasia with open epiphyses. This indication is approved under accelerated approval based on an improvement in annualized growth velocity. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s)
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy to remove age restrictions.

Prior Authorization Criteria for **Commercial/Medicaid**:

| | |
|---|---|
| PA PROGRAM NAME | Voxzogo |
| PA INDICATION INDICATOR | 1 - All FDA-Approved Indications |

| | |
|---|---|
| AGE RESTRICTIONS | N/A |

5. **Orencia** (abatacept)
    a. Previous Indication(s):
        a. The treatment of adult patients with moderately to severely active rheumatoid arthritis (RA)
        b. The treatment of patients 2 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA)
        c. The treatment of adult patients with active psoriatic arthritis (PsA)
        d. The prophylaxis of acute graft versus host disease (aGVHD), in combination with a calcineurin inhibitor and methotrexate, in adults and pediatric patients 2 years of age and older undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor
    b. New indication approved 10/30/2023:
        a. The treatment of patients **2 years of age and older** with active psoriatic arthritis (PsA)
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy with new indication.

6. **Cosentyx** (secukinumab)
    a. Previous Indication(s):
        a. Moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy
        b. Active psoriatic arthritis (PsA) in patients 2 years of age and older
        c. Adults with active ankylosing spondylitis (AS)
        d. Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation
        e. Active enthesitis-related arthritis (ERA) in pediatric patients 4 years of age and older
    b. New indication approved 10/31/2023:
        a. Adults with moderate to severe hidradenitis suppurativa (HS)
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Update policy with new indication.

**Therapies with Prior Authorization Policies (Oncology)**

1. **Opdivo** (nivolumab)
    a. New indication(s) approved 10/11/2023:

i. For the adjuvant treatment of adult and pediatric patients 12 years and older with completely resected Stage IIB, Stage IIC, Stage III, or Stage IV melanoma

b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

2. **Keytruda** (dabrafenib)
   a. New indication(s) approved 10/16/2023, 10/30/2023, 11/16/2023:
      i. Non-Small Cell Lung Cancer (NSCLC):
         - For the treatment of patients with resectable (tumors ≥4 cm or node positive) NSCLC in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery

      ii. Biliary Tract Cancer (BTC):
         - In combination with gemcitabine and cisplatin, for the treatment of patients with locally advanced unresectable or metastatic biliary tract cancer

      iii. Gastric Cancer:
         - In combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-approved test. 1
         - In combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma.

   b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

3. **Braftovi** (encorafenib)
   a. New indication(s) approved 10/11/2023:
      i. In combination with binimetinib, for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation, as detected by an FDA-approved test

   b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

4. **Mektovi** (binimetinib)
    a. New indication(s) approved 10/11/2023:
        i. In combination with encorafenib, for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation, as detected by an FDA-approved test
    b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

5. **Rozlytrek** (entrectinib)
    a. New indication(s) approved 10/20/2023:
        i. Adult and pediatric patients 12 years of age and older with solid tumors that:
            - have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion as detected by an FDA-approved test without a known acquired resistance mutation
            - are metastatic or where surgical resection is likely to result in severe morbidity
            - have progressed following treatment or have no satisfactory alternative therapy
    b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

6. **Tibsovo** (ivosidenib)
    a. New indication(s) approved 10/24/2023:
        i. Relapsed or refractory Myelodysplastic Syndromes (MDS):
            - For the treatment of adult patients with relapsed or refractory myelodysplastic syndromes
    b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

7. **Xtandi** (enzalutamide)
    a. New indication(s) approved 11/16/2023:
        i. Treatment of patients with:
            - Castration-resistant prostate cancer
            - Metastatic castration-sensitive prostate cancer
            - Non-metastatic castration-sensitive prostate cancer with biochemical recurrence at high risk for metastasis

b. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert. Prior authorization policy coverage criteria are based on recommendations from the National Comprehensive Cancer Network (NCCN); no updates to the policy are warranted.

**Therapies Without Prior Authorization Policies**

1. **Veltassa** (patiromer)
    a. Previous Indication(s):
        i. Veltassa is a potassium binder indicated for the treatment of hyperkalemia
    b. New indication approved 10/02/23:
        i. Veltassa is a potassium binder indicated for the treatment of hyperkalemia in adults and pediatric patients ages 12 years and older
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert.

2. **Exparel** (bupivacaine liposome injectable suspension)
    a. Previous Indication(s):
        i. In patients 6 years of age and older for single-dose infiltration to produce postsurgical local analgesia
        ii. In adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia
    b. New indication approved 11/09/2023:
        i. Local analgesia via infiltration in patients aged 6 years and older
        ii. Regional analgesia via:
            1. An interscalene brachial plexus nerve block in adults
            2. A sciatic nerve block in the popliteal fossa in adults
            3. An adductor canal block in adults
    c. **RECOMMENDATION:** Inform prescribers via Medical Policy Alert

## Drug Safety Monitoring:

**FDA Drug Safety Communications**

1. **Drug Name: Levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan)**
    - **Date Posted: 11/28/2023**
    - **Safety Alert Title: FDA warns of rare but serious drug reaction to the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan)**

- **Link to more information:** https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-rare-serious-drug-reaction-antiseizure-medicines-levetiracetam-keppra-keppra-xr-elepsia-xr
- **What safety concern is FDA announcing?**
    - The U.S. Food and Drug Administration (FDA) is warning that the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan), can cause a rare but serious reaction that can be life-threatening if not diagnosed and treated quickly. This reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). It may start as a rash but can quickly progress, resulting in injury to internal organs, the need for hospitalization, and even death. As a result, we are requiring warnings about this risk to be added to the prescribing information and patient Medication Guides for these medicines. This hypersensitivity reaction to these medicines is serious but rare. DRESS can include fever, rash, swollen lymph nodes, or injury to organs including the liver, kidneys, lungs, heart, or pancreas.
- **What is FDA doing?**
    - We are requiring manufacturers of these medicines to add new warnings about DRESS to the prescribing information and the Medication Guide for patients and caregivers. For levetiracetam (Keppra, Keppra XR, Elepsia XR, and Spritam), this involves adding a new warning in the Warnings and Precautions section of the prescribing information, which describes the most serious and significant potential safety issues. Currently the symptoms associated with this condition are described less prominently. For clobazam (Onfi and Sympazan), we are requiring a new warning specifically about DRESS to be added to the prescribing information. Symptoms related to this risk are already described more generally in other sections of the clobazam prescribing information. The warnings for both levetiracetam and clobazam medicines will include information that early symptoms of DRESS such as fever or swollen lymph nodes can be present even when a rash cannot be seen. This is different from other serious skin-related reactions that can happen with these medicines and where a rash is present early on, including Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN). We are also requiring information on this risk to be added to the Medication Guides to help inform patients and caregivers about this risk.
- **What should health care professionals do?**
    - Health care professionals should be aware that prompt recognition and early treatment is important for improving DRESS outcomes and decreasing mortality. Diagnosis is often difficult because early signs and symptoms such as fever and swollen lymph nodes may be present without evidence of a rash. DRESS can develop 2 weeks to 8 weeks after starting the medicines, and symptoms and intensity can vary widely. DRESS can also be confused with other serious skin reactions such as SJS and TEN. Advise patients of the signs and symptoms of DRESS and to stop taking their medicine and seek immediate medical attention if DRESS is suspected during treatment with levetiracetam or clobazam.
- **Health Plan Recommendation:** Notify providers via Medical Policy Alert

**Drug Recalls/Market Withdrawals**

1. **Drug Name:** All Ion and Restore brands Nasal Products
   - **Date of Recall:** 10/02/2023
   - **Reason for recall:** Potential Contamination with Microbacterium spp., Fictibacillus spp., Bacillus spp., and Paenibacillus spp.
   - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/biomic-sciences-issues-voluntary-nationwide-recall-ion-sinus-support-ion-sinus-and-restore-sinus
   - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

