LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
February 3, 2022

Special notices

Effective March 13, 2022

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after March 13, 2022, the following updates will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging

Updates by section

Brain imaging

Acoustic neuroma
- Removed indication for CT brain and replaced with CT temporal bone

Meningioma
- Added new guideline for follow-up intervals

Pituitary adenoma
- Removed allowance for CT following nondiagnostic MRI in macroadenoma

Tumor, not otherwise specified
- Added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features

Chest imaging

Pneumonia
- Removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing

Pulmonary nodule

- Revised criteria for follow-up of nodules detected on lung cancer screening CT based on Lung-RADS

Head and neck imaging

Parathyroid adenoma

- Added situations where surgery is recommended based on American Association of Endocrine Surgeons guidelines

Temporomandibular joint dysfunction

- Added duration of required conservative management

Abdominal and pelvic imaging

Azotemia

- Removed this indication

Hematuria

- Revised criteria for asymptomatic microhematuria based on American Urological Association guideline

Intussusception

- Removed this indication

Jaundice

- Added requirement for ultrasound prior to advanced imaging in pediatric patients

Sacroiliitis

- Added situations where advanced imaging is indicated (predisposing condition or equivocal radiographs)

Uterine leiomyomata (fibroids)

- Added requirement for ultrasound prior to MRI
- Expanded indication to include most other fertility-sparing procedures

Oncologic imaging

- Updated recommendations based on the National Comprehensive Cancer Network (NCCN) for the following:

- Breast cancer
- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- Melanoma
- Neuroendocrine tumors
- Soft tissue sarcoma
- Testicular cancer
- Thyroid cancer

Breast cancer

- Updated clinical scenarios in chart for diagnostic breast MRI and PET/CT for management

Cancer screening

- Added indication for hepatocellular carcinoma screening
- Added age criteria for pancreatic cancer

Effective for dates of service on and after March 13, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging of the Heart**

Updates by section

Cardiac imaging

Coronary CT Angiography

- Removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk

Effective for dates of service on and after March 13, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology**

- Removed Eastern Cooperative Oncology Group (ECOG) status as definition for performance status throughout guidelines

Effective February 4, 2022

Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia, 7.01.167
New policy

- Wide-area transepithelial sampling with three-dimensional computer-assisted analysis (WATS3D) is considered investigational for all indications, including but not limited to the screening and surveillance of Barrett esophagus and esophageal dysplasia

Drugs for Rare Diseases, 5.01.576

Site of service review added

- Adakveo® (crizanlizumab-tmca)
- Aldurazyme® (laronidase)
- Kanuma® (sebelipase alfa)

Hereditary Angioedema, 5.01.587

Site of service review added

- Cinryze® (pdC1-INH)

IL-5 Inhibitors, 5.01.559

Site of service review added

- Cinqair® (reslizumab)

Medical necessity criteria updated

- Nucala® (mepolizumab)
  Indication: Treatment of adults with eosinophilic granulomatosis with polyangiitis (EGPA)
  - Requirement added that patient has been taking prednisone or prednisolone

  Indication: Treatment of adults and children age 12 years and older with hypereosinophilic syndrome (HES)
  - Genetic testing is required to confirm that the patient does not have FIP1L1-PDGFRA kinase-positive HES
  - Requirement has been added that the patient has been taking background HES therapy prior to treatment with this drug

Immune Globulin Therapy, 8.01.503

Site of service review added

- Asceniv™ (immune globulin intravenous, human - slra)

Intravitreal Corticosteroids, 5.01.619

New policy

Drugs added

- Iluvien® (fluocinolone acetonide intravitreal implant)
  - Treatment of diabetic macular edema (DME) in patients age 18 years and older
- Ozurdex® (dexamethasone intravitreal implant)
  - Treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) in patients age 18 years and older

        - Treatment of non-infectious uveitis of the posterior segment of the eye in patients age 18 years and older
        - Treatment of diabetic macular edema (DME) in patients age 18 years and older
    - Retisert® (fluocinolone acetonide intravitreal implant)
        - Treatment of chronic non-infectious uveitis affecting the posterior segment of the eye in patients age 12 years and older
    - Yutiq® (fluocinolone acetonide intravitreal implant)
        - Treatment of chronic non-infectious uveitis of the posterior segment of the eye in patients age 18 years and older

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

Site of service review added

- Amondys 45® (casimersen)

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Site of service review added

- Stelara® (ustekinumab) IV
- Stelara® (ustekinumab) SC

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Site of service review added

- Uplizna™ (inebilizumab-cdon)

Pharmacotherapy of Arthropathies, 5.01.550

Site of service review added

- Stelara® (ustekinumab)

Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers, 1.01.18

Policy statement added

- The use of lymphedema pumps applied to the head and neck to treat lymphedema has been added to the list of investigational conditions

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

New drugs added

- Adakveo® (crizanlizumab-tmca)
- Aldurazyme® (laronidase)
- Amondys 45™ (casimersen)
- Asceniv™ (immune globulin intravenous, human – slra)
- Cinqair® (reslizumab)
- Cinryze® (C1 esterase inhibitor [human])
- Kanuma® (sebelipase alfa)
- Stelara® (ustekinumab) IV

- Stelara® (ustekinumab) SC
- Uplizna® (inebilizumab-cdon)

