

Medical Policy and Coding Updates

April 7, 2022

Special notices

Effective July 7, 2022

Immune Checkpoint Inhibitors, 5.01.591

Site of service review added

- Keytruda® (pembrolizumab)
- Opdivo® (nivolumab)

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Site of service review added

- Keytruda® (pembrolizumab)
- Opdivo® (nivolumab)

Effective June 3, 2022

Phosphoinositide 3-kinase (PI3K) Inhibitors, 5.01.592

Indication removed

- Aliqopa® (copanlisib)
 - Treatment of chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) with this drug is not FDA-approved or supported by the National Comprehensive Cancer Network (NCCN)

Medical policies

New medical policies

Effective April 1, 2022

Hyperbaric Oxygen Therapy, 2.01.505

Policy renumbered

- From Hyperbaric Oxygen Therapy, 2.01.04, to 2.01.505

Indication added

- Central retinal artery occlusion

Pharmacy policies

Revised pharmacy policies Effective April 1, 2022

Drugs for Rare Diseases, 5.01.576

New drugs added

- Besremi (ropeginterferon alfa-2b-njft)
 - Treatment of polycythemia vera in patients age 18 years and older
- Voxzogo™ (vosoritide)
 - Treatment of achondroplasia in patients between age 5 and 18 years

Medical necessity criteria updated

- Firdapse® (amifampridine)
 - The requirement for a trial of the drug Ruzurgi® (amifampridine) has been removed
- Oxbryta™ (voxelotor)
 - The age requirement has been reduced from 12 years to 4 years and older

Drug removed

- Ruzurgi® (amifampridine)
 - This drug has been withdrawn from the market

Dupixent®, 5.01.575

Medical necessity criteria updated

- Indication: Atopic dermatitis
 - The requirement for a trial of two topical corticosteroids has been reduced to one
 - This drug must be prescribed by or in consultation with an allergist, immunologist, or dermatologist

Immune Checkpoint Inhibitors, 5.01.591

Indication removed

- Keytruda® (pembrolizumab)
 - Third-line single agent therapy for patients with PD-L1-positive gastric or gastroesophageal junction cancer

Pharmacotherapy of Arthropathies, 5.01.550

Atopic Dermatitis

New policy section

New drugs added

- Adbry™ (tralokinumab-ldrm)
- Cibinqo™ (abrocitinib)
- Rinvoq® (upadacitinib)

Psoriatic Arthritis

New drug added

- Skyrizi® (risankizumab-rzaa)

Medical necessity criteria updated

- Cimzia® (certolizumab pegol) SC
- Cosentyx® (secukinumab)
- Orencia® (abatacept) IV/SC
- Simponi® (golimumab) SC
- Simponi Aria® (golimumab) IV
 - Skyrizi® (risankizumab-rzaa) has been added to the list of drugs that must be tried before the above drugs can be prescribed

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

New drugs added

- Orencia® (abatacept)
 - Prevention of acute graft versus host disease
- Vyvgart™ (efgartigimod alfa-fcab)
 - Treatment of myasthenia gravis in adult patients age 18 years and older

Archived policies

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

No updates this month

Deleted policies

Effective April 1, 2022

Hyperbaric Oxygen Therapy, 2.01.04

- This policy has been replaced by [Hyperbaric Oxygen Therapy, 2.01.505](#)

Coding updates

Added codes

Effective April 1, 2022

[Amniotic Membrane and Amniotic Fluid, 7.01.583](#)

Now requires review for investigational.

Q4224, Q4225, Q4256, Q4257, Q4258

[Antibody-Drug Conjugates, 5.01.582](#)

Now requires review for medical necessity and prior authorization.

J9273, J9359

[Bioengineered Skin and Soft Tissue Substitutes, 7.01.113](#)

Now requires review for investigational.

A2011, A2012, A2013

[Drugs for Rare Diseases, 5.01.576](#)

Now requires review for medical necessity.

C9090

[Drugs for Rare Diseases, 5.01.576](#)

Now requires review for medical necessity and prior authorization.

J0219

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Now requires review for medical necessity and prior authorization.

J0879

mTOR Kinase Inhibitors, 5.01.533

Now requires review for medical necessity.

C9091

Non-covered Services and Procedures, 10.01.517

Not covered.

H2038, T2050, T2051

Non-covered Experimental/Investigational Services, 10.01.533

Now requires review for investigational.

0489T, 0490T, K1028, K1029

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Now requires review for medical necessity and prior authorization.

J0491

Prescription Digital Therapeutics, 13.01.500

Now requires review for investigational.

A9291

Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Diseases, 2.04.123

Now requires review for investigational.

0312U

Vascular Endothelial Growth Factor (VEGF) Receptor Inhibitors for Ocular Disorders, 5.01.620

Now requires review for medical necessity.

C9093

Vascular Endothelial Growth Factor (VEGF) Receptor Inhibitors for Ocular Disorders, 5.01.620
Now requires review for medical necessity and prior authorization.

Q5124

AIM Specialty Health® Genetic Testing

Now reviewed by AIM Specialty Health® for medical necessity and prior authorization.

0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U

Revised codes Effective April 1, 2022

Electrostimulation and Electromagnetic Therapy for Treating Wounds, 2.01.57

No longer requires review for medical necessity. Now requires review for investigational and prior authorization

E0761

Removed codes Effective April 1, 2022

Antibody-Drug Conjugates, 5.01.582

No longer requires review. Code terminated.

C9084

Drugs for Rare Diseases, 5.01.576

No longer requires review. Code terminated.

C9085

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

No longer requires review. Code terminated.

C9086

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564
No longer requires review for medical necessity and prior authorization.

Q5109