

Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 01/01/2021

The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. **The effective date for Policy changes will be 02/01/2021.**

SWHP Policy	Change
251 – Neuromuscular Stimulation	Unretired and revised to include criteria for Medicaid and Medicare plans
<i>236 - Medications, Services, Supplies NOT Medically Necessary</i>	<i>Updated with additions and removals. See policy for details.</i>
FirstCare Policy	
MN-054 R-Gene 10	Reviewed – no changes
MN-058 Tysabri	Reviewed – no changes
MN-246 Fasentra	Reviewed – no changes
MN-259 Mylotarg	Reviewed – no changes
MN-264 Besponsa	Reviewed – no changes
MN-279 Rituximab	Reviewed – no changes
MN-286 Nplate	Reviewed – no changes
MN-021 Antiemetic Injectables	Significant revision
MN-029 Ilaris	Added indication of Still's disease
MN-082 Omalizumab	Added indication of nasal polyps
MN-128 Bevacizumab	Added indication of hepatocellular carcinoma
MN-208 Pembrolizumab	Updated indications
MN-218 Durvalumab	Added indication of small cell lung cancer
MN-219 Avelumab	Added indication of renal cell carcinoma
MN-254 Opdivo	Updated indications
MN-271 Tecentriq	Updated indications
MN-280 Soliris	Added indication of neuromyelitis optica spectrum disorder
MN-131 Skilled Home Health- Home Hospice	Added criteria for home administration of Synagis®

NOTICE: Prior Authorization List changes effective 02/01/2021

Code	Category: Description	Action	Plans
55875	Oncology (Adult) therapies: TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	Remove	All plans
55876	Oncology (Adult) therapies: PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	Remove	All plans
55920	Oncology (Adult) therapies: Placement Needle Pelvic Organ Radioelement Appl	Remove	All plans
57155	Oncology (Adult) therapies: Insertion Uterine Tandem\&/Vaginal Ovoids	Remove	All plans
57156	Oncology (Adult) therapies: Insertion Vaginal Radiation Device	Remove	All plans
58346	Oncology (Adult) therapies: Insertion Heyman Capsules Clinical Brachytherapy	Remove	All plans
78830	Oncology (Adult) therapies: Insertion Heyman Capsules Clinical Brachytherapy	Remove	All plans
78830	Imaging – advanced: Radiopharmaceutical localization of tumor, inflammatory process	Remove	All plans
0394T	Oncology (Adult) therapies: Hdr elctrcn skn surf brchyt	Remove	All plans
0395T	Oncology (Adult) therapies: Hdr elctr ntrst/ntrcv brchtx	Remove	All plans
C9047	Caplacizumab-yhdp	Remove	Medicaid only
C9293	Glucarpidase 10 Units	Remove	Medicaid only
J0291	Plazomicin, 5 mg	Remove	Medicaid only
J0597	C-1 Esterase Inhib Humn Berinert 10 Units	Remove	Medicaid only
J1290	Ecallantide 1 mg	Remove	Medicaid only
J1558	Immune Globulin (Xembify), 100 mg	Remove	Medicaid only
J1562	Immune Globulin Vivaglb 100 mg	Remove	Medicaid only
J1744	Icatibant 1 mg	Remove	Medicaid only
J2407	Oritavancin	Remove	Medicaid only
J2783	Rasburicase 0.5 mg	Remove	Medicaid only
J2941	Somatropin 1 mg	Remove	Medicaid only
J7191	Factor Viii Antihemophilic Factor Procine Per IU	Remove	Medicaid only
J7196	Antithrombin Recombinant 50 I.U.	Remove	Medicaid only
J9246	Melphalan (Evomela), 1 mg	Remove	Medicaid only
Q5121	Infliximab-Axxq, Biosimilar, (Avsola...	Remove	Medicaid only
S9558	Hit Growth Hormone W/Care Coordination per Diem	Remove	Medicaid only

FIRST NOTICE: Prior Authorization List changes effective 03/01/2021 (60-Day Notice)

