LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
June 2, 2022

Special notices

Effective September 11, 2022

Updates to **AIM Specialty Health® Clinical Appropriateness Guidelines**

Effective for dates of service on and after September 11, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging**

Updates by section

Extremity Imaging

Fracture

- Added indication for evaluation of supracondylar fracture
- Added CT as an alternative to MRI for tibial plateau fracture

General information/overview

- Allowed exception to specified durations of conservative management in rare cases

Perioperative imaging (including delayed hardware failure), not otherwise specified

- Added statement that advanced imaging is not indicated for robotic-assisted hip arthroplasty

Rotator cuff tear

- Updated conservative management time from 4 weeks to 6 weeks for rotator cuff tear

Shoulder arthroplasty

- Added statement that advanced imaging is not indicated for robotic-assisted shoulder arthroplasty

Spine Imaging

Cervical injury

- Clarified that post-traumatic neurologic deficit refers specifically to an exam finding

General information/overview

- Allowed exception to specified durations of conservative management in rare cases

Perioperative and periprocedural imaging

- Added requirement for initial evaluation with radiographs

Thoracic or lumbar injury

- Clarified that neurologic deficit refers specifically to an exam finding

Vascular Imaging: Brain, Head and Neck

Pulsatile tinnitus

- Added optional CTA/MRA neck evaluation for pulsatile tinnitus

Stenosis or occlusion, extracranial carotid arteries

- Added new screening indications for post-neck irradiation and incidental carotid calcification
- Revised surveillance guidelines to align with Society for Vascular Surgery for annual imaging, post-revascularization after first year

Stroke or transient ischemic attach (TIA)

- Divided this section into two categories: intracranial evaluation and extracranial evaluation
- Revised guidelines to align with American Hospital Association/American Society of Anesthesiologists
  - Allowed CTA/MRA of the neck without previous prerequisite for subacute stroke/TIA
- Allowed CTA/MRA for chronic posterior circulation stroke/TIA
- Added indication for carotid ultrasound

Vascular Imaging: Abdomen and Pelvis

Acute aortic syndrome

- Added optional pelvic imaging

Aneurysm of the abdominal aorta or iliac arteries

- Screening: Added femoral aneurysm to the list of lower extremity sites
- Management: Revised guidelines to align with Society for Vascular Surgery for post-endovascular repair to repeat imaging 12 months after baseline
- Surveillance: Revised guidelines to align with Society for Vascular Surgery for stable aneurysms treated with endographs
  - Duplex arterial ultrasound annually
  - CT every 5 years

Venous thrombosis or occlusion

- Added optional pelvic imaging to Imaging Study section

Vascular Imaging: Upper Extremity

Peripheral arterial disease (PAD)

- Added any sign or symptom with inconclusive physiologic testing, including exercise testing, to diagnostic criteria for suspected PAD and management of known PAD
- Added criteria for the management of PAD: resting ischemic pain to unilateral cold painful hand

Vascular Imaging: Lower Extremity

Peripheral arterial disease (PAD)

- Added any sign or symptom with inconclusive physiologic testing, including exercise testing, to diagnostic criteria for suspected PAD
- Revised guidelines to align with Society for Vascular Surgery by adding indication for ultrasound surveillance for repaired popliteal artery aneurysm

Effective for dates of service on and after September 11, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Sleep Disorder Management**.

Updates by section

Sleep Disorder Diagnostic Management

Established sleep disorder (OSA or other) - follow-up laboratory studies

- Added option that a follow-up, in-lab sleep study may be allowed to adjust device settings after insertion of a hypoglossal nerve stimulator

Multiple sleep latency testing (MSLT) and/or maintenance of wakefulness testing (MWT)

- Added MWT indication for occupational safety

Sleep Disorder Treatment Management

Management of obstructive sleep apnea using oral appliances

- Added age indication for patients age 16 years and older to the use of a custom fabricated oral appliance

Effective September 4, 2022

Updates to **AIM Specialty Health® Clinical Appropriateness Guidelines**

Effective for dates of service on and after September 4, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Genetic Testing**