2. **Drug Name:** 4.2% Sodium Bicarbonate Injection, USP, 1% Lidocaine HCl Injection, USP, and 2% Lidocaine HCl Injection, USP
   - **Date of Recall:** 10/02/2023
   - **Reason for recall:** Potential Presence of Glass Particulates
   - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/hospira-inc-issues-voluntary-nationwide-recall-42-sodium-bicarbonate-injection-usp-and-1-and-2
   - **Health Plan Recommendation:** Notify providers via Medical Policy Alert
3. **Drug Name:** Betaxolol Tablets, USPS
   - **Date of Recall:** 10/13/2023
   - **Reason for recall:** Potential Presence of Oxycodone HCl tablet
   - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/kvk-tech-inc-issues-voluntary-nationwide-recall-one-lot-betaxolol-tablets-usp-10-mg-batch-number
   - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

4. **Drug Name:** Family Dollar Company Over-the-Counter Drug and Medical Device products
   - **Date of Recall:** 10/10/2023
   - **Reason for recall:** Products were stored outside of labeled temperature requirements
   - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/voluntary-recall-certain-over-counter-drugs-and-medical-devices
   - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

5. **Drug Name:** Kuka Flex Forte caplets, Reumo Flex caplets, and Artri King tablets
   - **Date of Recall:** 10/23/2023

- **Reason for recall:** Undeclared drug, Diclofenac
- **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/botanical-be-issues-voluntary-nationwide-recall-kuka-flex-forte-reumo-flex-caplets-and-artri-king
- **Health Plan Recommendation:** Notify providers via Medical Policy Alert

6. **Drug Name:** Sodium Bicarbonate Injection, USP, Midazolam in 0.8% Sodium Chloride Injection ELCYS (cysteine hydrochloride Injection), USP
    - **Date of Recall:** 10/25/2023
    - **Reason for recall:** Potential presence of particulate matter
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/exela-pharma-sciences-llc-issues-voluntary-nationwide-recall-84-sodium-bicarbonate-injection-usp-50
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

7. **Drug Name:** Leader®: Eye Irritation Relief (Polyvinyl Alcohol, 0.5%, Povidone, 0.6%, and Tetrahydrozoline Hydrochloride, 0.05%), Dry Eye Relief (Carboxymethylcellulose Sodium, 1%), Lubricant Eye Drops (Carboxymethylcellulose Sodium, 0.5%), Dry Eye Relief (Polyet hylene Glycol 400, 0.4% and Propylene Glycol, 0.3%), Lubricant Eye Drops (Propylene Glycol, 0.6%)
    - **Date of Recall:** 11/01/2023
    - **Reason for recall:** Insanitary manufacturing conditions
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/cardinal-health-inc-issues-voluntary-nationwide-recall-certain-leadertm-brand-eye-drops-supplied
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

8. **Drug Name:** Rugby®: Polyvinyl Alcohol, 1.4% Lubricating Eye Drops, Lubricating Tears Eye Drops (Dextran/Hypromellose, 0.1%/0.3%)
    - **Date of Recall:** 11/01/2023
    - **Reason for recall:** Insanitary manufacturing conditions
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/harvard-drug-group-llc-issues-voluntary-nationwide-recall-certain-rugbyr-laboratories-brand-eye
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

9. **Drug Name: Target:** High Performance Lubricant Eye Drops 15 ml, Dry Eye Relief 15 mL; **Rite Aid:** Multi-Action Relief Drops 15 mL, Lubricating Gel Drops 10mL and 15mL; **Velocity:** Lubricant Eye Drop 10 mL; **CVS:** Lubricant Eye Drops 15 ML, Lubricant Gel Drops 15 ml,

Multi Action Relief Drops, Mild Moderate Lubricating Eye Drops 15 mL, Lubricant Gel Drops 10 mL; **Walmart:** Equate Hydration PF Lubricant Eye Drops 10 mL

- **Date of Recall:** 11/15/2023
- **Reason for recall:** Device & Drug Safety Potential Safety Concerns
- **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/kilitch-healthcare-india-limited-issues-voluntary-nationwide-recall-various-eye-drops-potential
- **Health Plan Recommendation:** Notify providers via Medical Policy Alert

10. **Drug Name:** SugarMD Advanced Glucose Support, Dietary Supplement
    - **Date of Recall:** 11/15/2023
    - **Reason for recall:** Undeclared Glyburide and Metformin
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/sugarmds-llc-issues-voluntary-nationwide-recall-advanced-glucose-support-supplements-capsules-due
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

11. **Drug Name:** KinderMed Infants' Pain & Fever (2 fluid ounces/59 mL) and (4 fluid ounces/118 mL), (Acetaminophen - 160 mg per 5 mL), Oral Suspension
    - **Date of Recall:** 11/17/2023
    - **Reason for recall:** Due to Acetaminophen Instability
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/kinderfarms-llc-voluntarily-recalling-all-kindermed-pain-fever-products-due-acetaminophen
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

12. **Drug Name:** The Rock Supplement Lot#: 03032021,exp:12/2027,1200 mg/capsule
    - **Date of Recall:** 11/21/2023
    - **Reason for recall:** Undeclared drug, Sildenafil
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/noahs-wholesale-llc-issues-voluntary-nationwide-recall-rock-due-presence-undeclared-sildenafil
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

13. **Drug Name:** Vitrakvi® (larotrectinib) Oral Solution 20 mg/mL in 100mL glass bottles

- **Date of Recall:** 11/21/2023
- **Reason for recall:** Microbial contamination identified as Penicillium brevicompactum
- **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/bayer-issues-voluntary-recall-nationwide-vitrakvir-larotrectinib-oral-solution-20-mgml-due-presence
- **Health Plan Recommendation:** Notify providers via Medical Policy Alert

14. **Drug Name:** 2% Miconazole Nitrate Athlete's Foot Spray Antifungal SprayPowder
    - **Date of Recall:** 11/24/2023
    - **Reason for recall:** Presence of benzene
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/insight-pharmaceuticals-issues-voluntary-nationwide-recall-tingr-2-miconazole-nitrate-athletes-foot
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

15. **Drug Name:** Sandimmune (cyclosporine oral solution, USP) Oral Solution 100 mg/mL
    - **Date of Recall:** 11/27/2023
    - **Reason for recall:** Due to crystallization formation
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/novartis-issues-voluntary-us-nationwide-recall-two-lots-sandimmuner-oral-solution-cyclosporine-oral
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

16. **Drug Name:** Magnum Male Sexual Enhancement XXL 9800 capsule
    - **Date of Recall:** 11/29/2023
    - **Reason for recall:** Undeclared Sildenafil
    - **Link to more information:** https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/meta-herbal-issues-voluntary-nationwide-recall-magnum-xxl-9800-capsules-due-presence-undeclared
    - **Health Plan Recommendation:** Notify providers via Medical Policy Alert

## Other Formulary Changes:

| Drug Name | Recommendation | Policy Name |
|---|---|---|

| | | |
|---|---|---|
| • **Dalfampridine (Ampyra) Tab ER**<br>• **Glatiramer acetate (Copaxone) Syringe**<br>• **Fingolimod hcl (Gilenya) 0.5 mg Capsule** | Remove brand-name formulations from Commercial formulary<br>Effective: 5/1/2024 | Brand Over Generic |
| **Metronidazole (Likmez) Oral Susp** | New strength (500mg/5ml) and dosage form (oral susp); Non-formulary for all lines of business | N/A |
| **Miglustat (Opfolda) Capsule** | New strength; Assign along with Pombiliti;<br>• Commercial/Medicaid: Non-Formulary, Prior Authorization<br>• Medicare Part D: Non-Formulary | • Commercial/Medicaid: Medications For Rare Indications<br>• Medicare Part D: N/A |
| **Nalmefene hcl (Opvee) Spray** | New strength (2.7mg), route (nasal), dosage form (spray);<br>• Commercial/Medicare Part D: Formulary, Tier 3<br>• Medicaid: Formulary | N/A |
| **Trientine hcl Capsule** | New strength (500mg);<br>• Commercial/Medicaid: Non-Formulary, Prior Authorization<br>• Medicare Part D: Non-Formulary | • Commercial/Medicaid: New Medications and Formulations without Established Benefit<br>• Medicare Part D: N/A |
| **Cantharidin (Ycanth) Sol w/Appl** | New dosage form (solution w/applicator);<br>• Covered Medical benefit for all lines of business | N/A |
| • **Avapritinib (Ayvakit) Tablet**<br>• **Lenvatinib mesylate (Lenvima) 4 mg Capsule** | Add to Medicaid formulary with Prior Authorization | Oral Anti-Cancer Medications |
| **Glipizide 2.5 mg tablet** | New strength. Add to formulary:<br>• Commercial: Formulary, Tier 1<br>• Medicaid: Formulary | N/A |

| | | |
|---|---|---|
| | • Medicare Part D: Formulary, Tier 1 | |
| **Buprenorphine 8 mg sublingual tablets** | Increase quantity limit for all lines of business from 3 per day to 4 per day | N/A |