Total Artificial Hearts and Implantable Ventricular Assist Devices, 7.03.11

Medical necessity criteria updated

- For implantable ventricular assist devices (VADs) for end-stage heart failure, criteria updated based on the 2020 MOMENTUM 3 clinical trial
  - Criterion added of cardiac index while patient is not on inotropes
  - Heart transplant ineligibility criteria removed

Xolair® (omalizumab), 5.01.513

Medical necessity criteria updated

- Indication: Treatment of moderate to severe asthma in adults and children age 6 years and older
  - Requirement added that an adult patient is not a smoker, or is enrolled in a smoking cessation program
  - Requirement added that the patient weighs between 44 and 330 pounds
- Indication: Treatment of severe chronic idiopathic urticaria in adults and adolescents age 12 years and older
  - The requirement of failure to respond to two therapeutic regimens has been reduced to one
- Indication: Treatment of adult patients with inadequately controlled nasal polys
  - Requirement added for a pre-treatment IgE antibody score greater than or equal to 30 IU/mL
  - Requirement added that the patient weighs between 66 and 330 pounds

Medical policies

No updates this month

Pharmacy policies

Revised pharmacy policies Effective February 1, 2022

BCR-ABL Kinase Inhibitors, 5.01.518

New drug added

- Scemblix® (asciminib)

- Treatment of adults with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase after resistance or intolerance to prior therapy with imatinib and an additional tyrosine kinase inhibitor
- Treatment of T3151-positive Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase

Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63

Drug with new indication

- Tecartus™ (brexucabtagene autoleucel)
  - Treatment of patients with relapsed or refractory B-cell acute lymphoblastic leukemia

Epidermal Growth Factor Receptor (EGFR) Inhibitors, 5.01.603

New drug added

- Exkivity™ (mobocertinib)
  - Treatment of adults patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, whose disease has progressed on or after platinum-based chemotherapy

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Drugs with new indications

- Lupron Depot® (leuprolide acetate)
- Trelstar® (triptorelin pamoate)
  - Palliative treatment of advanced breast cancer in pre- and perimenopausal women

Drugs with new indications

- Lupron Depot® (leuprolide acetate)
- Trelstar® (triptorelin pamoate)
- Zoladex® (goserelin)
  - Additional treatment of early breast cancer in pre- and perimenopausal women
  - Combination treatment of HR+/HER2-negative, lymph-node positive, early breast cancer at high risk of recurrence and a Ki-67 score of ≥ 20% in pre- and perimenopausal women

Medical necessity criteria updated

- Fensolvi® (leuprolide acetate)
- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
- Lupron Depot PED® (leuprolide acetate)
- Supprelin LA® (histrelin implant)
- Triptodur® (triptorelin)

- Trelstar® (triptorelin pamoate)
- Vantas® (histrelin implant)
    - Providers in an adolescent medicine gender clinic have been added to the list of specialists who can prescribe or consult on the use of these drugs

Policy statements added

- Definition of advanced prostate cancer
- Pre- and perimenopausal status documentation requirements
- Dosing requirements for Lupron Depot® (leuprolide acetate), Trelstar® (triptorelin pamoate)
- Definition of high-risk in Verzenio™ (abemaciclib) clinical trial for breast cancer indication

Re-authorization criteria added

- Lupron Depot® (leuprolide acetate)
- Trelstar® (triptorelin pamoate)
- Zoladex® (goserelin)
    - 12 months for additional treatment of early breast cancer in pre- and perimenopausal women

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Kappa Opioid Receptor (KOR) Agonist

New drug added

- Korsuva™ (difelikefalin)
    - Treatment of pruritus associated with chronic kidney disease (CKD)
    - This drug is managed through the patient's medical benefit

GnRH Receptor Antagonist Products

Section and drugs removed

- Oriahnn® (elagolix, estradiol, and norethindrone acetate; elagolix)
- Orilissa® (elagolix)
    - These drugs have been moved to policy Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Migraine and Cluster Headache Medications, 5.01.503

New drug added

- Elyxyb® (celecoxib oral solution)
    - Acute treatment of migraine with our without aura in patients age 18 years or older

Appendix updated

- Ergotamine preparations have been removed from preventive headache therapies

mTOR Kinase Inhibitors, 5.01.533

New drug added

- Fyarro™ (sirolimus protein-bound particles)
  - Treatment of adult patients with locally advanced inoperable or metastatic malignant perivascular epithelioid cell tumor (PEComa)

Archived policies

An archived policy is one that's no longer active and is not used for reviews.

No updates this month

Deleted policies

No updates this month

Coding updates

Added codes
Effective February 4, 2022

Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia, 7.01.167

Now requires review for investigational.

88104, 88305, 88312, 88361

American Society of Addiction Medicine (ASAM), 10.01.532

*Applies to fully insured plans only
Now requires review for medical necessity and prior authorization.

H0031, H0032, H2014, H2019, S5108, S5109, S5110 and S5111

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Intravitreal Corticosteroids, 5.01.619

Now requires review for medical necessity and prior authorization.

J7311, J7312, J7313, J7314

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Now requires review for Site of Service; currently requires review for Medical Necessity and prior authorization.

J0791, J3357, J3358, J1931, J1426, J1554, J2786, J0598, J2840, J1823

Effective February 1, 2022

Noninvasive Tests for Hepatic Fibrosis, 2.01.536

Now requires review for medical necessity and prior authorization.

0014M, 81596