Updates by section

Hereditary Cardiac Disease

Appropriate use criteria

- Added general genetic testing criteria

Genetic testing of affected individuals

- Moved content with specific cardiac conditions in "Testing of Asymptomatic Individuals" to this section

Genetic testing in the evaluation of sudden cardiac arrest

- Added this new section and medical necessity criteria

Post-mortem genetic testing

- Added new medical necessity criteria

Reproductive Carrier Screening and Prenatal Diagnosis

Preimplantation genetic testing of embryos

- Added polygenetic risk scores (PRS) to the list of not medically necessary conditions

Single Gene and Multifactoral Conditions

Thrombophilia testing

- Removed the criterion for an individual with unprovoked venous thromboembolism

Somatic and Hematologic Tumors Genetic Testing

Conditions for which testing may be medically necessary

- Added FoundationOne® as medically necessary for non-small cell lung cancer (NSCLC) stage IIIB and above
- Added targeted multigene panels as medically necessary for endometrial cancer

Cell-free testing

- Listed ctDx Lung™ and Target Selector™ NGS Lung Panel as the only approved targeted multi-gene panels for biomarkers in locally advanced or metastatic non-small cell lung cancer (NSCLC)

Cancer screening

- Added timing of PSA testing in relation to the PCA3 or ConfirmMDx test
- Moved criteria for gene expression classifier testing for indeterminate thyroid nodules (ITN) from Table 1 to this section

Effective September 2, 2022

Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults, 7.01.560

Anterior cervical fusion

Indications added

- Spine fracture and/or dislocation
- Cervical spine revision surgery

Medical necessity criteria updated

Indication: Cervical pseudoarthritis

- Cervical pseudarthrosis must be symptomatic

- Imaging shows evidence of hardware failure
- Pain aligns with the level of pseudoarthritis
- A cervical spine MRI or CT scan 12 months after a previous spinal fusion shows non-union at the same level as symptom/exam findings

Posterior cervical fusion

Indication added

- Implant/instrumentation failure

Medical necessity criteria updated

Indication: Cervical pseudoarthritis

- Imaging shows evidence of hardware failure
- Pain aligns with the level of pseudoarthritis
- A cervical spine MRI or CT scan 12 months after a previous spinal fusion shows non-union at the same level as symptom/exam findings

Hysterectomy for Non-Malignant Conditions, 7.01.548

Medical necessity criteria updated

Criteria for uterine fibroids has been separated from the abnormal uterine bleeding indication

Indications added

- Chronic pelvic inflammatory disease (PID)
- Pelvic pain

Lumbar Spinal Fusion in Adults, 7.01.542

Indication added

Revision surgery for implant/instrumentation failure

Spravato® (esketamine) Nasal Spray, 5.01.609

All Indications

Medical necessity criteria updated

- Documentation of depression must include the patient's symptoms and their severity as measured by one or more standardized depression rating scales
- The patient must have no current use of any mind- or mood-altering substances, including but not limited to alcohol, marijuana, stimulants, and hallucinogens/psychedelics

All Indications

Medical necessity criteria added

A new course of Spravato® treatment when the patient was previously treated with this drug

All Indications

Re-authorization criteria updated

- The patient must not have a current substance use disorder, unless there has been complete abstinence for a month
- The patient must have no current use of any mind- or mood-altering substances, including but not limited to alcohol, marijuana, stimulants, and hallucinogens/psychedelics

Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533

Medical necessity criteria updated

- The timing of persistent GERD symptoms following treatment with daily proton pump inhibitor (PPI) therapy has been changed from 4 - 8 weeks to 8 weeks
- Criterion added that UGI may be performed to evaluate returning GERD or heartburn symptoms after the completion of proton pump inhibitor (PPI) treatment
- Deleted criterion that a UGI may be performed after 6-12 weeks of treatment with a histamine H2-receptor antagonist
- Follow-up of known eosinophilic esophagitis has been added to the list of medically necessary conditions

Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement, 2.02.506

Medical necessity criteria updated

A 90-day time limit has been added for the use of a wearable cardioverter-defibrillator as a bridge to a permanent implantable (internal) cardioverter-defibrillator surgery

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 July 1, 2022

For dates of service on or after July 1, 2022, LifeWise will no longer review home sleep studies for prior authorization and medical necessity. Providers will no longer need to submit a request through AIM Specialty Health® for these services. AIM Specialty Health® will still review supplies/equipment and in lab sleep studies.

