

Pharmacy

Preauthorization Updates

AVASTIN

Effective January 1, 2020, Avastin (J9035) has been moved from excluded coverage to requiring preauthorization. Avastin will require preauthorization for eye injections. Members currently receiving Avastin for chemotherapy will be grandfathered. New chemotherapy requests will require the use of our preferred biosimilar, Mvasi (Q5107).

ERYTHROPOIETIN STIMULATING AGENT (ESA) UPDATES

The only Erythropoietin Stimulating Agent (ESA) covered by WEA Trust is Retacrit. As of January 1, 2020, the following ESAs were moved from excluded coverage to requiring preauthorization:

- ▶ Epogen
- ▶ Procrit

UDENYCA

Effective May 15, 2020, Udenyca (Q5111) will require preauthorization. Ziextenzo (J3590) will replace Udenyca as the preferred biosimilar.

Exclusion Updates

INJECTABLE IRON PRODUCTS

Effective April 1, 2020, the injectable iron products: Injectafer and Feraheme will move from requiring preauthorization to excluded. The products Venofer, Ferrlecit, and Infed are the preferred products and will continue to NOT require preauthorization.

Venofer	J1756	Preferred; No Preauthorization
Ferrlecit	J2916	Preferred; No Preauthorization
Infed	J1750	Preferred; No Preauthorization
Injectafer	J1439	Excluded
Feraheme	Q0138	Excluded

RITUXAN

Effective April 1, 2020, Rituxan (J9312) will be excluded. Truxima (Q5115) will replace Rituxan as the preferred biosimilar and will require preauthorization.

MONITORING CRITERIA FOR RHEUMATOID ARTHRITIS DRUGS

WEA Trust updated criteria to cover a multi-biomarker test to monitor disease activity for members with rheumatoid arthritis. The tests are Vectra DA, Methotrexate Polyglutamate (MTX) and Hydroxychloroquine (HCQ).

These tests are covered by WEA Trust and requires no billing on the part of the provider. The test kits are ordered through the laboratory and the test is submitted directly to the respective laboratory. The shipping is prepaid:

TEST	LABORATORY
Vectra DA	Myriad Genetics
MTX and HCQ	Exagen

Please complete the appropriate form for each test. The order forms for the test kits are available through the laboratory websites.

IMPORTANT: The forms can be accessed electronically from the WEA Trust website at WEAtrust.com/provider/provider-forms.

Credentialing

Contracted providers must complete the credentialing process and receive approval for network participation prior to rendering services to WEA Trust members. Services provided before the successful completion of the credentialing process will be denied and may not be billed to the member.

Medical Management

Prophylactic Mastectomy

The medical criteria for a Prophylactic Mastectomy has been revised to align with the recommendation of the American Society of Breast Surgeons. The Prophylactic Mastectomy Medical Policy can be found on our website at weatrust.com/providers/medical-policies.

Code Coverage

Surgical Assist Reimbursement Policy

An Assistant-at-Surgery actively assists the Physician performing a surgical procedure. Reimbursement for Assistant-at-Surgery services, when reported by the same individual Physician or Other Qualified Health Care Professional, is based on whether the assistant surgeon is a Physician (designated by modifiers 80, 81 or 82) or an Other Qualified Health Care Professional (designated by modifier AS) acting as the surgical assistant. Only one Assistant-at-Surgery for each procedure with an Indicator of 2 on the National Physician Fee Schedule (NPFSS) is a reimbursable service. Exceptions to this policy are not made for teaching hospitals or hospital bylaws.

Effective March 18, 2020, WEA Trust updated our reimbursement policy regarding surgical assistants to align with Medicare. This policy will apply to modifiers 80, 81, 82 and AS and will affect claims processed or reprocessed after the effective date.

The reimbursement will be as follows based on the contracted allowed amount:

Physician: 16%

Other Qualified Health Care Professional: 13.6%