
Title: New Jersey Medications with Therapeutic Alternatives

Policy #: Rx.01.199

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **ibuprofen/ famotidine (Duexis®)**, **naproxen/ esomeprazole (Vimovo®)**, **aspirin/ omeprazole (Yosprala®)**, **metformin modified extended release (Glumetza®)**, **fluocinonide 0.1% cream (Vanos®)**, **omeprazole/sodium bicarbonate (Zegerid®) capsules**, **amlodipine/celecoxib (Consensi®)**, **chlorzoxazone 250mg, Vanadom® 350mg**, **prenatal vitamins (Trinaz®, Azesco®/Ziphex®, Zalvit®, Pregenna®/PVN® tab, Azeschew®, Prenara®, DermacinRx tab Pretrate®)**, **methocarbamol 1000mg tablet**, and **diclofenac potassium (Lofena)** as provided under the member's prescription drug benefit.

Description:

ibuprofen/ famotidine (Duexis®), **naproxen/ esomeprazole (Vimovo®)**, and **aspirin/ omeprazole (Yosprala®)**

Fixed dose combinations (FDC) contain two or more active ingredients incorporated into a single dosage presentation (eg, tablet, capsule, patch). The value of FDCs depends upon the product, the condition being treated, and the target population for the product.

Ibuprofen/ famotidine (Duexis®) is an FDC containing 800mg of ibuprofen, a non-steroidal anti-inflammatory drug (NSAID), and 26.6 mg of famotidine, a histamine H₂-receptor antagonist (H₂RA). It is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. Controlled trials do not extend beyond 6 months.

Naproxen/ esomeprazole (Vimovo®) is an FDC containing 375mg or 500mg of naproxen, an NSAID, and 20mg of esomeprazole, a proton pump inhibitor (PPI). It is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis and to decrease the risk of developing gastric ulcers in patients at risk of developing NSAID-associated gastric ulcers. Naproxen/ esomeprazole (Vimovo®) is not recommended for initial treatment of acute pain because the absorption of naproxen is delayed compared to absorption from other naproxen-containing products. Controlled studies do not extend beyond 6 months.

Aspirin/ omeprazole (Yosprala®) is an FDC containing 81mg or 325mg of aspirin, an antiplatelet and 40mg of omeprazole, a PPI. It is indicated for patients who require aspirin for secondary prevention of cardiovascular and cerebrovascular events and who are at risk of developing aspirin associated gastric ulcers. Controlled studies do not extend beyond 6 months.

These FDCs offer no clinical advantage over the individual components. There are several formulary alternatives available.

Metformin modified extended release (Glumetza®)

Metformin is a biguanide that improves glucose tolerance in patients with type 2 diabetes mellitus (T2DM), lowering basal and postprandial plasma glucose. Metformin decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization. Metformin does not produce hypoglycemia in patients with T2DM or in healthy subjects except in special circumstances and does not cause hyperinsulinemia. With metformin therapy, insulin secretion remains unchanged, while fasting insulin levels and day-long plasma insulin response may actually decrease.

Omeprazole/ sodium bicarbonate (Zegerid®)

Proton Pump Inhibitors (PPIs) suppress gastric acid secretion by inhibiting hydrogen-potassium adenosinetriphosphatase (H⁺/K⁺ ATPase) on the surface of parietal cells, the final step in acid secretion. PPIs are the most potent gastric acid suppression agents and are most effective when the parietal cells are stimulated to produce acid post-prandially.

PPIs are useful in treating peptic ulcer disease (including prevention and treatment of NSAID induced gastric ulcers), gastroesophageal reflux disease (GERD) with and without esophageal erosions, hypersecretory diseases, and helicobacter pylori infections (as part of an antibiotic containing regimen).

Fluocinonide 0.1% cream (Vanos®) is a super high potency topical corticosteroid indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses in patients 12 years of age or older.