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)

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Medical policies

New medical policies Effective June 1, 2022

Electrical and Electromagnetic Stimulation for the Treatment of Arthritis, 1.01.27

New policy

The use of electrical or electromagnetic stimulation for the treatment of osteoarthritis (OA) or rheumatoid arthritis (RA) is considered investigational

Low Intensity Pulsed Ultrasound Fracture Healing Device, 1.01.537

Policy renumbered

- This policy replaces Low Intensity Pulsed Ultrasound Fracture Healing Devices, 1.01.05
- All other policy statements remain unchanged

Revised medical policies Effective June 1, 2022

Electrical Stimulation Devices, 1.01.507

Investigational criteria updated

Percutaneous electrical nerve field stimulation (PENFS) for abdominal pain associated with irritable bowel syndrome (IBS) has been added to the list of investigational services

Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain, 7.01.574

Policy renamed

From "Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain of Peripheral Nerve Origin" to "Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain"

Investigational criteria updated

Peripheral nerve origin has been removed from the investigational statement

Pharmacy policies

New pharmacy policies Effective June 1, 2022

Pharmacologic Treatment of Atopic Dermatitis, 5.01.628

New policy

Drugs added

- Adbry™ (tralokinumab-ldrm)
- Cibinqo™ (abrocitinib)
- Rinvoq® (upadacitinib)
  - The drugs listed above were moved from policy Pharmacotherapy of Arthropathies, 5.01.550
  - Medical necessity criteria remain unchanged

Drugs added

- Elidel® (pimecrolimus)
- Eucrisa® (crisaborole)
- Opzelura™ (ruxolitinib)
- Protopic® (tacrolimus)
  - The drugs listed above were moved from policy Medical Necessity Criteria for Pharmacy Edits, 5.01.605
  - Medical necessity criteria remain unchanged

Revised pharmacy policies Effective June 1, 2022

Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63

Drug with new indication

- Yescarta™ (axicabtagene ciloleucel)
  - Treatment of adults age 18 years and older with follicular lymphoma that has relapsed or can't be treated with surgery

Documentation requirements updated

Requirements are listed for each drug's indication

Immune Checkpoint Inhibitors, 5.01.591

Drugs with new indications

- Keytruda® (pembrolizumab)
  - Treatment of endometrial cancer that is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) when used as a single agent
- Opdivo® (nivolumab)
  - Treatment given before surgery for non-small cell lung cancer (NSCLC), in combination with platinum-doublet chemotherapy

Intravitreal and Suprachoroidal Corticosteroids, 5.01.619

Policy renamed

From "Intravitreal Corticosteroids" to "Intravitreal and Suprachoroidal Corticosteroids"

Drug added

- Xipere™ (triamcinolone acetonide injectable suspension)
  - Treatment of macular edema associated with uveitis

Migraine and Cluster Headache Medications, 5.01.503

Medical necessity criteria updated

- Nurtec™ ODT (rimegepant)
  - Quantity limits revised from 16 tablets to 8 tablets every 30 days
  - This drug may not be used at the same time as Ubrelvy™ (ubrogepant)
- Reyvow™ (lasmiditan)
  - Quantity limits revised from 16 tablets to 8 tablets every 30 days
- Ubrelvy™ (ubrogepant)
  - Quantity limits revised from 16 tablets to 10 tablets every 30 days
  - This drug may not be used at the same time as Nurtec™ ODT (rimegepant)

Miscellaneous Oncology Drugs, 5.01.540

Drugs added

- Vonjo™ (pacritinib)
  - Treatment of adults with myelofibrosis
- Kimmtrak® (tebentafusp-tebn)
  - Treatment of adult patients with uveal melanoma that has spread to other parts of the body or can't be treated with surgery