Code	Category: Description	Action	Plans
	Anti-infective Agents	Add new category	All plans
C9069	Belantamab mafodotin-blmf	Add	All plans
C9070	Tafasitamab-cxix, 2mg	Add	All plans
C9071	Viltolarsen	Add	Medicaid only
C9072	Immune globulin, 500mg	Add	All plans
C9073	Brexucabtagene autoleucl	Add	All plans
J0693	Anti-infective Agents: Cefiderocol, [Fetroja]	Add	All plans
J1823	Immunomodulatory Agents: Inebilizumab-colon, [Uplizna]	Add	All plans
J7212	Blood Formation, Coagulation, Thrombosis agents, Misc.: Coagulation factor VIIa (recombinant)-jncw, [Sevenfact]	Add	All plans
J7352	Skin And Mucous Membrane Agents, Misc.: Afamelanotide Implant, [Scenesse]	Add	All plans
J9144	Antineoplastic Agents: Daratumumab & hyaluronidase-fihj, [Darzalex Faspro]	Add	All plans
J9223	Antineoplastic Agents: Lurbinectedin, [Zepzelca]	Add	All plans
J9281	Antineoplastic Agents: Mitomycin pyelocalyceal instillation, 1mg, [Jelmyto]	Add	All plans
J9316	Antineoplastic Agents: Pertuzumab, trastuzumab, and hyaluronidase-zzxf, [Phesgo]	Add	All plans
J9317	Antineoplastic Agents: Sacituzumab govitecan-hziy, [Trodelyv]	Add	All plans
Q5122	Blood Formation, Coagulation, Thrombosis agents, Misc.: Pegfilgrastim-apgf, [Nyvepria]	Add	All plans
S0013	Central Nervous System Agents, Misc.: Eketamine,intranasal, [Spravato]	Add	Not Medicare

SECOND NOTICE: Prior Authorization List changes effective 02/01/2021

Code	Category: Description	Action	Plans
J9204	Antineoplastic Agents: Imfinzi	Add	Medicaid only
J9210	Antineoplastic Agents: Arranon	Add	Medicaid only
Q5117	Antineoplastic Agents: Polivy	Add	Medicaid only
J9145	Antineoplastic Agents: Cyramza	Add	Medicaid only
J9047	Antineoplastic Agents: Onivyde	Add	Medicaid only
J9176	Antineoplastic Agents: Gazyva	Add	Medicaid only
J9034	Antineoplastic Agents: Yondelis	Add	Medicaid only
Q5106	Antineoplastic Agents: Oncaspar	Add	Medicaid only
J1930	Antineoplastic Agents: Treanda	Add	Medicaid only
J9173	Antineoplastic Agents: Lutathera	Add	Medicaid only
J9261	Antineoplastic Agents: Bicnu	Add	Medicaid only
J9309	Antineoplastic Agents: Zevalin Y-90	Add	Medicaid only
J9308	Hormones and Synthetic Substitutes: Trelstar Mixject	Add	Medicaid only
J9205	Antineoplastic Agents: Azedra Therapeutic	Add	Medicaid only
J9301	Antineoplastic Agents: Elzonris	Add	Medicaid only
J9352	Antineoplastic Agents: Lumoxiti	Add	Medicaid only
J9266	Antineoplastic Agents: Belrapzo	Add	Medicaid only
J9033	Antineoplastic Agents: Herceptin Hylecta	Add	Medicaid only
A9513	Antineoplastic Agents: Ogivri	Add	Medicaid only
J9050	Antineoplastic Agents: Clofarabine	Add	Medicaid only
A9543	Antineoplastic Agents: Aliqopa	Add	Medicaid only
J3315	Antineoplastic Agents: Ixempra Kit	Add	Medicaid only
A9590	Antineoplastic Agents: Thiotepa	Add	Medicaid only
J9269	Antineoplastic Agents: Teniposide	Add	Medicaid only
J9313	Other Miscellaneous Therapeutic Agents: Indium in-111 ibritumomab tiuxetan, diagnostic, per study, up to 5 mCi	Add	Medicaid only
J9036	Antineoplastic Agents: Sylvant	Add	Medicaid only
J9356	Antineoplastic Agents: Beleodaq	Add	Medicaid only
Q5114	Antineoplastic Agents: Folotyn	Add	Medicaid only
J9027	Antineoplastic Agents: Romidepsin	Add	Medicaid only
J9057	Antineoplastic Agents: Marqibo	Add	Medicaid only
J9207	Antineoplastic Agents: Zaltrap	Add	Medicaid only
J9340	Hormones and Synthetic Substitutes: Vantas	Add	Medicaid only
Q2017	Other Miscellaneous Therapeutic Agents: Ethyol	Add	Medicaid only
A9542	Antineoplastic Agents: Imfinzi	Add	Medicaid only
J2860	Antineoplastic Agents: Arranon	Add	Medicaid only
J9032	Antineoplastic Agents: Polivy	Add	Medicaid only
J9307	Antineoplastic Agents: Cyramza	Add	Medicaid only
J9315	Antineoplastic Agents: Onivyde	Add	Medicaid only
J9371	Antineoplastic Agents: Gazyva	Add	Medicaid only
J9400	Antineoplastic Agents: Yondelis	Add	Medicaid only
J9225	Antineoplastic Agents: Oncaspar	Add	Medicaid only