Amlodipine/celecoxib (Consensi®) is a combination of amlodipine besylate, a calcium channel blocker, and celecoxib, a nonsteroidal anti-inflammatory (NSAID), indicated for patients for whom treatment with amlodipine for hypertension and celecoxib for osteoarthritis are appropriate. Lowering blood pressure reduces the risk of fatal and nonfatal CV events, primarily strokes and infarctions. Consensi® is available in three fixed-dose combinations (FDC) where celecoxib dose is constant: 2.5 mg/200 mg, 5 mg/200 mg, and 10 mg/ 200 mg.

Chlorzoxazone 250mg is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The mechanism of action has not been clearly identified but may be related to its sedative properties. The drug is available in 250mg, 375mg, 500mg, and 750mg. Standard dose for the treatment of acute musculoskeletal pain is 500mg to 750mg orally three to four times daily. If 250mg per dose is required, the 500mg tablet is functionally scored that can easily be broken in half.

Vanadom® is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. The mechanism of action has not been clearly identified. In animal studies, muscle relaxation induced by carisoprodol is associated with altered interneuronal activity in the spinal cord and in the descending reticular formation of the brain.

DermacinRx tab Pretrate® contains vitamin A, vitamin C, vitamin D3, vitamin E, thiamin, riboflavin, niacin, vitamin B6, folate, vitamin b12, choline, calcium, iron, iodine, magnesium, zinc, selenium, manganese, chromium, and molybdenum. DermacinRx tab Pretrate® indicated to provide vitamins and minerals to women throughout pregnancy and during the postnatal period for both lactating and non-lactating mothers, and throughout the childbearing years.

Diclofenac potassium (Lofena®) is a potent inhibitor of prostaglandin synthesis in vitro. It is indicated for treatment of primary dysmenorrhea, relief of mild to moderate pain, relief of the signs and symptoms of osteoarthritis, and relief of the signs and symptoms of rheumatoid arthritis.

Methocarbamol is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. The mode of action of methocarbamol has not been clearly identified but may be related to its sedative properties.

Policy:

INITIAL CRITERIA: Ibuprofen/ famotidine (Duexis®), naproxen/ esomeprazole (Vimovo®), aspirin/ omeprazole (Yosprala) or amlodipine/celecoxib (Consensi®) is approved when there is an inadequate response or inability to tolerate a TWO-week trial of BOTH of the following:

1. Concurrent administration of each of the components of the requested product; and
2. At least FOUR generic alternatives (when available) of each of the individual components of the requested product

Drug	Components	Generic alternative(s)
Ibuprofen/famotidine (Duexis®)	ibuprofen	E.g., celecoxib, diclofenac, etodolac, meloxicam, naproxen
	famotidine	E.g., Cimetidine, nizatidine, ranitidine
Naproxen/esomeprazole (Vimovo®)	naproxen	E.g., celecoxib, diclofenac, etodolac, ibuprofen, meloxicam
	esomeprazole	E.g., pantoprazole, omeprazole, rabeprazole
Omeprazole/aspirin (Yosprala®)	aspirin	NA
	omeprazole	E.g., pantoprazole, rabeprazole, lansoprazole
Amlodipine/celecoxib (Consensi®)	amlodipine	E.g., diltiazem, felodipine, nifedipine, nisoldipine
	celecoxib	E.g., celecoxib, diclofenac, etodolac, ibuprofen, meloxicam

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Ibuprofen/famotidine (Duexis®), naproxen/esomeprazole (Vimovo®), aspirin/omeprazole (Yosprala®), or amlodipine/celecoxib (Consensi®) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 6 months

INITIAL CRITERIA: Metformin modified extended release (Glumetza®) is approved when there is inadequate response or inability to tolerate BOTH of the following:

1. Two generic forms of extended-release metformin; and
2. Glucophage XR

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Metformin modified extended release (Glumetza®) is re-approved when there is documentation of positive clinical response to therapy such as reduction in A1c.

