# BlueInk℠

## STAY CURRENT WITH THE LATEST NEWS FROM WELLMARK® BLUE CROSS® AND BLUE SHIELD®

Information for Iowa and South Dakota physicians, hospitals and health care providers

**DECEMBER 2020**

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# Everything to know about your millennial patients' (and employees') overall health and well-being

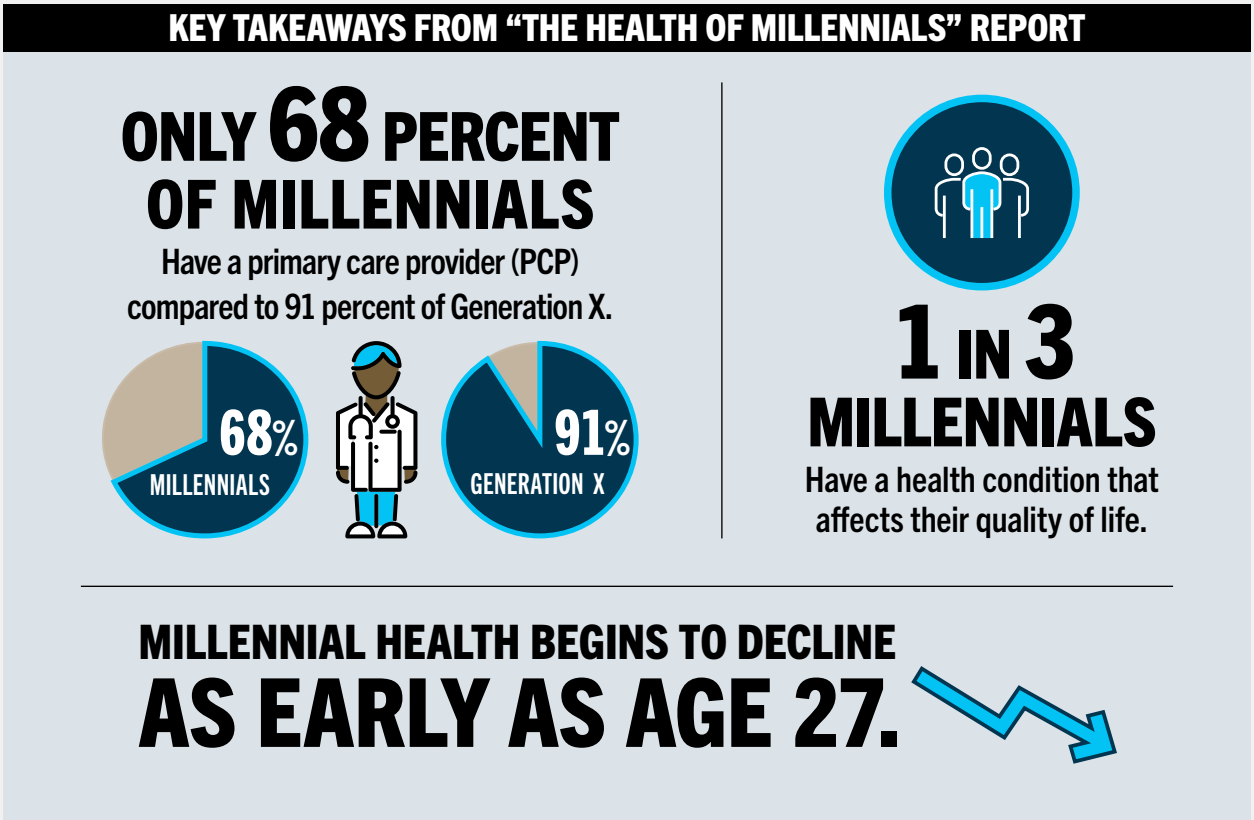
Learn why this matters to you and your practice.

Millennials aren't getting any younger, and their health — according to the **Blue Cross® and Blue Shield® Health of America** report titled, "The Health of Millennials" — isn't getting any better.