J0207	Antineoplastic Agents: Treanda	Add	Medicaid only

Additional Information for Providers

The rendering provider must be the same on the preauthorization request and on the claim's submission. If there is a change, it is imperative that the utilization review team is notified to amend the preauthorization in a timely manner.

As always, we welcome your comments. You can reach us at: SWHPMedicalDirectors@BSWHealth.org

Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/01/2020

The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. **The effective date for Policy changes will be 01/01/2021.**

Policy	Change
003 - Occupational Therapy	Retired. Use 272 – Therapy Services
004 - Physical Therapy	Retired. Use 272 – Therapy Services
031 - Epidural Adhesiolysis	No changes
056 - Interspinous Process Decompression System	No changes
110 - Obstructive Sleep Apnea Diagnosis and Treatment	Updated indications for Hypoglossal Nerve Stimulation
112 - Speech Therapy	Retired. Use 272 – Therapy Services
204 - Transcatheter Aortic Valve Replacement	Corrected list of covered CPT codes
216 - Preterm Early-Term Deliveries	Updated per ACOG guidelines
217 - Nitric Oxide Inh in Premature	No changes
247 - Claim Review Process	No changes
257 - Esketamine (Spravato)	Added new indication and renewal criteria
272 - Medicaid Therapy Services	Retitled from Medicaid Therapy Services. No changes
273 - Medicaid Group Therapy Services	Retitled from Medicaid Grp Therapy Services. No changes
278 - Axicabtagene (Yescarta)	Added criteria for prescriber and dosing
279 - Tisagenlecleucel (Kymriah)	Added criteria for prescriber, dosing and administration
281 - Brexucabtagene autoleucel (Tecartus)	New policy
236 - Medications, Services, Supplies NOT Medically Necessary	Updated with additions and removals. See policy for details.
Below is for information only – (FirstCare Policies):	
MN-003 Medications Covered Under Medical	Replaced with policy 215
MN-004 Off-Label Use of FDA Approved Drugs	Replaced with policy 215
MN-005 Synagis	Replace with policy 235
MN-11 Makena	Retired
MN-23 Arzerra (Ofatumumab)	No changes
MN-24 Erwinaze (asparaginase Erwinia chrysanthemi)	No changes
MN-26 Halaven (eribulin)	No changes
MN-27 Kadcylla (ado-trastuzumab) and Perjeta (pertuzumab)	No changes
MN-28 Jevtana (cabazitaxel)	No changes
MN-31 Mozobil (plerixafor)	No changes
MN-32 Proleukin (aldesleukin)	No changes
MN-40 Hycamtin (topotecan)	No changes
MN-52 Ceftaroline (Teflaro)	Retired