**The formulary status for the following drugs was line extended in accordance with Providence Health Plan Pharmacy Operational Policy ORPTCOPS062**

**INFORMATIONAL ONLY**

| NEW DRUGS / COMBINATIONS / STRENGTHS / DOSAGE FORMS | | |
|---|---|---|
| **Drug Name** | **Action Taken** | **Policy Name** |
| **Sotagliflozin (Inpefa) Tablet** | New strength. Line extend with Oct 23 P&T Decision;<br>• Commercial: Non-Formulary, Quantity Limit (60 tablets per 30 days)<br>• Medicaid: Formulary, Prior Authorization, Quantity Limit (60 tablets per 30 days)<br>• Medicare Part D: Non-Formulary | Medicaid: SGLT-2 Inhibitors |
| **Methotrexate (Jylamvo) Solution** | New strength (2mg/ml). Line extend with Xatmep;<br>• Commercial/Medicaid: Non-Formulary<br>• Medicare Part D: Formulary, Tier 4 | N/A |
| **Alpha-1-proteinase inhibitor (Zemaira) Vial** | New strengths (4,000mg, 5,000mg). Line extend with Zemaira 1,000mg vial;<br>• Medical Benefit, Prior Authorization for all lines of business | Alpha-1 Proteinase Inhibitors |
| **Entrectinib (Rozlytrek) Pelet Pack** | New strength (50mg) and dosage form (pellet pack). Line extend with Rozlytrek capsule; | Oral Anti-Cancer Medications |

| | | |
|---|---|---|
| | • Commercial: Formulary, Tier 6, Prior Authorization<br>• Medicaid: Formulary, Prior Authorization<br>• Medicare Part D: Formulary, Tier 5, Prior Authorization | |
| **Crizotinib (Xalkori) Pel DSP CP** | New strengths (20mg, 50mg, 150mg) and dosage form (pellet). Line extend with Xalkori capsules;<br>• Commercial: Formulary, Tier 6, Prior Authorization<br>• Medicaid: Formulary, Prior Authorization<br>• Medicare Part D: Formulary, Tier 5, Prior Authorization | Oral Anti-Cancer Medications |
| **Adalimumab-atto (Amjevita(CF)) Auto Injct / Syringe** | New strengths (20mg/0.2ml, 40 mg/0.4mL, 80mg/0.8mL). Line extend as non-preferred biosimilar;<br>• Commercial: Non-Formulary, Prior Authorization, Quantity Limit (2 syringes per 28 days)<br>• Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (2 syringes per 28 days), Specialty<br>• Medicare Part D: Non-Formulary | • Commercial/Medicaid: Therapeutic Immunomodulators (TIMS) / Self-Administered Drugs (SAD) Policy<br>• Medicare Part D: N/A |
| **adalimumab-aaty (Yuflyma(CF) / Yuflyma(CF) AI Crohn's-UC-HS) Autoinjkit** | New kit. Line extend as non-preferred biosimilar;<br>• Commercial: Non-Formulary, Prior Authorization, Quantity Limit (2 syringes per 28 days) | • Commercial/Medicaid: Therapeutic Immunomodulators (TIMS) / Self-Administered Drugs (SAD) Policy<br>• Medicare Part D: N/A |

| | | |
|---|---|---|
| | • Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (2 syringes per 28 days), Specialty<br>• Medicare Part D: Non-Formulary | |
| **Meningococ a,c,y,w-135,tt comp/n. Mening b,fhbp rec comp/pf (Penbraya) Kit** | New entity. Line extend with meningococcal vaccines;<br>• Commercial: Preventive, Quantity Limit (1 dose (0.5ml) per day)<br>• Medicaid: Medical benefit<br>• Medicare Part D: Formulary, Tier 3 | Operational Policy - Vaccine Program - (excluding influenza and pneumococcal conjugate vaccine) |
| **Estradiol/progesterone (Bijuva) Capsule** | New strength (0.5mg/100mg). Line extend with Bijuva 1mg/100mg strength;<br>• Commercial: Formulary, Tier 4<br>• Medicaid/Medicare Part D: Non-Formulary | N/A |
| **Lipase/protease/amylase (Zenpep) Capsule DR** | New strength. Line extend with other Zenpep;<br>• Commercial: Formulary, Tier 3<br>• Medicaid: Formulary<br>• Medicare Part D: Formulary, Tier 3 | N/A |
| **Immune globulin, gamma (igg)/proline/iga (Hizentra) Syringe** | New strength (10gm/50ml). Line extend with Hizentra;<br>• Commercial: Formulary, Tier 6, Prior Authorization<br>• Medicaid: Formulary, Prior Authorization, Specialty<br>• Medicare Part D: Non- Formulary, Prior Authorization | Immune Gamma Globulin (IGG) |
| **Roflumilast (Zoryve) Foam** | New dosage form. Line extend with Zoryve cream; | Vtama, Zoryve |

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|---|---|---|
| | • Commercial/Medicaid: Non-Formulary, Prior Authorization, Quantity Limit (60 grams per 30 days)<br>• Medicare Part D: Non-Formulary | |

| NEW GENERICS | | |
|---|---|---|
| **Drug Name** | **Action Taken** | **Policy Name** |
| **Fluticasone propionate Blst w/Dev** | First generic (Flovent Diskus). Line extend as generic;<br>• Commercial/Medicaid: Non-Formulary<br>• Medicare Part D: Formulary, Tier 3 | N/A |
| **Pitavastatin calcium Tablet** | First generic drug (Livalo). Line extend as generic;<br>• Commercial Standard: Formulary, Tier 2, Quantity Limit (1 tablet per day)<br>• Commercial Dynamic: Formulary, Tier 4, Quantity Limit (1 tablet per day)<br>• Medicaid/Medicare Part D: Non-Formulary | N/A |
| **Spironolactone Oral Susp** | First generic drug (Carospir). Line extend as generic;<br>• Non-formulary for all lines of business | N/A |
| **Teriparatide Pen Injctr** | First generic (Forteo). Line extend as generic;<br>• Commercial: Formulary, Tier 6, Prior Authorization<br>• Medicaid: Non-Formulary, Prior Authorization<br>• Medicare Part D: Non-Formulary | Osteoanabolic Agents |

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|---|---|---|
| **Cyanocobalamin Spray** | First generic drug (Nascobol). Line extend as generic;<br>Non-formulary for all lines of business | N/A |
| **Dextroamphetamine Sulfate Tablet** | First generic drug (Zenzedi). Line extend as generic;<br>• Non-formulary for all lines of business | N/A |
| **Podofilox Gel (Gram)** | First generic drug (Condylox). Line extend as generic;<br>• Commercial Standard: Formulary, Tier 2<br>• Commercial Dynamic: Formulary, Tier 4<br>• Medicaid: Formulary<br>• Medicare Part D: Non- Formulary | N/A |
| **Risperidone microspheres (Risperidone ER) Vial;** | First generic drug (Risperdal Consta). Line extend as generic;<br>• Commercial: Medical Benefit<br>• Medicaid: Covered by DMAP<br>• Medicare Part D: Formulary, Tier 5 (12.5 mg strength is Tier 4)<br>• Medicare Part B: Medical benefit | N/A |