While the national report tells the story of the various issues facing millennials, Wellmark Blue Cross and Blue Shield created a one-of-its-kind e-book that provides local data (Iowa and South Dakota), insights from our in-house experts and research. You'll find everything you need within our e-book to better understand your millennials, the severity of their health, and ways you can help.

## Why this information matters to you

It's simple. A few key things to know from the report:

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With this data in mind, we held meaningful discussions in Iowa and South Dakota with various health care providers, millennial professionals, corporate executives, community leaders and human resource managers to better understand the reason this generation's overall health and well-being is in decline.

Consider our key takeaways from our discussions for you and your colleagues to know:

- **PRIMARY CARE PHYSICIANS ARE CHANGING THE WAY THEY VIEW BEHAVIORAL HEALTH,** which includes recognizing the link between mental and physical health.
- **MILLENNIALS WANT INSTANT RESULTS** from medications they are prescribed.
- **MILLENNIALS MENTIONED ACCESS TO PROVIDERS IS CHALLENGING.** With mental health providers in high demand, it's especially difficult to get a timely appointment.
- **SOCIAL DETERMINANTS OF HEALTH CARE NEED TO BE ADDRESSED.** Millennials find it hard to focus on health when distracted by basic needs.
- **MILLENNIALS ARE LOOKING FOR CONVENIENCE** when it comes to their participation and engagement with health and wellness or preventive measures.
- **PROVIDER PARTICIPANTS ECHOED THE NEED FOR EASY DIGITAL EDUCATION** that provides transparency, stresses individual accountability and builds trust with the health care system.

## How to stay in the know with millennial health

Visit our **millennial health e-book page**, and check out our exclusive millennial content on **Wellmark.com/BlueAtWork** for more information, tools and resources to help you address the growing health concerns of millennials.

*This is the 26th study of the Blue Cross Blue Shield, Health of America Report® series, a collaboration between Blue Cross Blue Shield Association and Blue Health Intelligence (BHI), which uses a market-leading claims database to uncover key trends and insights in healthcare affordability and access to care. This report analyzes the data of 55 million commercially.*




### Download the e-book now and start the discussion

When you download this e-book, you'll receive insightful information on your soon-to-be largest patient — and employee — population. When a millennial patient visits your office for sickness or injury, consider having a conversation with them about the significance of annual wellness exams to spot, treat or manage signs of chronic diseases.

By shifting your approach in caring for — and employing millennials — you can help create sustainable change for this generation and their overall health and well-being.

# Resources available on provider portal and via WINS for new medical authorization tool, Jiva

Subscribe to WINS and use digital resources for latest updates on Jiva.

Wellmark recently implemented a new medical authorization tool, Jiva™, to improve the experience of both providers and members when seeking medical authorizations. It allows for electronic submissions of some authorizations that were previously submitted via paper and fax, which will speed up the time in which these authorizations are processed.

Wellmark has made several training resources available for Jiva, including a **comprehensive user guide**, **pre-recorded webinars**, a **questions and answers document**, and a **troubleshooting document**. We encourage providers to use these training materials and the step-by-step User Guide for successful submissions.

The user guide can be found on the **Manage Authorizations page** in the User Guides section, and is titled **Medical Authorization User Guide (Jiva)**.

- It contains helpful step-by-step guides and screenshots on all aspects of using Jiva, including submitting requests, performing InterQual reviews, and extending requests.
- The guide is broken up into easy-to-navigate chapters for ease of use.
- To easily find keywords you are looking for, type Ctrl+F, then type the keyword. This will work in Google Chrome, Internet Explorer, and Adobe.

The majority of Jiva **log in and authorization request submission issues have now been resolved.** Using Jiva is the most efficient means of submitting and having authorization requests processed and approved. If you are having issues submitting authorization requests in Jiva, contact Wellmark Technical Support at 800-407-0267.