MN-56 Kalbitor (ecallantide)	No changes
MN-203 Ocrevus (ocrelizumab)	No changes
MN-216 Zinplava	No changes
MN-221 Radicava (edaravone)	No changes
MN-244 Poteligeo	No changes
MN-253 Rituxan Hycela	No changes
MN-260 Vyxeos (daunorubicin and cytarabine)	No changes
MN-265 Parsabiv	Retired
MN-278 Brentuximab Vedotin	No changes
MN-282 Onpattro (patisiran)	Minor update (J-code updated)
MN-287 Orbactiv	Retired
MN-301 Evenity	Retired

Historical

Prior Authorization List changes effective 01/01/2021

Code	Category: Description	Action
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR	Removed for Medicaid plans
0466T	Sleep Apnea: Insertion of chest wall respiratory sensor electrode	Added for Commercial, ASO ¹
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Removed for ALL plans
74263	System set not to pay for Medicare. This is eviCore reviewed	Removed for Medicare plans
77387	Guidance for localization of target volume for delivery of radiation treatment	Removed for Medicare plans
77402	Radiation treatment delivery, => 1 MeV	Removed for Medicare plans
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Removed for Medicaid plans
C9047	Caplacizumab-yhdp	Removed for Medicaid plans
C9293	Glucarpidase 10 Units	Removed for Medicaid plans
E0766	ELEC STIM CANCER TREATMENT	Removed for Medicaid plans
E1391	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA	Removed for Medicaid plans
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	Removed for Medicaid plans
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS	Removed for Medicaid plans
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Removed for Medicaid plans
G0219	PET imaging whole body; melanoma for noncovered indications	Removed for Medicare plans
G0235	PET imaging, any site, NOS	Removed for Medicare plans
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer	Removed for Medicare plans
G0260	INJ PROC SI JNT; ANES STEROID&/TX AGT&ARTHROGRPH	Removed for Medicaid plans
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	Removed for Medicaid plans
H0015	ALCOHL&/RX SRVC; INTENSIV OP; CRISIS INTRVN&ACTV TX	Removed for Medicaid plans
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	Removed for Medicaid plans
J0291	Plazomicin, 5 mg	Removed for Medicaid plans
J0597	C-1 Esterase Inhib Humn Berinert 10 Units	Removed for Medicaid plans
J1290	Ecallantide 1 mg	Removed for Medicaid plans
J1558	Immune Globulin (Xembify), 100 mg	Removed for Medicaid plans
J1562	Immune Globulin Vivaglbins 100 mg	Removed for Medicaid plans
J1744	Icatibant 1 mg	Removed for Medicaid plans
J2407	Oritavancin	Removed for Medicaid plans
J2783	Rasburicase 0.5 mg	Removed for Medicaid plans
J2941	Somatropin 1 mg	Removed for Medicaid plans
J7191	Factor VIII Antihemophilic Factor Procine Per IU	Removed for Medicaid plans
J7196	Antithrombin Recombinant 50 I.U.	Removed for Medicaid plans
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Removed for Medicare plans
J9246	Melphalan (Evomela), 1 mg	Removed for Medicaid plans
Q5121	Infliximab-Axxq, Biosimilar, (Avsola...	Removed for Medicaid plans
S0148	PEGylated interferon alfa-2B, 10 mcg	Removed for Medicare plans
S0215	NON-EMERGENCY TRANSPORTATION; PER MILE	Removed for Medicaid plans
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Removed for Medicaid plans
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Removed for Medicaid plans

S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Removed for Medicaid plans
S9128	SPEECH THERAPY IN THE HOME PER DIEM	Removed for Medicaid plans
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Removed for Medicaid plans
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	Removed for Medicaid plans
S9558	Hit Growth Hormone W/Care Coordination per Diem	Removed for Medicaid plans
S9960	AIR AMBULANC NONEMERG FIXED	Removed for Medicaid plans
S9961	AIR AMBULAN NONEMERG ROTARY	Removed for Medicaid plans

Endnotes:

¹60-day notice not required – change is member favorable.

