PreferredOne®

Pharmacy Investigative List
Effective: August 26, 2021

This information is updated regularly. It is not an all-inclusive list of health care services considered investigative and therefore, not eligible for reimbursement. Always consult with enrollee's Certificate of Coverage (COC) or Summary Plan Description (SPD) as all eligible care is subject to limits and copayments specified by the Plan. To the extent, there is any inconsistency between a medical policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will control.

DATE ADDED TO LIST	LAST REVIEW DATE	HCPCS	DESCRIPTION	COMMENTS/DEFINITION
06/2021			Amondys 45 (casimersen)	
09/2008	08/12		Bevacizumab for all ocular indications not covered in pharmacy clinical PC/V001 Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	See PC/V001 for covered ICD-10 codes
08/2009			Bio-Identical Compounded Hormone Therapy	
12/2020			Continuous glucose monitoring systems for long-term use in non-insulin dependent diabetics	
05/2005	05/05	J1438	Etanercept (Enbrel) for Wegener's Granulomatosis	
06/2010		S9349	Home Tocolytic Infusion Therapy	Home tocolytic infusion therapy utilizes a low-dose subcutaneous infusion of a tocolytic agent (e.g. terbutaline) as a means to prevent preterm labor in pregnant women.
05/2009		J7318 J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328 J7329 J7331 J7332	Hyaluronic Acid injections into any joint OTHER than the knee	Also known as intra-articular viscosupplementation. Such as but not limited to, Durolane, Euflexxa, Gel-One, GelSyn-3,Genvisc 850, Hyalgan, Hyaluranon, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz, Supartz FX, Synojoynt, Synvisc, Synvisc-One, TriVisc and Visco-3. Proven effective for use in knee only – can allow for: ICD-10 codes M17.0, M17.11, M17.12, M17.2, M17.5, M17.9

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09/2008	06/17	J2778	Lucentis for all ocular indications not covered in the Lucentis section of pharmacy clinical policy PC/V001 Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	
11/2004	11/04		Nifedipine Gel	
05/2004	05/04		Secretin Infusion Therapy for Autism	
05/2006	05/06		Sildenafil for Treatment of Infertility in Women	
02/2005	02/05		Tamoxifen for gynecomastia	
03/2017	02/20		Varicose vein treatment with micronized purified flavonoid fraction	Such as, but not limited to daflon, Meeflon, Venixxa
08/2004	08/04		Verapamil	Compounded transdermal administration for treatment of Peyronie's Disease (this does not include Verapamil injections)
12/2020		J1427	Viltepso (viltolarsen)	
05/2020		J1429	Vyondys 53 (golodirsen)	

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

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PreferredOne Insurance Company
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Minneapolis, MN 55459-0212
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U.S. Department of Health and Human Services
200 Independence Avenue, SW
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