## Faxed requests

Wellmark is **only** accepting faxed medical authorization requests that are defined as expedited. Requests are considered expedited when a delay in medical care or treatment can:

- Seriously jeopardize the life or health of the member or the member's ability to regain maximum function, OR
- Subject the member to severe pain that cannot be adequately managed without the care or treatment requested.


### Encourage coworkers to subscribe to WINS

The best way to get the latest information on Jiva is to **subscribe to WINS**, Wellmark's real-time notification system for providers. Encourage your coworkers to subscribe as well!

# New codes effective Jan. 1, 2021, for opioid treatment

## The two new codes apply to Type of Bill and Condition Code.

Opioid treatment program facilities provide treatment for opioid use disorder on an ambulatory basis. These programs can be freestanding locations unaffiliated with acute care facilities or can be operated by hospitals/institutional providers. The Centers for Medicare & Medicaid Services have created two new codes for opioid treatment for dates of service Jan. 1, 2021, and after. The two new codes apply to **Type of Bill** and **Condition Code**.

To enable freestanding programs to bill for services rendered, the new bill type is for use by these entities. Providers should file **Type of Bill 087X** for services received at a freestanding non-residential opioid treatment program.

Hospitals that operate outpatient treatment programs should bill using an outpatient bill type, with a condition code to flag claims as being for services rendered at the hospital's outpatient treatment program. Providers should file **Condition Code 89** to indicate that the claim is for Opioid Treatment Program services.

Refer to the "Behavioral Health and Chemical Dependency" section of the *Provider Guide* for more information.

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# Reminder: Include all pertinent information in paper claims

## If you receive a letter along with a claim being returned, the claim is missing vital information and cannot be processed.

As a reminder, if you must submit a paper claim, all pertinent information is required. If you receive a letter along with a claim being returned, the claim is missing vital information and cannot be processed.

Some examples may include, missing prefix, ID number, NPI, diagnosis code, etc. Please correct the claim based upon the provider guide to billing rules and submit a new claim.

Please do not return this claim marked as corrections or attached to a provider inquiry form.

# Reminder: Use the correct revenue codes when billing for Home Health Care (HHC) Agencies and Hospice services

To ensure you are using the correct revenue codes, reference the "**Home Services and Hospice" section of the *Provider Guide***.

Submitting claims with the correct revenue codes is important. Using the correct revenue codes on facility claims for HHC Agencies and Hospice services will:

- Ensure correct fee schedule payment
- Ensure hospice claims that **do not require an authorization will process correctly** (when revenue codes 0650-0659 are billed)

| HOME HEALTH SERVICES CATEGORIES OF CARE | REVENUE CODE | HCPCS CODE | UNIT |
|---|---|---|---|
| **Short-Term Home Skilled Nursing** | 0550-0559 | Yes | 15 minutes |
| **Physical Therapy** | 0420-0429 | Yes | 15 minutes |
| **Occupational Therapy** | 0430-0439 | Yes | 15 minutes |
| **Speech Therapy** | 0440-0449 | Yes | 15 minutes |
| **Medical Social Worker** | 0560-0569 | Yes | 15 minutes |
| **Home HealthAide** | 0570-0579 | Yes | 15 minutes |
| **Extended Home Skilled Nursing** | 0582-0583, 0589 | Yes | 15 minutes |
| **Durable Medical Equipment** | 0290, 0291, 0292, 0293, 0299 | As appropriate | As appropriate |
| **Medical Supplies** | 0270, 0272, 0274, 0275, 0276 | Yes | As appropriate |
| **Drugs** | 0631-0637 | As appropriate | As appropriate |

| HOSPICE SERVICES CATEGORIES OF CARE | REVENUE CODE | HCPCS CODE | UNIT |
|---|---|---|---|
| **Drugs** | 0631-0637 | Yes | As appropriate |
| **Routine Home Care** | 0651 | Yes | 1 |
| **Continuous Care** | 0652 | Yes | 15 minutes |
| **Inpatient Respite Care** | 0655 | Yes | 1 |
| **General Inpatient Care** | 0656 | Yes | 1 |
| **Hospice Room and Board** | 0658 | Yes | 1 |

# Understanding applications and change requests

## Learn about these types of submissions in E-credentialing Central

Have you submitted an application, change request, or recredentialing application to Wellmark recently? Chances are you have, and you used **E-credentialing Central** (E-cred Central) to do so. Read on to learn more about E-cred Central and applications, change requests, and recredentialing applications.