## Clinical Policy Changes:

| MAJOR CHANGES | |
|---|---|
| **Policy Name** | **Summary of Change** |
| **Anti-Amyloid Monoclonal Antibodies - Medicaid** | Created new policy to align with criteria created by Oregon Health Authority (OHA). |
| **Anti-Amyloid Monoclonal Antibodies Prior Authorization and Step Therapy Policy - Medicare Part B** | Split policy from Commercial due to differing coverage. |
| **Cabenuva** | Removed prior authorization for Medicare Part B due to protected class status |

| | |
|---|---|
| **Fertility and Related Medications** | For groups with fertility preservation benefits, adding coverage for patients with sickle cell disease. |
| **Filspari** | Updated EGFR cut-off criteria to align with package labeling |
| **Gonadotropin Releasing Hormone Agonists** | Removed Lupaneta and Vantas from the policy as drugs are now obsolete. For gender dysphoria, clarified that only diagnosis is required for coverage for Medicaid to align with OHA criteria. Added requirement of failure of oral contraceptives for endometriosis. |
| **Gonadotropin Releasing Hormone Agonists - Medicare Part B** | Removed Lupaneta and Vantas from the policy as drugs are now obsolete. Added requirement of failure of oral contraceptives for endometriosis. |
| • **Injectable Anti-Cancer Medications**<br>• **Injectable Anti-Cancer Medications - Medicare Part B** | Policy renamed to "Anti-cancer medications (Medical Benefit)". The following drugs have been removed from the policy:<br>1. Besremi, Actimmune - billed through pharmacy benefit so moved to self-administered anti-cancer medications policy<br>2. Pepaxto, Synribo - obsolete drug |
| **Oral Anti-Cancer Medications** | Policy renamed to "Anti-cancer medications (Self-Administered)". Policy Changes: Added quantity limits to several medications. |
| • **Rituximab**<br>• **Rituximab Prior Authorization and Step Therapy Policy - Medicare Part B** | Clarified requirement for use of targeted immune modulators for rheumatoid arthritis |
| **Soolantra Step Therapy Policy** | Added azelaic acid and duration for t/f to policy, update position statement. |
| **T-Cell Therapy** | Simplified criteria for initial approval to align for all agents. Clarified exclusion criteria for combination use to allow for initiation of secondary agent after disease progression. |

## APPENDIX

*Acupuncture*

| CPT Codes | |
|---|---|
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) |
| 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) |

| Medically Necessary Diagnosis Codes | |
|---|---|
| G43.001-G43.919 | Migraine |
| G44.201 | Tension-type headache, unspecified, intractable |
| G44.209 | Tension-type headache, unspecified, not intractable |
| G44.211 | Episodic tension-type headache, intractable |
| G44.219 | Episodic tension-type headache, not intractable |
| G44.221-G44.229 | Chronic tension-type headache |
| G44.301-G44.329 | Post traumatic headache |
| G89.11 | Acute pain due to trauma |
| G89.12 | Acute post-thoracotomy pain |
| G89.18 | Other acute postprocedural pain |
| G89.21 | Chronic pain due to trauma |
| G89.22 | Chronic post-thoracotomy pain |
| G89.28 | Other chronic postprocedural pain |
| G89.29 | Other chronic pain |
| G89.3 | Neoplasm related pain (acute) (chronic) |
| G89.4 | Chronic pain syndrome |

| | |
|---|---|
| K91.0 | Vomiting following gastrointestinal surgery |
| M16.0- M16.9 | Osteoarthritis of hip |
| M17.0- M17.9 | Osteoarthritis of knee |
| M18.0- M18.9 | Osteoarthritis of first carpometacarpal joint |
| M19.011- M19.93 | Other and unspecified osteoarthritis |
| M25.511 | Pain in right shoulder |
| M25.512 | Pain in left shoulder |
| M25.519 | Pain in unspecified shoulder |
| M25.521 | Pain in right elbow |
| M25.522 | Pain in left elbow |
| M25.529 | Pain in unspecified elbow |
| M25.531 | Pain in right wrist |
| M25.532 | Pain in left wrist |
| M25.539 | Pain in unspecified wrist |
| M25.541 | Pain in joints of right hand |
| M25.542 | Pain in joints of left hand |
| M25.549 | Pain in joints of unspecified hand |
| M25.551 | Pain in right hip |
| M25.552 | Pain in left hip |
| M25.559 | Pain in unspecified hip |
| M25.561 | Pain in right knee |
| M25.562 | Pain in left knee |
| M25.569 | Pain in unspecified knee |
| M25.571 | Pain in right ankle and joints of right foot |
| M25.572 | Pain in left ankle and joints of left foot |
| M25.579 | Pain in unspecified ankle and joints of unspecified foot |
| M47.11 | Other spondylosis with myelopathy, occipito-atlanto-axial region |
| M47.12 | Other spondylosis with myelopathy, cervical region |
| M47.13 | Other spondylosis with myelopathy, cervicothoracic region |

| | |
|---|---|
| M47.16 | Other spondylosis with myelopathy, lumbar region |
| M47.21 | Other spondylosis with radiculopathy, occipito-atlanto-axial region |
| M47.22 | Other spondylosis with radiculopathy, cervical region |
| M47.23 | Other spondylosis with radiculopathy, cervicothoracic region |
| M47.24 | Other spondylosis with radiculopathy, thoracic region |
| M47.25 | Other spondylosis with radiculopathy, thoracolumbar region |
| M47.26 | Other spondylosis with radiculopathy, lumbar region |
| M47.27 | Other spondylosis with radiculopathy, lumbosacral region |
| M47.28 | Other spondylosis with radiculopathy, sacral and sacrococcygeal region |
| M47.811 | Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region |
| M47.812 | Spondylosis without myelopathy or radiculopathy, cervical region |
| M47.813 | Spondylosis without myelopathy or radiculopathy, cervicothoracic region |
| M47.814 | Spondylosis without myelopathy or radiculopathy, thoracic region |
| M47.815 | Spondylosis without myelopathy or radiculopathy, thoracolumbar region |
| M47.816 | Spondylosis without myelopathy or radiculopathy, lumbar region |
| M47.817 | Spondylosis without myelopathy or radiculopathy, lumbosacral region |
| M47.818 | Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region |
| M47.891 | Other spondylosis, occipito-atlanto-axial region |
| M47.892 | Other spondylosis, cervical region |
| M47.893 | Other spondylosis, cervicothoracic region |
| M47.894 | Other spondylosis, thoracic region |
| M47.895 | Other spondylosis, thoracolumbar region |
| M47.896 | Other spondylosis, lumbar region |
| M47.897 | Other spondylosis, lumbosacral region |
| M47.898 | Other spondylosis, sacral and sacrococcygeal region |
| M48.01 | Spinal stenosis, occipito-atlanto-axial region |
| M48.02 | Spinal stenosis, cervical region |
| M48.03 | Spinal stenosis, cervicothoracic region |
| M48.04 | Spinal stenosis, thoracic region |