Drug with new indication

- Lynparza® (olaparib)
  - Treatment of adults with high-risk early breast cancer

Medical necessity criteria updated

- Lynparza® (olaparib)

Indication: Treatment of adult patients with metastatic breast cancer

  - PALB2 mutation is included
  - Criterion added that the cancer must be HER2-negative
- All indications
  - “Deleterious or suspected deleterious” has been added as a descriptor to the BRCA mutation

Medical necessity criteria updated

- Kisqali® (ribociclib)

- Kisqali® Femara® Co-Pack (ribociclib – letrozole)
  - The trial and failure requirement for the drugs Ibrance® (palbociclib) or Verzenio® (abemaciclib) has been removed

Policy statement added

- Inrebic® (fedratinib)
  - Documentation requirements for risk stratification

Pharmacotherapy of Arthropathies, 5.01.550

Site of service review added

- Infliximab (Janssen – unbranded)

Ankylosing Spondylitis

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)
- Rinvoq™ (upadacitinib)

Medical necessity criteria updated

- Xeljanz® (tofacitinib)
- Xeljanz® XR (tofacitinib extended-release)
  - The patient must have tried one or more TNF blockers before the above drugs may be prescribed

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
  - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Polyarticular Juvenile Idiopathic Arthritis

Medical necessity criteria updated

- Xeljanz® (tofacitinib)
- Xeljanz® Oral Solution (tofacitinib)
  - The patient must have tried one or more TNF blockers before the above drugs may be prescribed

Enthesitis-Related Arthritis

New policy section

Drug added

- Cosentyx® (secukinumab)

Rheumatoid Arthritis

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)

Medical necessity criteria updated

- Rinvoq™ (upadacitinib)
- Xeljanz® (tofacitinib)
- Xeljanz® XR (tofacitinib extended-release)
    - The patient must have tried one or more TNF blockers before the above drugs may be prescribed

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
    - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Atopic Dermatitis

Policy section moved to another policy

Drugs removed

- Adbry™ (tralokinumab-ldrm)
- Cibinqo™ (abrocitinib)
- Rinvoq® (upadacitinib)
    - The drugs listed above have been moved to policy **5.01.628, Pharmacologic Treatment of Atopic Dermatitis**, with no changes to coverage criteria

Plaque Psoriasis

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
    - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Psoriatic Arthritis

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)

Medical necessity criteria updated

- Rinvoq™ (upadacitinib)
- Xeljanz® (tofacitinib)
- Xeljanz® XR (tofacitinib extended-release)
    - The patient must have tried one or more TNF blockers before the above drugs may be prescribed

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
    - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Site of service review added

- Infliximab (Janssen – unbranded)

Crohn's Disease

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
    - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Ulcerative Colitis

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)

Drug added

- Rinvoq™ (upadacitinib)

Dosing requirements added

- Zeposia® (ozanimod)

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
  - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Pharmacotherapy of Miscellaneous Autoimmune Disorders, 5.01.564

Site of service review added

- Infliximab (Janssen – unbranded)

Pyoderma Gangrenosum

Drugs added to first-line treatments

- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)
  - Inflectra® has been added as a first-line treatment

Medical necessity criteria updated

- Avsola™ (infliximab-axxq)
- Renflexis™ (infliximab-abda)
  - The patient must have tried Infliximab (Janssen – unbranded), Inflectra® (infliximab-dyyb), or Remicade® (infliximab) before the above drugs may be prescribed

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Drug added

- Infliximab (Janssen – unbranded)

Archived policies

No updates this month

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Deleted policies

Effective June 1, 2022

Low Intensity Pulsed Ultrasound Fracture Healing Devices, 1.01.05
This policy has been replaced by **Low Intensity Pulsed Ultrasound Fracture Healing Device, 1.01.537**

Coding updates

Added codes
Effective June 1, 2022

Intravitreal and Suprachoroidal Corticosteroids, 5.01.619
Now requires review for medical necessity.

C9092

Non-covered Experimental/Investigational Services, 10.01.533
Now requires review for investigational.

C1832, C1833