### Application Completion

**Will you be applying as a practitioner or a facility/entity?**

1. To help you determine, first go to Chapter 2 of the **"Credentialing and Network Participation"** section of the *Provider Guide*. This chapter has a table that lists approved practitioners, as well as approved facilities and entities. As you review the list, you will be able to determine the type of application you should submit.
2. Then, log in to **E-cred Central** and click on the Application Tool. You first will be asked if you want to submit an application for a Practitioner or Facility/Entity. Select the appropriate option, and you will be led through the application, which consists of answering a series of questions.

**If you have additional questions as you go through the tool, check out the E-cred Central User Guide. The User Guide is located in the E-cred Central menu and provides information in more detail.**

### Change Request

**The Change Request Tool provides a list of 16 types of changes that you can submit to Wellmark.**

1. You will see a ? icon next to each change, which you can hover over to read about that type of change.
2. Once you identify which change request you need to submit, log in to **E-cred Central** and click on the Change Request Tool. Select the type of change you would like to request, and you will be guided through submitting that change request.

**Refer to the E-cred Central User Guide for additional information.**

### Recredentialing

**Practitioners, facilities, and entities are required to be recredentialed every 36 months from the initial application acceptance date, for all Wellmark networks.**

1. Approximately four months prior to a provider's recredentialing due date, a recredentialing notification is sent to all credentialing contact email addresses that Wellmark has on file for the provider due.
2. Once the recredentialing notification is received, log in to **E-cred Central** and click on the Recredentialing Tool. You will be led through the application which consists of answering a series of questions.

Failure to complete and submit the recredentialing application by the application deadline date, as displayed in the Recredentialing Tool lobby, may result in the initiation of the termination process from Wellmark Networks.

**Refer to the E-cred Central User Guide for additional information.**

**For additional information regarding recredentialing, refer to Chapter 14 of the "Credentialing and Network Participation" section of the *Provider Guide*.**

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## Questions about status or participation status?

Check out the following information.

### Status

Once your application or change request is submitted, you are able to monitor the progress of your submission by checking its status on the **Submission Status Tracker**. Just access the Submission Status Tracker and enter your E-cred submission number or individual NPI. When you view your status, remember that all boxes must have a white checkmark in order for the submission to be considered complete. The Submission Status Tracker is updated as Wellmark processes your submission, so you are provided current information. It is also the same tool Wellmark uses to check status.

### Participation Status

Refer to the provider's notification letter for information regarding participation status, effective date information, billing national provider identifier (NPI), and location information.

In E-cred Central, organizational security coordinators (OSCs) and backup OSCs can use the View My Organization Tool to view information about their organization, such as the practitioners who are active under a tax identification number.

## Resources

Be sure to use the following resources regularly. These resources provide key information that can help answer your common questions.

- **"Credentialing and Network Participation"** section of the Provider Guide
- E-cred Central User Guide *(Available in the **E-cred Central** menu after you log in)*
- **Submission Status Tracker**

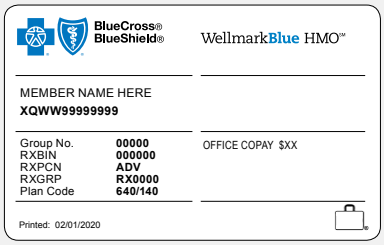
If you'd like to learn more about credentialing and common questions, check out our June ***BlueInk* article** and **February webinar**.

# Network and product reminders in 2021

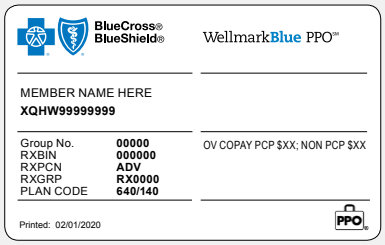
## Always check ID cards and verify member benefits in the Check Member Information tool on Wellmark.com.