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| M48.05 | Spinal stenosis, thoracolumbar region |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.07 | Spinal stenosis, lumbosacral region |
| M48.08 | Spinal stenosis, sacral and sacrococcygeal region |
| M50.00 | Cervical disc disorder with myelopathy, unspecified cervical region |
| M50.01 | Cervical disc disorder with myelopathy, high cervical region |
| M50.020 | Cervical disc disorder with myelopathy, mid-cervical region, unspecified level |
| M50.021 | Cervical disc disorder at C4-C5 level with myelopathy |
| M50.022 | Cervical disc disorder at C5-C6 level with myelopathy |
| M50.023 | Cervical disc disorder at C6-C7 level with myelopathy |
| M50.03 | Cervical disc disorder with myelopathy, cervicothoracic region |
| M50.11 | Cervical disc disorder with radiculopathy, high cervical region |
| M50.120 | Mid-cervical disc disorder, unspecified level |
| M50.121 | Cervical disc disorder at C4-C5 level with radiculopathy |
| M50.122 | Cervical disc disorder at C5-C6 level with radiculopathy |
| M50.123 | Cervical disc disorder at C6-C7 level with radiculopathy |
| M50.13 | Cervical disc disorder with radiculopathy, cervicothoracic region |
| M50.20 | Other cervical disc displacement, unspecified cervical region |
| M50.21 | Other cervical disc displacement, high cervical region |
| M50.220 | Other cervical disc displacement, mid-cervical region, unspecified level |
| M50.221 | Other cervical disc displacement at C4-C5 level |
| M50.222 | Other cervical disc displacement at C5-C6 level |
| M50.223 | Other cervical disc displacement at C6-C7 level |
| M50.23 | Other cervical disc displacement, cervicothoracic region |
| M50.30 | Other cervical disc degeneration, unspecified cervical region |
| M50.31 | Other cervical disc degeneration, high cervical region |
| M50.320 | Other cervical disc degeneration, mid-cervical region, unspecified level |
| M50.321 | Other cervical disc degeneration at C4-C5 level |
| M50.322 | Other cervical disc degeneration at C5-C6 level |

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| M50.323 | Other cervical disc degeneration at C6-C7 level |
| M50.33 | Other cervical disc degeneration, cervicothoracic region |
| M51.06 | Intervertebral disc disorders with myelopathy, lumbar region |
| M51.14 | Intervertebral disc disorders with radiculopathy, thoracic region |
| M51.15 | Intervertebral disc disorders with radiculopathy, thoracolumbar region |
| M51.16 | Intervertebral disc disorders with radiculopathy, lumbar region |
| M51.17 | Intervertebral disc disorders with radiculopathy, lumbosacral region |
| M51.24 | Other intervertebral disc displacement, thoracic region |
| M51.25 | Other intervertebral disc displacement, thoracolumbar region |
| M51.26 | Other intervertebral disc displacement, lumbar region |
| M51.27 | Other intervertebral disc displacement, lumbosacral region |
| M51.34 | Other intervertebral disc degeneration, thoracic region |
| M51.35 | Other intervertebral disc degeneration, thoracolumbar region |
| M51.36 | Other intervertebral disc degeneration, lumbar region |
| M51.37 | Other intervertebral disc degeneration, lumbosacral region |
| M51.84 | Other intervertebral disc disorders, thoracic region |
| M51.85 | Other intervertebral disc disorders, thoracolumbar region |
| M51.86 | Other intervertebral disc disorders, lumbar region |
| M51.87 | Other intervertebral disc disorders, lumbosacral region |
| M51.A1 | Intervertebral annulus fibrosus defect, small, lumbar region |
| M51.A2 | Intervertebral annulus fibrosus defect, large, lumbar region |
| M51.A4 | Intervertebral annulus fibrosus defect, small, lumbosacral region |
| M51.A5 | Intervertebral annulus fibrosus defect, large, lumbosacral region |
| M53.0 | Cervicocranial syndrome |
| M53.1 | Cervicobrachial syndrome |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M54.2 | Cervicalgia |
| M54.30-M54.32 | Sciatica |

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| M54.40-M54.42 | Lumbago with sciatica |
| M54.50 | Low back pain, unspecified |
| M54.51 | Vertebrogenic low back pain |
| M54.59 | Other low back pain |
| M54.6 | Pain in thoracic spine |
| M54.89 | Other dorsalgia |
| M54.9 | Dorsalgia, unspecified |
| M77.40 | Metatarsalgia, unspecified foot |
| M77.41 | Metatarsalgia, right foot |
| M77.42 | Metatarsalgia, left foot |
| M79.11 | Myalgia of mastication muscle |
| M79.12 | Myalgia of auxillary muscles, head and neck |
| M79.18 | Myalgia, other site |
| M79.2 | Neuralgia and neuritis, unspecified |
| M79.601 | Pain in right arm |
| M79.602 | Pain in left arm |
| M79.603 | Pain in arm, unspecified |
| M79.604 | Pain in right leg |
| M79.605 | Pain in left leg |
| M79.606 | Pain in leg, unspecified |
| M79.621 | Pain in right upper arm |
| M79.622 | Pain in left upper arm |
| M79.629 | Pain in unspecified upper arm |
| M79.631 | Pain in right forearm |
| M79.632 | Pain in left forearm |
| M79.639 | Pain in unspecified forearm |
| M79.641 | Pain in right hand |
| M79.642 | Pain in left hand |
| M79.643 | Pain in unspecified hand |

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| M79.644 | Pain in right finger(s) |
| M79.645 | Pain in left finger(s) |
| M79.646 | Pain in unspecified finger(s) |
| M79.651 | Pain in right thigh |
| M79.652 | Pain in left thigh |
| M79.659 | Pain in unspecified thigh |
| M79.661 | Pain in right lower leg |
| M79.662 | Pain in left lower leg |
| M79.669 | Pain in unspecified lower leg |
| M79.671 | Pain in right foot |
| M79.672 | Pain in left foot |
| M79.673 | Pain in unspecified foot |
| M79.674 | Pain in right toe(s) |
| M79.675 | Pain in left toe(s) |
| M79.676 | Pain in unspecified toe(s) |
| M79.7 | Fibromyalgia |
| M99.01 | Segmental and somatic dysfunction of cervical region |
| M99.02 | Segmental and somatic dysfunction of thoracic region |
| M99.03 | Segmental and somatic dysfunction of lumbar region |
| M99.04 | Segmental and somatic dysfunction of sacral region |
| M99.05 | Segmental and somatic dysfunction of pelvic region |
| M99.06 | Segmental and somatic dysfunction of lower extremity |
| M99.07 | Segmental and somatic dysfunction of upper extremity |
| M99.08 | Segmental and somatic dysfunction of rib cage |
| M99.11 | Subluxation complex (vertebral) of cervical region |
| M99.12 | Subluxation complex (vertebral) of thoracic region |
| M99.13 | Subluxation complex (vertebral) of lumbar region |
| M99.14 | Subluxation complex (vertebral) of sacral region |
| M99.15 | Subluxation complex (vertebral) of pelvic region |

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| M99.16 | Subluxation complex (vertebral) of lower extremity |
| M99.17 | Subluxation complex (vertebral) of upper extremity |
| M99.18 | Subluxation complex (vertebral) of rib cage |
| M99.21 | Subluxation stenosis of neural canal of cervical region |
| M99.22 | Subluxation stenosis of neural canal of thoracic region |
| M99.23 | Subluxation stenosis of neural canal of lumbar region |
| M99.24 | Subluxation stenosis of neural canal of sacral region |
| M99.25 | Subluxation stenosis of neural canal of pelvic region |
| M99.26 | Subluxation stenosis of neural canal of lower extremity |
| M99.27 | Subluxation stenosis of neural canal of upper extremity |
| M99.28 | Subluxation stenosis of neural canal of rib cage |
| M99.31 | Osseous stenosis of neural canal of cervical region |
| M99.32 | Osseous stenosis of neural canal of thoracic region |
| M99.33 | Osseous stenosis of neural canal of lumbar region |
| M99.34 | Osseous stenosis of neural canal of sacral region |
| M99.35 | Osseous stenosis of neural canal of pelvic region |
| M99.36 | Osseous stenosis of neural canal of lower extremity |
| M99.37 | Osseous stenosis of neural canal of upper extremity |
| M99.38 | Osseous stenosis of neural canal of rib cage |
| M99.41 | Connective tissue stenosis of neural canal of cervical region |
| M99.42 | Connective tissue stenosis of neural canal of thoracic region |
| M99.43 | Connective tissue stenosis of neural canal of lumbar region |
| M99.44 | Connective tissue stenosis of neural canal of sacral region |
| M99.45 | Connective tissue stenosis of neural canal of pelvic region |
| M99.46 | Connective tissue stenosis of neural canal of lower extremity |
| M99.47 | Connective tissue stenosis of neural canal of upper extremity |
| M99.48 | Connective tissue stenosis of neural canal of rib cage |
| M99.51 | Intervertebral disc stenosis of neural canal of cervical region |
| M99.52 | Intervertebral disc stenosis of neural canal of thoracic region |