Reauthorization duration: 6 months

INITIAL CRITERIA: Omeprazole/sodium bicarbonate 40mg-1.1g (Zegerid®) capsules is approved when there is documentation of BOTH of the following:

1. An FDA or compendia approved indication; and
2. Inadequate response to a two-week trial or inability to tolerate THREE of the following generic proton pump inhibitors administered concurrently with sodium bicarbonate oral tablet:
 - a. omeprazole
 - b. lansoprazole
 - c. pantoprazole
 - d. rabeprazole

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Omeprazole/sodium bicarbonate 40mg-1.1g (Zegerid®) capsules is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 6 months

Quantity limit: 2 capsules per day; 60 capsules per 30 days

Omeprazole/sodium bicarbonate 40mg-1.1g (Zegerid®) increased quantity limits is approved when ONE of the following is met:

1. Pathological hypersecretory condition including Zollinger-Ellison syndrome; or
2. Barrett's esophagus; or
3. Upper gastrointestinal bleed (gastric or duodenal); or
4. Inadequate response to once daily proton pump inhibitor therapy with ONE of the following:
 - a. Gastroesophageal reflux disease (GERD) with nocturnal symptoms
 - b. GERD or erosive esophagitis for member less than 11 years old
 - c. Laryngopharyngeal reflux
 - d. Treatment for the eradication of H pylori with triple therapy (duration of therapy will be limited to 14 days)

Approval duration: 6 months

INITIAL CRITERIA: Fluocinonide 0.1% cream (Vanos®) is approved when ALL of the following are met:

1. Diagnosis of the relief of inflammatory and pruritic manifestations of corticosteroid response dermatoses; and
2. Member is 12 years or older; and
3. Documentation of an inadequate response or inability to tolerate THREE class-1 superpotent topical steroids (e.g., clobetasol propionate, augmented betamethasone, halobetasol)

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Fluocinonide 0.1% cream (Vanos®) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 6 months

INITIAL CRITERIA: Trinaz®, Azesco®, Pregenna®/PNV® tab, Zalvit®, Azeschew®/Ziphex®, Prenara®, or DermacinRx tab Pretrate® is approved when there is an inadequate response or inability to tolerate at least three generic, prescription strength prenatal vitamins.

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Trinaz®, Azesco®, Pregenna®/PNV® tab, Zalvit®, Azeschew®/Ziphex®, Prenara®, or DermacinRx tab Pretrate® is re-approved when there is documentation of continued need for the prenatal vitamin (i.e., pregnancy, breast feeding).

Reauthorization duration: 6 months

INITIAL CRITERIA: Chlorzoxazone 250mg is approved when there is an inadequate response or inability to tolerate BOTH of the following:

1. Chlorzoxazone 500mg*; and
2. At least THREE of the following generics:
 - a. Metaxalone; or
 - b. Carisoprodol; or

- c. Tizanidine; or
- d. Cyclobenzaprine; or
- e. Baclofen; or
- f. Methocarbamol

*Chlorzoxazone 500 mg is functionally scored to be broken in half.

Initial authorization duration: 3 months

REAUTHORIZATION CRITERIA: Chlorzoxazone 250mg is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 3 months

INITIAL CRITERIA: Vanadom 350mg is approved when there is an inadequate response or inability to tolerate BOTH of the following:

- 1. Carisoprodol 350mg; and
- 2. At least THREE of the following generics:
 - a. Metaxalone; or
 - b. Tizanidine; or
 - c. Cyclobenzaprine; or
 - d. Baclofen; or
 - e. Methocarbamol; or
 - f. Chlorzoxazone 500mg

Initial authorization duration: 1 month

REAUTHORIZATION CRITERIA: Vanadom 350mg is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 1 month

INITIAL CRITERIA: Diclofenac potassium (Lofena) 25mg tablet is approved when there is an inadequate response or inability to tolerate at least THREE of the following generics:

- 1. Diclofenac potassium 50mg; or
- 2. Diclofenac sodium; or
- 3. Ibuprofen, or
- 4. Naproxen; or
- 5. Meloxicam; or
- 6. Celecoxib; or
- 7. Indomethacin

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA: Diclofenac potassium (Lofena) 25mg tablet is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 6 months

INITIAL CRITERIA: Methocarbamol 1000mg is approved when there is an inadequate response or inability to tolerate BOTH of the following:

- 1. Methocarbamol 500mg tablets; and
- 2. At least three of the following generics:

- a. Metaxalone; or
- b. Tizanidine; or
- c. Cyclobenzaprine; or
- d. Chlorzoxazone 500mg; or
- e. Carisoprodol 350mg

Initial authorization duration: 1 month

REAUTHORIZATION CRITERIA: Methocarbamol 1000mg is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 1 month

******Applies to AmeriHealth Insurance Company of New Jersey and AmeriHealth HMO Inc (New Jersey)******

Black Box Warning as shown in the drug Prescribing Information:

NSAIDs (ibuprofen, naproxen, Consensi®, Duexis®, Vimovo®, Lofena®)

Cardiovascular Risk: NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.

NSAIDs are contraindicated for treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery.

Gastrointestinal Risk: NSAIDs cause an increased risk of serious gastrointestinal adverse reactions including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These reactions can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.

Metformin (Glumetza®)

Lactic acidosis is a rare, but serious, complication that can occur because of metformin accumulation. The risk increases with conditions such as renal impairment, sepsis, dehydration, excess alcohol intake, hepatic impairment, and acute congestive heart failure.

The onset is often subtle, accompanied only by nonspecific symptoms such as malaise, myalgias, respiratory distress, increasing somnolence, and nonspecific abdominal distress.

Laboratory abnormalities include low pH, increased anion gap, and elevated blood lactate. If acidosis is suspected, discontinue metformin containing agent and immediately hospitalize the patient.

DermacinRx tab Pretrate®

Accidental overdose of iron-containing products is a leading cause of fatal poisoning in children under 6.

Folic acid in doses above 0.1 mg daily may obscure pernicious anemia, in that hematologic remission can occur while neurological manifestations remain progressive. This may result in severe nervous system damage before the correct diagnosis is made.

This product is contraindicated in patients with known hypersensitivity to any of its ingredients; also, all iron compounds are contraindicated in patients with hemosiderosis, hemochromatosis, or hemolytic anemias. Pernicious anemia is a contraindication, as folic acid may obscure its signs and symptoms.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

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Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Chlorzoxazone 250mg	Chlorzoxazone 250mg
Consensi®	amlodipine/celecoxib
Duexis®	Ibuprofen/ famotidine
Vimovo®	Naproxen/ esomeprazole
Yosprala®	Aspirin/ omeprazole
Glumetza®	Metformin, modified extended release
Zegerid® caps	Omeprazole/ sodium bicarbonate
Vanos®	Fluocinonide cream 0.1%
Trinaz®	Prenatal vitamin/ferrous gluconate/folic acid
Azesco®/Ziphex®	Prenatal vitamin/ferrous gluconate/folic acid
Zalvit®	Prenatal vitamin/ferrous bisglycinate chelate/folic acid
Pregenna®/PNV® tab	Prenatal vitamin/ferrous gluconate/folic acid
Azeschew®	Prenatal vitamin/ferrous fumarate/folic acid
Prenara®	Prenatal vitamin/ferrous fumarate/folic acid
DermacinRx tab Pretrate®	Prenatal vitamin/ferrous fumarate/folic acid tablet
Vanadom® 350mg	Carisoprodol 350mg
Lofena®	Diclofenac potassium
Methocarbamol 1000mg	Methocarbamol 1000mg

Cross References:

Off-Label Use Rx. 01.33

Policy Version Number:	12.00
P&T Approval Date:	March 16, 2023
Policy Effective Date:	July 01, 2023
Next Required Review Date:	December 08, 2023

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