There are no new network offerings from Wellmark for the coming year. Wellmark will continue to offer:

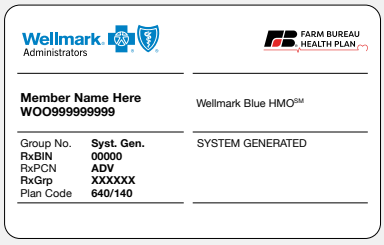
**Wellmark Blue HMO℠ Network products on and off exchange**




**Wellmark Blue PPO℠ Network products on and off exchange**




**Farm Bureau Health Plan products off exchange**




**Blue Advantage, Blue Access, and Blue Choice are products offered on the HMO network. The labels of the different tiers in the HMO network (bronze, silver, gold) are used as product names for marketing purposes. The primary focus of providers should be that they are all designated as HMO plans.*

Wellmark Value Health Plan HMO Network will not be offered on exchange, but some members will remain on this product in 2021.

Always check ID cards and verify member benefits in the Check Member Information tool on **Wellmark.com**.

**THIS ARTICLE WAS UPDATED ON JAN. 25, 2021, AFTER THE INITIAL PUBLICATION DATE.**

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# Submit a current W-9 if you have a change of address

## Did you have an address change this year?

If you have had an address change this year, submit a current W-9 form via email to **1099reporting@wellmark.com**, so we can update our tax software and ensure your 2020 tax form 1099 is sent to the correct address. Please note, even if you have multiple business locations, you only need to submit one W-9 form with the address you need your tax forms mailed to. This information is NOT automatically updated when your address is updated with Wellmark's Provider Credentialing team, so this step is crucial to avoid delays in receiving your tax forms.

# Three services are moving to prior approval from post-service

Custom fabricated knee braces, speech generating devices and cranial remolding to be added to the list of treatments, procedures and services that require prior approval.

**BEGINNING FEB. 1, 2021,** custom fabricated knee braces, speech generating devices and cranial remolding will be added to the list of treatments, procedures and services that require prior approval. We currently administer medical necessity for these services on a post-service basis. Moving the review to preservice gives both providers and members the opportunity to know medical necessity prior to the services being performed. InterQual® criteria will be used to determine medical necessity for custom fabricated knee braces and speech generating devices. Wellmark medical policy will continue to be used to determine medical necessity for cranial remolding. The Wellmark Authorization Table will be updated to allow authorization requests for this procedure to be accepted via the online Utilization Management Tool beginning Jan. 20, 2021.

To help you prepare for this transition, the InterQual® criteria (SmartSheets™) for custom fabricated knee braces and speech generating devices will be available for practitioners to view on Jan. 2, 2021. To access the SmartSheets™, log in to the secure Provider tab on Wellmark.com, click "Utilization Management Tools and Resources," then click "InterQual® Criteria and SmartSheets™."

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# Medical policy format delayed

Wellmark medical policies from webpages will be transitioned to PDFs.

The previously announced transition of Wellmark medical policies from webpages to PDFs has been delayed. Originally, this transition was scheduled for some time in December 2020. We anticipate this change will occur in the coming months.

As a reminder, this is only impacting formatting —the location and content will remain the same.

# COVID-19 vaccine update

## Coding information can be found below

Wellmark is preparing to process claims for the COVID-19 vaccine as soon as it is dispersed. Details about billing for the vaccine and other COVID-19 information can be found at **Wellmark.com/Provider.**

Codes for billing will be 91300, 91301. When COVID-19 vaccine doses are provided by the government without charge, providers can:

- Bill only for the administration of the vaccine

**OR**

- **1500 CLAIM FORM** — Apply zero charge to the line and append the SL modifier
- **UB CLAIM FORM** — Apply charge to the line and append the SL modifier

# Updated guidance around language sensitive to gender identities

**Wellmark's Inclusion Council is developing procedures and updating document language with the goal of improving the experience of members who identify as transgender or non-binary.**

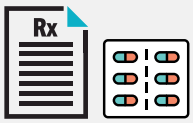
Wellmark strives to create an inclusive experience that is sensitive to the needs of all our members. Becoming aware of the barriers facing transgender and non-binary people seeking health care is an opportunity to improve our processes and further educate ourselves on the medical and social needs of our members.