Historical

FIRST NOTICE: Prior Authorization List changes effective 02/01/2021 (60-Day Notice)

Code	Category: Description	Action
J9204	Antineoplastic Agents: Imfinzi	Added for Medicaid plans
J9210	Antineoplastic Agents: Arranon	Added for Medicaid plans
Q5117	Antineoplastic Agents: Polivy	Added for Medicaid plans
J9145	Antineoplastic Agents: Cyramza	Added for Medicaid plans
J9047	Antineoplastic Agents: Onivyde	Added for Medicaid plans
J9176	Antineoplastic Agents: Gazyva	Added for Medicaid plans
J9034	Antineoplastic Agents: Yondelis	Added for Medicaid plans
Q5106	Antineoplastic Agents: Oncaspar	Added for Medicaid plans
J1930	Antineoplastic Agents: Treanda	Added for Medicaid plans
J9173	Antineoplastic Agents: Lutathera	Added for Medicaid plans
J9261	Antineoplastic Agents: Bicnu	Added for Medicaid plans
J9309	Antineoplastic Agents: Zevalin Y-90	Added for Medicaid plans
J9308	Hormones and Synthetic Substitutes: Trelstar Mixject	Added for Medicaid plans
J9205	Antineoplastic Agents: Azedra Therapeutic	Added for Medicaid plans
J9301	Antineoplastic Agents: Elzonris	Added for Medicaid plans
J9352	Antineoplastic Agents: Lumoxiti	Added for Medicaid plans
J9266	Antineoplastic Agents: Belrapzo	Added for Medicaid plans
J9033	Antineoplastic Agents: Herceptin Hylecta	Added for Medicaid plans
A9513	Antineoplastic Agents: Ogivri	Added for Medicaid plans
J9050	Antineoplastic Agents: Clofarabine	Added for Medicaid plans
A9543	Antineoplastic Agents: Aliqopa	Added for Medicaid plans
J3315	Antineoplastic Agents: Ixempra Kit	Added for Medicaid plans
A9590	Antineoplastic Agents: Thiotepa	Added for Medicaid plans
J9269	Antineoplastic Agents: Teniposide	Added for Medicaid plans
J9313	Other Miscellaneous Therapeutic Agents: Indium in-111 ibritumomab tiuxetan, diagnostic, per study, up to 5 mCi	Added for Medicaid plans
J9036	Antineoplastic Agents: Sylvant	Added for Medicaid plans
J9356	Antineoplastic Agents: Beleodaq	Added for Medicaid plans
Q5114	Antineoplastic Agents: Folutyn	Added for Medicaid plans
J9027	Antineoplastic Agents: Romidepsin	Added for Medicaid plans
J9057	Antineoplastic Agents: Marqibo	Added for Medicaid plans
J9207	Antineoplastic Agents: Zaltrap	Added for Medicaid plans
J9340	Hormones and Synthetic Substitutes: Vantas	Added for Medicaid plans
Q2017	Other Miscellaneous Therapeutic Agents: Ethyol	Added for Medicaid plans
A9542	Antineoplastic Agents: Imfinzi	Added for Medicaid plans
J2860	Antineoplastic Agents: Arranon	Added for Medicaid plans
J9032	Antineoplastic Agents: Polivy	Added for Medicaid plans
J9307	Antineoplastic Agents: Cyramza	Added for Medicaid plans
J9315	Antineoplastic Agents: Onivyde	Added for Medicaid plans
J9371	Antineoplastic Agents: Gazyva	Added for Medicaid plans
J9400	Antineoplastic Agents: Yondelis	Added for Medicaid plans
J9225	Antineoplastic Agents: Oncaspar	Added for Medicaid plans