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| M99.53 | Intervertebral disc stenosis of neural canal of lumbar region |
| M99.54 | Intervertebral disc stenosis of neural canal of sacral region |
| M99.55 | Intervertebral disc stenosis of neural canal of pelvic region |
| M99.56 | Intervertebral disc stenosis of neural canal of lower extremity |
| M99.57 | Intervertebral disc stenosis of neural canal of upper extremity |
| M99.58 | Intervertebral disc stenosis of neural canal of rib cage |
| M99.61 | Osseous and subluxation stenosis of intervertebral foramina of cervical region |
| M99.62 | Osseous and subluxation stenosis of intervertebral foramina of thoracic region |
| M99.63 | Osseous and subluxation stenosis of intervertebral foramina of lumbar region |
| M99.64 | Osseous and subluxation stenosis of intervertebral foramina of sacral region |
| M99.65 | Osseous and subluxation stenosis of intervertebral foramina of pelvic region |
| M99.66 | Osseous and subluxation stenosis of intervertebral foramina of lower extremity |
| M99.67 | Osseous and subluxation stenosis of intervertebral foramina of upper extremity |
| M99.68 | Osseous and subluxation stenosis of intervertebral foramina of rib cage |
| M99.71 | Connective tissue and disc stenosis of intervertebral foramina of cervical region |
| M99.72 | Connective tissue and disc stenosis of intervertebral foramina of thoracic region |
| M99.73 | Connective tissue and disc stenosis of intervertebral foramina of lumbar region |
| M99.74 | Connective tissue and disc stenosis of intervertebral foramina of sacral region |
| M99.75 | Connective tissue and disc stenosis of intervertebral foramina of pelvic region |
| M99.76 | Connective tissue and disc stenosis of intervertebral foramina of lower extremity |
| M99.77 | Connective tissue and disc stenosis of intervertebral foramina of upper extremity |
| M99.78 | Connective tissue and disc stenosis of intervertebral foramina of rib cage |
| O21.0- O21.9 | Excessive vomiting in pregnancy |
| R07.82 | Intercostal pain |
| R07.9 | Chest pain, unspecified |
| R11.0 | Nausea |
| R11.10 | Vomiting, unspecified |
| R11.11 | Vomiting without nausea |
| R11.12 | Projectile vomiting |

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| R11.2 | Nausea with vomiting, unspecified |
| R51.0 | Headache with orthostatic component, not elsewhere classified |
| R51.9 | Headache, unspecified |
| S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| S13.4XXD | Sprain of ligaments of cervical spine, subsequent encounter |
| S13.4XXS | Sprain of ligaments of cervical spine, sequela |
| S13.8XXA | Sprain of joints and ligaments of other parts of neck, initial encounter |
| S13.8XXD | Sprain of joints and ligaments of other parts of neck, subsequent encounter |
| S13.8XXS | Sprain of joints and ligaments of other parts of neck, sequela |
| S16.1XXA | Strain of muscle, fascia and tendon at neck level, initial encounter |
| S16.1XXD | Strain of muscle, fascia and tendon at neck level, subsequent encounter |
| S16.1XXS | Strain of muscle, fascia and tendon at neck level, sequela |
| S16.8XXA | Other specified injury of muscle, fascia and tendon at neck level, initial encounter |
| S16.8XXD | Other specified injury of muscle, fascia and tendon at neck level, subsequent encounter |
| S16.8XXS | Other specified injury of muscle, fascia and tendon at neck level, sequela |
| S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| S23.3XXD | Sprain of ligaments of thoracic spine, subsequent encounter |
| S23.3XXS | Sprain of ligaments of thoracic spine, sequela |
| S23.8XXA | Sprain of other specified parts of thorax, initial encounter |
| S23.8XXD | Sprain of other specified parts of thorax, subsequent encounter |
| S23.8XXS | Sprain of other specified parts of thorax, sequela |
| S29.011A | Strain of muscle and tendon of front wall of thorax, initial encounter |
| S29.011D | Strain of muscle and tendon of front wall of thorax, subsequent encounter |
| S29.011S | Strain of muscle and tendon of front wall of thorax, sequela |
| S29.012A | Strain of muscle and tendon of back wall of thorax, initial encounter |
| S29.012D | Strain of muscle and tendon of back wall of thorax, subsequent encounter |
| S29.012S | Strain of muscle and tendon of back wall of thorax, sequela |
| S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| S33.5XXD | Sprain of ligaments of lumbar spine, subsequent encounter |

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| S33.5XXS | Sprain of ligaments of lumbar spine, sequela |
| S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| S33.6XXD | Sprain of sacroiliac joint, subsequent encounter |
| S33.6XXS | Sprain of sacroiliac joint, sequela |
| S33.8XXA | Sprain of other parts of lumbar spine and pelvis, initial encounter |
| S33.8XXD | Sprain of other parts of lumbar spine and pelvis, subsequent encounter |
| S33.8XXS | Sprain of other parts of lumbar spine and pelvis, sequela |
| S39.012A | Strain of muscle, fascia and tendon of lower back, initial encounter |
| S39.012D | Strain of muscle, fascia and tendon of lower back, subsequent encounter |
| S39.012S | Strain of muscle, fascia and tendon of lower back, sequela |
| S39.013A | Strain of muscle, fascia and tendon of pelvis, initial encounter |
| S39.013D | Strain of muscle, fascia and tendon of pelvis, subsequent encounter |
| S39.013S | Strain of muscle, fascia and tendon of pelvis, sequela |
| S43.491A | Other sprain of right shoulder joint, initial encounter |
| S43.491D | Other sprain of right shoulder joint, subsequent encounter |
| S43.491S | Other sprain of right shoulder joint, sequela |
| S43.492A | Other sprain of left shoulder joint, initial encounter |
| S43.492D | Other sprain of left shoulder joint, subsequent encounter |
| S43.492S | Other sprain of left shoulder joint, sequela |
| S43.81XA | Sprain of other specified parts of right shoulder girdle, initial encounter |
| S43.81XD | Sprain of other specified parts of right shoulder girdle, subsequent encounter |
| S43.81XS | Sprain of other specified parts of right shoulder girdle, sequela |
| S43.82XA | Sprain of other specified parts of left shoulder girdle, initial encounter |
| S43.82XD | Sprain of other specified parts of left shoulder girdle, subsequent encounter |
| S43.82XS | Sprain of other specified parts of left shoulder girdle, sequela |
| S46.811A | Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter |
| S46.811D | Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter |
| S46.811S | Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela |
| S46.812A | Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter |

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| S46.812D | Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter |
| S46.812S | Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela |
| S53.411A | Radiohumeral (joint) sprain of right elbow, initial encounter |
| S53.411D | Radiohumeral (joint) sprain of right elbow, subsequent encounter |
| S53.411S | Radiohumeral (joint) sprain of right elbow, sequela |
| S53.412A | Radiohumeral (joint) sprain of left elbow, initial encounter |
| S53.412D | Radiohumeral (joint) sprain of left elbow, subsequent encounter |
| S53.412S | Radiohumeral (joint) sprain of left elbow, sequela |
| S53.419A | Radiohumeral (joint) sprain of unspecified elbow, initial encounter |
| S53.419D | Radiohumeral (joint) sprain of unspecified elbow, subsequent encounter |
| S53.419S | Radiohumeral (joint) sprain of unspecified elbow, sequela |
| S53.421A | Ulnohumeral (joint) sprain of right elbow, initial encounter |
| S53.421D | Ulnohumeral (joint) sprain of right elbow, subsequent encounter |
| S53.421S | Ulnohumeral (joint) sprain of right elbow, sequela |
| S53.422A | Ulnohumeral (joint) sprain of left elbow, initial encounter |
| S53.422D | Ulnohumeral (joint) sprain of left elbow, subsequent encounter |
| S53.422S | Ulnohumeral (joint) sprain of left elbow, sequela |
| S53.429A | Ulnohumeral (joint) sprain of unspecified elbow, initial encounter |
| S53.429D | Ulnohumeral (joint) sprain of unspecified elbow, subsequent encounter |
| S53.429S | Ulnohumeral (joint) sprain of unspecified elbow, sequela |
| S53.431A | Radial collateral ligament sprain of right elbow, initial encounter |
| S53.431D | Radial collateral ligament sprain of right elbow, subsequent encounter |
| S53.431S | Radial collateral ligament sprain of right elbow, sequela |
| S53.432A | Radial collateral ligament sprain of left elbow, initial encounter |
| S53.432D | Radial collateral ligament sprain of left elbow, subsequent encounter |
| S53.432S | Radial collateral ligament sprain of left elbow, sequela |
| S53.439A | Radial collateral ligament sprain of unspecified elbow, initial encounter |
| S53.439D | Radial collateral ligament sprain of unspecified elbow, subsequent encounter |
| S53.439S | Radial collateral ligament sprain of unspecified elbow, sequela |

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| S53.441A | Ulnar collateral ligament sprain of right elbow, initial encounter |
| S53.441D | Ulnar collateral ligament sprain of right elbow, subsequent encounter |
| S53.441S | Ulnar collateral ligament sprain of right elbow, sequela |
| S53.442A | Ulnar collateral ligament sprain of left elbow, initial encounter |
| S53.442D | Ulnar collateral ligament sprain of left elbow, subsequent encounter |
| S53.442S | Ulnar collateral ligament sprain of left elbow, sequela |
| S53.449A | Ulnar collateral ligament sprain of unspecified elbow, initial encounter |
| S53.449D | Ulnar collateral ligament sprain of unspecified elbow, subsequent encounter |
| S53.449S | Ulnar collateral ligament sprain of unspecified elbow, sequela |
| S53.491A | Other sprain of right elbow, initial encounter |
| S53.491D | Other sprain of right elbow, subsequent encounter |
| S53.491S | Other sprain of right elbow, sequela |
| S53.492A | Other sprain of left elbow, initial encounter |
| S53.492D | Other sprain of left elbow, subsequent encounter |
| S53.492S | Other sprain of left elbow, sequela |
| S63.591A | Other specified sprain of right wrist, initial encounter |
| S63.591D | Other specified sprain of right wrist, subsequent encounter |
| S63.591S | Other specified sprain of right wrist, sequela |
| S63.592A | Other specified sprain of left wrist, initial encounter |
| S63.592D | Other specified sprain of left wrist, subsequent encounter |
| S63.592S | Other specified sprain of left wrist, sequela |
| S63.8X1A | Sprain of other part of right wrist and hand, initial encounter |
| S63.8X1D | Sprain of other part of right wrist and hand, subsequent encounter |
| S63.8X1S | Sprain of other part of right wrist and hand, sequela |
| S63.8X2A | Sprain of other part of left wrist and hand, initial encounter |
| S63.8X2D | Sprain of other part of left wrist and hand, subsequent encounter |
| S63.8X2S | Sprain of other part of left wrist and hand, sequela |
| S73.191A | Other sprain of right hip, initial encounter |
| S73.191D | Other sprain of right hip, subsequent encounter |

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| S73.191S | Other sprain of right hip, sequela |
| S73.192A | Other sprain of left hip, initial encounter |
| S73.192D | Other sprain of left hip, subsequent encounter |
| S73.192S | Other sprain of left hip, sequela |
| S83.411A | Sprain of medial collateral ligament of right knee, initial encounter |
| S83.411D | Sprain of medial collateral ligament of right knee, subsequent encounter |
| S83.411S | Sprain of medial collateral ligament of right knee, sequela |
| S83.412A | Sprain of medial collateral ligament of left knee, initial encounter |
| S83.412D | Sprain of medial collateral ligament of left knee, subsequent encounter |
| S83.412S | Sprain of medial collateral ligament of left knee, sequela |
| S83.421A | Sprain of lateral collateral ligament of right knee, initial encounter |
| S83.421D | Sprain of lateral collateral ligament of right knee, subsequent encounter |
| S83.421S | Sprain of lateral collateral ligament of right knee, sequela |
| S83.422A | Sprain of lateral collateral ligament of left knee, initial encounter |
| S83.422D | Sprain of lateral collateral ligament of left knee, subsequent encounter |
| S83.422S | Sprain of lateral collateral ligament of left knee, sequela |
| S83.511A | Sprain of anterior cruciate ligament of right knee, initial encounter |
| S83.511D | Sprain of anterior cruciate ligament of right knee, subsequent encounter |
| S83.511S | Sprain of anterior cruciate ligament of right knee, sequela |
| S83.512A | Sprain of anterior cruciate ligament of left knee, initial encounter |
| S83.512D | Sprain of anterior cruciate ligament of left knee, subsequent encounter |
| S83.512S | Sprain of anterior cruciate ligament of left knee, sequela |
| S83.521A | Sprain of posterior cruciate ligament of right knee, initial encounter |
| S83.521D | Sprain of posterior cruciate ligament of right knee, subsequent encounter |
| S83.521S | Sprain of posterior cruciate ligament of right knee, sequela |
| S83.522A | Sprain of posterior cruciate ligament of left knee, initial encounter |
| S83.522D | Sprain of posterior cruciate ligament of left knee, subsequent encounter |
| S83.522S | Sprain of posterior cruciate ligament of left knee, sequela |
| S83.8X1A | Sprain of other specified parts of right knee, initial encounter |

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| S83.8X1D | Sprain of other specified parts of right knee, subsequent encounter |
| S83.8X1S | Sprain of other specified parts of right knee, sequela |
| S83.8X2A | Sprain of other specified parts of left knee, initial encounter |
| S83.8X2D | Sprain of other specified parts of left knee, subsequent encounter |
| S83.8X2S | Sprain of other specified parts of left knee, sequela |
| S83.91XA | Sprain of unspecified site of right knee, initial encounter |
| S83.91XD | Sprain of unspecified site of right knee, subsequent encounter |
| S83.91XS | Sprain of unspecified site of right knee, sequela |
| S83.92XA | Sprain of unspecified site of left knee, initial encounter |
| S83.92XD | Sprain of unspecified site of left knee, subsequent encounter |
| S83.92XS | Sprain of unspecified site of left knee, sequela |
| S93.401A | Sprain of unspecified ligament of right ankle, initial encounter |
| S93.401D | Sprain of unspecified ligament of right ankle, subsequent encounter |
| S93.401S | Sprain of unspecified ligament of right ankle, sequela |
| S93.402A | Sprain of unspecified ligament of left ankle, initial encounter |
| S93.402D | Sprain of unspecified ligament of left ankle, subsequent encounter |
| S93.402S | Sprain of unspecified ligament of left ankle, sequela |

## *Chiropractic Manipulation*

| **CPT Codes** | |
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| 98940 | Chiropractic manipulative treatment (CMT); spinal one to two regions |
| 98941 | spinal three to four regions |
| 98942 | spinal five regions |
| 98943 | extraspinal one or more regions |

| **Medically Necessary Diagnosis Codes for Members Age 0-3** | |
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| G24.3 | Spasmodic torticollis |
| G54.0 - G55 | Nerve root and pleus disorders |
| G71.0 - G72.9 | Primary disorders of muscles and other myopthies |