Throughout 2020, current and former members of Wellmark's Inclusion Council have been developing procedures and updating document language that's sensitive to gender identity with the goal of improving the care experience of members who identify as transgender or non-binary. Wellmark is taking the following steps:

- Replacing pronouns referring to specific genders such as "he/him" and "she/hers" with the gender-neutral pronouns "they/them/their" in accordance with the Meaningful Access and Non-Discrimination (MAND) regulation.
- Updating language for transgender health care services to "gender affirmation," which replaces outdated terms such as: "sex change," "sex reassignment," and "sex reconstruction."
- Beginning with member-facing roles, delivering training for Customer Service and other team members to use inclusive language when interacting with transgender or non-binary members or when discussing gender affirming care.

Changing these terms and references will not impact medical policy or benefits.

For best inclusive practices and more information, providers are encouraged to access the **Inclusive Health Care Hub** at *Wellmark.com > Provider Secure Home > Communication and Learning > Education and Training*.




# Changes to the Wellmark Drug List

Beginning Jan. 1, 2021

Wellmark and a statewide committee of pharmacists and physicians review the Wellmark Drug List several times a year. This review enables us to identify drugs that are the safest and most effective, while reducing costs and ensuring members have access to the drugs they need.

Some of the formulary and utilization management (UM) updates will change member coverage and/or cost share for certain drugs. Members affected negatively by these changes will be notified by mail and instructed on next steps. Providers will also be notified for changes that require prior authorization or a new prescription.

The chart below outlines the formulary and utilization management changes effective Jan. 1, 2021.

Wellmark updates its drug lists in January and July, and posts notices of changes at **Wellmark.com**. You can view all updates to the drug list on **Wellmark.com** *(For Providers > Drug Information > Wellmark Drug List)* or request a copy by contacting Provider Service.

## Pharmacy formulary/UM changes

| DRUG CATEGORY/CLASS | DRUG/S | FORMULARY CHANGE/UM |
|---|---|---|
| **Central Nervous System Migraine**<br>Acute — Oral | **Nurtec™ and Reyvow®** | **CHANGING TO PREFERRED PRODUCTS AND MOVING FROM TIER 4 TO TIER 3.** |
| | **Ubrelvy™** | **CHANGING TO NON-PREFERRED PRODUCT.** No change to formulary placement. |
| **Central Nervous System Migraine**<br>CGRP receptor antagonists | **Aimovig®** | **CHANGING TO PREFERRED** in parallel with Ajovy® and Emgality®. |
| **Endocrine and Metabolic Antidiabetics**<br>GLP-1 Receptor Agonists, Oral | **Rybelsus®** | **MOVING FROM TIER 4/LEVEL 4 TO TIER 2/LEVEL 3.** |
| **Endocrine and Metabolic Antidiabetics**<br>GLP-1 Receptor Agonists, Oral | **Glyxambi® and Trijardy® XR** | **MOVING FROM TIER 4/LEVEL 4 TO TIER 2/LEVEL 3.** |

