LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
May 5, 2022

Special notices

Effective August 5, 2022

Drugs for Rare Diseases, 5.01.576

Pompe Disease

Site of service review added

- Nexviazyme™ (avalglucosidase alfa-ngpt) IV

Thyroid Eye Disease (TED)

Medical necessity criteria updated

- Tepezza™ (teprotumumab-trbw)
  - The patient must have tried glucocorticoids before this drug can be prescribed
  - This drug will be given within 9 months of completing the glucocorticoid trial
  - This drug must be prescribed by an ophthalmologist with expertise in TED treatment or endocrinologist with expertise in TED treatment
  - This drug is not being used in combination with another biologic drug that can be used to treat TED

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Site of service review added

- Nexviazyme™ (avalglucosidase alfa-ngpt) IV

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 May 1, 2022

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569

New policy

- This policy replaces Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.48
- All other policy statements remain unchanged

Revised medical policies
Effective May 1, 2022

Amniotic Membrane and Amniotic Fluid, 7.01.583

Medical necessity criteria updated

Specific ophthalmic conditions have been removed and replaced with a general statement about eye conditions

Investigational criteria updated

- The use of other human amniotic products (from amnion, chorion, amniotic fluid, umbilical cord, or Wharton's jelly) is considered investigational
- The use of human amniotic products for repair following Mohs micrographic surgery is considered investigational

- AmnioBind®, Enverse, MLG-CompleteTM, and Relese™ have been added to the list of investigational products

Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis, 7.01.168

Policy renamed

From "Cryoablation for Chronic Rhinitis" to "Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis"

Investigational criteria updated

- Radiofrequency ablation
- Laser ablation
  - The procedures listed above have been added to the list of investigational treatments

Prescription Digital Therapeutics, 13.01.500

Investigational criteria updated

- d-Nav® Insulin Management Program
- Insulia® Diabetes Management Companion
- Leva® Pelvic Digital Health System
- MindMotion™ GO
  - The prescription digital therapeutics listed above have been added to the list of investigational software applications

Temporomandibular Joint Disorder, 2.01.535

Investigational criteria updated

Dextrose prolotherapy has been added to the list of investigational nonsurgical treatments

Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs, 3.01.522

Minimum service requirements updated

- Added requirement that treatment is taking place in a licensed residential program that provides 24-hour individualized interdisciplinary treatment
- Added note that registered and certified clinicians are not considered licensed clinical practitioners

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Pharmacy policies

Revised pharmacy policies
Effective May 1, 2022

Drugs for Rare Diseases, 5.01.576

Achondroplasia (ACH)

Medical necessity criteria updated

- Voxzogo™ (vosoritide)
  - Added specific dosing based on patient's actual body weight

Cold Agglutinin Disease (CAD)

New policy section

Drug added

- Enjaymo™ (sutimlimab-jome)
  - To decrease the need for red blood cell transfusion due to hemolysis in adults age 18 years and older with cold agglutinin disease (CAD)

Pyruvate Kinase Deficiency (PKD)

New policy section

Drug added

- Pyrukynd® (mitapivat)
  - Treatment of hemolytic anemia in adults age 18 years and older with pyruvate kinase deficiency

Folate Antimetabolites, 5.01.617

Drug added

- Pemfexy™ (pemetrexed)
  - First treatment of locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) when used in combination with platinum chemotherapy
  - As a single agent for the maintenance treatment of locally advanced or metastatic, non-squamous NSCLC without disease progression after four cycles of platinum chemotherapy
  - As a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC who have already had chemotherapy
  - First treatment of cancerous pleural mesothelioma that cannot be treated with surgery when used in combination with cisplatin

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Anticonvulsants

Drug with new indication

- Fintepla® (fenfluramine)
  - Treatment of seizures associated with Lennox-Gastaut syndrome in patients age 2 years and older

Heart Failure Agents

Medical necessity criteria updated

- Jardiance® (empagliflozin)
  - The requirement for a reduced ejection fraction of 40% or less has been removed

Muscle Relaxants

Drug added

- Brand baclofen oral solution

mTOR Kinase Inhibitors, 5.01.533

Drug added

- Generic everolimus tablet for oral suspension
  - Treatment of adults and children age 1 year and older with tuberous sclerosis complex (TSC) who have subependymal giant cell astrocytoma (SEGA)
  - Treatment of adults and children age 2 years and older with TSC-associated partial-onset seizures

Medical necessity criteria updated

- Afinitor® (everolimus tablet)
  - The patient must have tried generic everolimus tablet first before the above drug can be prescribed
- Afinitor Disperz® (everolimus tablet for oral suspension)
  - The patient must have tried generic everolimus tablet for oral suspension first before the above drug can be prescribed

Pharmacotherapy of Cushing's Disease and Acromegaly, 5.01.548

Drug added

- Recorlev® (levoketoconazole)
  - Treatment of high cortisol in patients age 18 years and older with Cushing's syndrome

Medical necessity criteria updated

- Isturisa® (osilodrostat)
- Signifor® (pasireotide)
- Signifor® LAR (pasireotide)
  - The requirement to use the drugs carbergoline and Metopirone® (metyrapone) or Lysodren® (mitotane) has been removed

- The patient must have tried generic ketoconazole before the above drugs can be prescribed

Policy statement added
Definition of gastroenteropancreatic neuroendocrine tumor (GEP-NET)

Tadalafil Products for Benign Prostatic Hyperplasia, 5.01.545

Drug added

- Entadfi™ (finasteride and tadalafil)
  - Treatment of symptoms of benign prostatic hyperplasia (BPH)

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

Drug added

- Vabysmo™ (faricimab-svoa)
  - Treatment of neovascular (wet) age-related macular degeneration (AMD)
  - Treatment of diabetic macular edema (DME)

Medical necessity criteria updated

- Beovu® (brolucizumab-dbll)
- Byooviz™ (ranibizumab-nuna)
- Eylea® (aflibercept)
- Lucentis® (ranibizumab)
- Macugen® (pegaptanib)
- Susvimo™ (ranibizumab)
  - Revised statement that combination treatment includes each eye treated
  - Vabysmo™ (faricimab-svoa) has been added to the list of drugs that may not be used in combination treatment

Archived policies

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

Effective May 1, 2022

Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery, 7.01.140

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Deleted policies

Effective May 1, 2022

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.48

- This policy has been replaced by **Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569**

Coding updates

Added codes
Effective May 1, 2022

Folate Antimetabolites, 5.01.617
Now requires review for medical necessity and prior authorization.

J9304

Revised codes
Effective May 1, 2022

Amniotic Membrane and Amniotic Fluid, 7.01.583
No longer requires review for medical necessity or prior authorization. Now requires review for investigational.

Q4145, Q4168

Removed codes
Effective May 1, 2022

Chelation Therapy, 8.01.535
No longer requires review.

G0068

Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins During Breast-Conserving Surgery, 7.01.140

No longer requires review. Policy archived.

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