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| G80.0 - G80.9 | Cerebral palsy |
| M05.00 - M08.99 | Rheumatoid arthritis and other inflammatory polyarthropathies |
| M40.00 - M40.51 | Deforming dorsopathies spondylitis and other dorsopathies [ecluding scoliosis] |
| M42.00 -M54.9 | |
| M91.10 - M94.9 | Chondropathies |
| Q65.00 - Q68.8 | Congenital musculoskeletal deformities |
| Q72.70 - Q72.73 | Congenital malformations of lower limb including pelvic girdle |
| Q74.1 - Q74.2 | |
| Q74.0 | Congenital malformations of upper limb including shoulder girdle |
| Q74.9 | |
| Q87.89 | |
| Q76.0 - Q76.49 | Congenital malformations of spine |
| Q77.0 -Q77.1 | Osteochondrodysplasia |
| Q77.4 - Q77.5 | |
| Q77.7 - Q77.9 | |
| Q78.9 | |
| S03.4 | Sprain of jaw |
| S13.0 - S13.9 | Dislocation and sprains of joint and ligaments |
| S23.0 - S23.9 | |
| S33.0 - S33.9 | |
| S43.001 - S43.92 | |
| S53.001 - S53.499 | |
| S63.001 - S63.92 | |
| S73.001 - S73.199 | |
| S83.001 - S83.92 | |
| S93.01 - S93.699 | |
| S14.2 - S14.9 | Injury to nerve roots spinal pleus and other nerves |
| S24.2 - S24.9 | |
| S34.21 - S34.9 | |

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|---|---|
| S16.1 | Strain of muscle fascia and tendon at neck level |
| S23.41 - S23.429 | Sprain of other ribs sternum and pelvis |
| S33.4 | |
| S33.8 - S33.9 | |
| S39.002 | Injury or strain of muscle fascia and tendon of lower back |
| S39.012 | |
| S39.092 | |
| S44.00 - S44.92 | Injury of nerves at shoulder and upper arm level |
| S46.011 - S46.019 | Injury of muscle fascia and tendon at shoulder and upper arm level |
| S46.111 - S46.119 | |
| S46.211 - S46.219 | |
| S46.311 - S46.319 | |
| S46.811 - S46.819 | |
| S46.911 - S46.919 | |
| S74.00 - S74.92 | Injury of nerves at hip and thigh level |
| S76.011 - S76.019 | Injury and strain of muscle fascia and tendon at hip and thigh level |
| S76.111 - S76.119 | |
| S76.211 - S76.219 | |
| S76.311 - S76.319 | |
| S76.811 - S76.819 | |
| S76.911 - S76.919 | |
| S84.00 - S84.92 | Injury of nerves at lower leg level |
| S86.001 - S86.019 | Injury of muscle fascia and tendon at lower leg level |
| S86.111 - S86.119 | |
| S86.211 - S86.219 | |
| S86.311 - S86.319 | |
| S86.811 - S86.819 | |
| S86.911 - S86.919 | |
| S94.00 - S94.92 | Injury of nerves at ankle and foot level |

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| S96.001 - S96.019 | Injury of muscle fascia and tendon at ankle and foot level |
| S96.111 - S96.119 | |
| S96.211 - S96.219 | |
| S96.811 - S96.819 | |
| S96.911 - S96.919 | |

| **Medically Necessary Diagnosis Codes for Members Age 4 and Older** | |
|---|---|
| G24.3 | Spasmodic torticollis |
| G43.001 - G43.919 | Migraine |
| G44.001 - G44.89 | Tension and other headaches |
| G54.0 - G55 | Nerve root and pleus disorders |
| G56.00 - G56.93 | Mononeuritis of upper limb |
| G57.00 - G59 | Mononeuritis of lower limb |
| G71.00 - G72.9 | Muscular dystrophies and other myopathies |
| G80.0 - G80.9 | Cerebral palsy |
| M05.00 - M08.99 | Rheumatoid arthritis and other inflammatory polyarthropathies |
| M12.00 - M13.89 | Other and unspecified arthropathies |
| M15.0 - M19.93 | Osteoarthritis and allied disorders |
| M20.001 - M25.9 | Other joint disorders |
| M26.601 - M26.69 | Temporomandibular joint disorders |
| M35.3 | Rheumatism shoulder lesions and enthesopathies [ecludes back] |
| M75.00 - M79.9 | |
| M40.00 - M40.51 | Deforming dorsopathies spondylitis and other dorsopathies [ecluding scoliosis] |
| M42.00 - M54.9 | |
| M85.30 - M85.39 | Osteitis condensans |
| M89.00 - M89.09 | Algoneurodystrophy |
| M91.10 - M94.9 | Osteochondropathies |
| M95.3 | Acquired deformity of neck |
| M95.5 | Acquired deformity of pelvis |
| M95.8 | Other specified acquired deformities of musculoskeletal system |

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| M95.9 | Acquired deformities of musculoskeletal system unspecified |
| M99.00 - M99.09 | Segmental and somatic dysfunction [allowed by CMS] |
| M99.10 - M99.19 | Subluation comple (vertebral) |
| M99.83 - M99.84 | Other acquired deformity of back or spine |
| Q65.00 - Q68.8 | Congenital musculoskeletal deformities |
| Q74.1 - Q74.2 | Congenital malformations of lower limb including pelvic girdle |
| Q74.0 | Congenital malformations of upper limb including shoulder girdle |
| Q74.9 | |
| Q87.89 | |
| Q76.0 - Q76.49 | Congenital malformations of spine |
| Q77.0 -Q77.1 | Osteochrondrodysplasia |
| Q77.4 - Q77.5 | |
| Q77.7 - Q77.9 | |
| Q78.9 | |
| R51 | Headache |
| S03.40 - S03.42 | Sprain of jaw |
| S13.0 - S13.9 | Dislocation and sprains of joints and ligaments |
| S23.0 - S23.9 | |
| S33.0 - S33.9 | |
| S43.001 - S43.92 | |
| S53.001 - S53.499 | |
| S63.001 - S63.92 | |
| S73.001 - S73.199 | |
| S83.001 - S83.92 | |
| S93.01 - S93.699 | |
| S14.2 - S14.9 | Injuries to nerve root(s) spinal pleus(es) and other nerves |
| S24.2 - S24.9 | |
| S34.21 - S34.9 | |
| S16.1 | Strain of muscle fascia and tendon at neck level |

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|---|---|
| S23.41 - S23.429 | Sprain of other ribs sternum and pelvis |
| S33.4 | |
| S33.8 - S33.9 | |
| S39.002 | Injury or strain of muscle fascia and tendon of lower back |
| S39.012 | |
| S39.092 | |
| S44.00 - S44.92 | Injury of nerves at shoulder and upper arm level |
| S46.011 - S46.019 | Injury of muscle fascia and tendon at shoulder and upper arm level |
| S46.111 - S46.119 | |
| S46.211 - S46.219 | |
| S46.311 - S46.319 | |
| S46.811 - S46.819 | |
| S46.911 - S46.919 | |
| S74.00 - S74.92 | Injury of nerves at hip and thigh level |
| S76.011 - S76.019 | Injury and strain of muscle fascia and tendon at hip and thigh level |
| S76.111 - S76.119 | |
| S76.211 - S76.219 | |
| S76.311 - S76.319 | |
| S76.811 - S76.819 | |
| S76.911 - S76.919 | |
| S84.00 - S84.92 | Injury of nerves at lower leg level |
| S86.001 - S86.019 | Injury of muscle fascia and tendon at lower leg level |
| S86.111 - S86.119 | |
| S86.211 - S86.219 | |
| S86.311 - S86.319 | |
| S86.811 - S86.819 | |
| S86.911 - S86.919 | |
| S94.011 - S94.019 | Injury of nerves at ankle and foot level |
| S94.111 - S94.119 | |

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|---|---|
| S94.211 - S94.219 | |
| S94.311 - S94.319 | |
| S94.811 - S94.819 | |
| S94.911 - S94.919 | |
| S96.001 - S96.019 | Injury of muscle fascia and tendon at ankle and foot level |
| S96.111 - S96.119 | |
| S96.211 - S96.219 | |
| S96.811 - S96.819 | |
| S96.911 - S96.919 | |