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| DRUG CATEGORY/CLASS | DRUG/S | FORMULARY CHANGE/UM |
|---|---|---|
| **Endocrine and Metabolic Antidiabetics** SGLT2 Inhibitors Combinations | **Farxiga®** | **CHANGING TO PREFERRED PRODUCT AND MOVING FROM TIER 4/LEVEL 4 TO TIER 2/LEVEL 2.** Removing MN-PA. |
| | **Xigduo® XR** | **CHANGING TO PREFERRED PRODUCT AND MOVING FROM TIER 4/LEVEL 4 TO TIER 2/LEVEL 3.** Removing MN-PA. |
| | **Invokana®, Invokamet®, and Invokamet XR** | **MOVING FROM TIER 2/LEVEL 3 TO TIER 4/LEVEL 4.** Adding MN-PA. Farxiga, Jardiance, Xigduo XR, Synjardy, and Synjardy XR will be the preferred alternatives. |
| **Medical Devices** Blood Glucose Test Strip | **Contour Test Strips** | **CHANGING TO PREFERRED PRODUCT IN PARALLEL WITH ONETOUCH AND MOVING FROM TIER 3/LEVEL 4 TO TIER 2/LEVEL 3.** Removing PA. Quantity limits and post-limit PA will remain in place. |
| **Respiratory** Short Acting Beta Agonists | **Brand ProAir® HFA** | **MOVING FROM TIER 1/LEVEL 2 TO TIER 4/LEVEL 4.** Product selection penalty will apply based on benefit design. Generic will remain on Tier 1/Level 2. |
| | **Brand Proventil HFA and Ventolin HFA** | **MOVING FROM TIER 2 TO TIER 4 AND REMAIN ON LEVEL 4 (NO LEVEL CHANGE FOR BLUESIMPLICITY).** Product selection penalty will apply based on benefit design. Generic will remain on Tier 1/Level 2. |
| | **ProAir RespiClick®** | **MOVING FROM TIER 1/LEVEL 2 TO TIER 4/LEVEL 4.** |
| **Respiratory** Steroid Beta Agonist Combinations | **Symbicort®** | **CHANGING TO PREFERRED PRODUCT AND MOVING FROM TIER 4/LEVEL 3 TO TIER 2/LEVEL 2.** Removing MN-PA. |
| | **Dulera®** | **MOVING FROM TIER 2/LEVEL 2 TO TIER 4/LEVEL 4.** Adding MN-PA. Advair, Breo Ellipta, and Symbicort (Brand only) will be the preferred alternatives. |
| **Endocrine and Metabolic Osteoporosis — Parathyroid** Hormone Analogs | **Tymlos and Forteo®** | **MOVING FROM SP-P/LEVEL 4 TO SP-NP/LEVEL 5.** |

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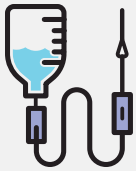
| DRUG CATEGORY/CLASS | DRUG/S | FORMULARY CHANGE/UM |
|---|---|---|
| **Endocrine and Metabolic** Chelating Agents | **Trientine** | **MOVING FROM TIER 1 TO SP-P.** No level change to BlueSimplicity. |
| **Anti-Infective Agents** Tetracyclines | **Doxycycline Hyclate, 50mg tablets** | **MOVING FROM TIER 1/LEVEL 2 TO NOT COVERED.** Doxycycline hyclate 50mg capsules and doxycycline monohydrate 50mg tablet/capsules will remain on Tier 1/Level 2. |
| **Cardiovascular Agents** Vasodilators — Nitrates | **Isosorbide Dinitrate, 40mg** | **MOVING FROM TIER 1/LEVEL 2 TO NOT COVERED.** Isosorbide dinitrate 20mg tablets will remain on Tier 2/Level 2. |
| **Topical Rosacea Agents** | **Mirvaso® and Rhofade®** | **ADDING QUANTITY LIMIT (1 [30 GM] TUBE/PUMP BOTTLE PER 30-DAY).** |

MN-PA = Medically necessary prior authorization; SP-P = Specialty preferred; SP-NP = Specialty non-preferred



# New medical preferred drug strategies with biosimilars

The changes are planned to go into effect throughout the first half of 2021.

New preferred drug strategies for medically benefited drugs with available biosimilars will be implemented in the first half of 2021. Wellmark's preferred drug strategies are amended to help control drug spending, create a sustainable health care system, and achieve affordability for our members. Biosimilars, or biologics, are highly similar to the reference product, more affordable, and possess no clinically meaningful differences in terms of the safety, purity, and potency compared to the reference product.