J0207	Antineoplastic Agents: Treanda	Added for Medicaid plans

Historical

SECOND NOTICE: Prior Authorization List changes effective 01/01/2021

Code/Category	Category: Description	Action
	Blood Derivatives	Add new category
J0597	Blood Formation, Coagulation, Thrombosis agents, Misc: Berinert	Add new drug
J0598	Blood Formation, Coagulation, Thrombosis agents, Misc: Cinryze	Add new drug
J1442	Blood Formation, Coagulation, Thrombosis agents, Misc: Neupogen	Add new drug
J1447	Blood Formation, Coagulation, Thrombosis agents, Misc: Granix	Add new drug
J1454	GI Drugs, Misc: Akynzeo	Add new drug
J1459	Blood Derivatives: Privigen	Add new drug
J1556	Blood Derivatives: Bivigam	Add new drug
J1557	Blood Derivatives: Gammaplex	Add new drug
J1560	Blood Derivatives: Gamastan	Add new drug
J1561	Blood Derivatives: Gamunex-c	Add new drug
J1562	Blood Derivatives: Vivaglobin	Add new drug
J1566	Blood Derivatives: Gammagard S-d	Add new drug
J1568	Blood Derivatives: Octagam	Add new drug
J1569	Blood Derivatives: Gammagard	Add new drug
J1572	Blood Derivatives: Flebogamma Dif	Add new drug
J1599	Blood Derivatives: Panzyga	Add new drug
J2407	Orbactiv	Remove from list
J7178	Blood Formation, Coagulation, Thrombosis agents, Misc: Riastap	Add new drug
J7180	Blood Formation, Coagulation, Thrombosis agents, Misc: Corifact	Add new drug
J7183	Blood Formation, Coagulation, Thrombosis agents, Misc: Wilate	Add new drug
J7185	Blood Formation, Coagulation, Thrombosis agents, Misc: Xyntha	Add new drug
J7186	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanate/vwf Complex/human	Add new drug
J7187	Blood Formation, Coagulation, Thrombosis agents, Misc: Humate-p	Add new drug
J7188	Blood Formation, Coagulation, Thrombosis agents, Misc: Obizur	Add new drug
J7189	Blood Formation, Coagulation, Thrombosis agents, Misc: Novoseven Rt	Add new drug
J7190	Blood Formation, Coagulation, Thrombosis agents, Misc: Hemofil M	Add new drug
J7191	Blood Formation, Coagulation, Thrombosis agents, Misc: Factor viii (antihemophilic factor (porcine)), per i.u.	Add new drug
J7192	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7193	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanine Sd	Add new drug
J7194	Blood Formation, Coagulation, Thrombosis agents, Misc: Profilnine	Add new drug
J7195	Blood Formation, Coagulation, Thrombosis agents, Misc: Benefix	Add new drug
J7196	Blood Formation, Coagulation, Thrombosis agents, Misc: Atryn	Add new drug
J7197	Blood Formation, Coagulation, Thrombosis agents, Misc: Thrombate Iii	Add new drug
J7198	Blood Formation, Coagulation, Thrombosis agents, Misc: Feiba Nf	Add new drug
J7203	Blood Formation, Coagulation, Thrombosis agents, Misc: Rebinyn	Add new drug
J7204	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7205	Blood Formation, Coagulation, Thrombosis agents, Misc: Elocate	Add new drug
J7210	Blood Formation, Coagulation, Thrombosis agents, Misc: Afstyla	Add new drug
J7211	Blood Formation, Coagulation, Thrombosis agents, Misc: Kovaltry	Add new drug

J9312	Antineoplastic Agents: Rituxan	Add new drug
Q5101	Blood Formation, Coagulation, Thrombosis agents, Misc: Zarxio	Add new drug
Q5110	Blood Formation, Coagulation, Thrombosis agents, Misc: Nivestym	Add new drug
Q5119	Antineoplastic Agents: Ruxience	Add new drug

Historical

Additional Information for Providers

The rendering provider must be the same on the preauthorization request and on the claim’s submission. If there is a change, it is imperative that the utilization review team is notified to amend the preauthorization in a timely manner.

As always, we welcome your comments. You can reach us at: SWHPMedicalDirectors@BSWHealth.org

SWHP/FirstCare Medical Directors