## Drugs and planned effective dates

Wellmark updates its drug lists in January and July, and posts notices of changes at Wellmark.com You can view all updates to the drug list on Wellmark.com *(For Providers > Drug Information > Wellmark Drug List)* or request a copy by contacting Provider Service.

Below are the drugs included in the new medical preferred strategies, changes to existing medical preferred strategies, and the planned implementation timeline.

| DRUG CATEGORY/CLASS | PREFERRED DRUG DETAILS | PLANNED EFFECTIVE DATE |
|---|---|---|
| **Autoimmune** | **PREFERRED BIOSIMILARS:** Avsola™, Inflectra®, Ixifi™ and Renflexis®<br>**PREFERRED BRANDS:** Entyvio, Simponi Aria, Stelara<br>**NON-PREFERRED BRANDS:** Remicade®, Actemra IV, Orencia IV | 01/01/2021 |
| **Colony Stimulating Factor**<br>Long Acting | **PREFERRED BIOSIMILARS:** Fulphila®, Nyvepria™, Udenyca® and Ziextenzo®<br>**NON-PREFERRED BRAND:** Neulasta®<br>*Neulasta® Onpro® excluded from strategy* | 01/01/2021 |
| **Erythropoiesis Stimulating Agents** | **PREFERRED BIOSIMILAR:** Retacrit®<br>**PREFERRED BRAND:** Aranesp®<br>**Non-preferred Brands:** Epogen®, Procrit®, and Mircera® | 04/01/2021 |
| **Oncology** | **PREFERRED BIOSIMILARS:** Ruxience® and Truxima®<br>**PREFERRED BRAND:** Rituxan Hycela®<br>**NON-PREFERRED BRAND:** Rituxan® | 01/01/2021 |
| **Oncology** | **PREFERRED BIOSIMILARS:** Mvasi™ and Zirabev™<br>**NON-PREFERRED BRAND:** Avastin® | 04/01/2021 |

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| DRUG CATEGORY/CLASS | PREFERRED DRUG DETAILS | PLANNED EFFECTIVE DATE |
|---|---|---|
| **Oncology** | **PREFERRED BIOSIMILARS:** Herzuma®, Kanjinti™, Ogivri™, Ontruzant® and Trazimera™<br>**PREFERRED BRAND:** Herceptin Hylecta™<br>**NON-PREFERRED BRAND:** Herceptin® | 04/01/2021 |
| **Acromegaly** | Sandostatin® LAR changing to preferred<br>**PREFERRED PRODUCTS:** Sandostatin LAR and Somatuline® Depot<br>**NON-PREFERRED PRODUCTS:** Signifor® LAR and Somavert® | 01/01/2021 |
| **Asthma** | Xolair changing to preferred<br>**PREFERRED PRODUCTS:** Fasenra, Nucala and Xolair<br>**NON-PREFERRED PRODUCT:** Cinqair | |
| **Lysosomal Storage Disorders — Gaucher Disease** | Cerezyme® changing to Non-Preferred and Elelyso® changing to Preferred<br>**PREFERRED PRODUCT:** Elelyso<br>**NON-PREFERRED PRODUCTS:** Cerezyme and VPRIV® | 01/01/2021 |

## Prior authorizations

Prior authorization (PA) will be required in Novologix if prescribing a non-preferred drug after the new medical preferred drug strategy goes into effect. Coverage of non-preferred products is based on clinical circumstances that would exclude the use of the preferred products (i.e., history of intolerance, contraindication, or adverse event to the preferred products that would not be expected to occur with the respective non-preferred product) and may be based on previous use of a product.

For patients who are currently receiving and already established on a non-preferred drug **other than Neulasta,** PA will not be required to continue coverage.

**NOTE:** Neulasta Onpro is excluded from the strategy but since it shares a HCPCS code with Neulasta, it will require PA.

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