LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
February 2, 2023

Special notices

Effective May 2, 2023

Applied Behavioral Analysis (ABA), 3.01.510

Note added

Applied behavioral analysis (ABA) may be considered medically necessary when criteria for Diagnosis, Initial Functional Behavioral Analysis, Initial Treatment Plan, ABA Treatment Services, ABA Treatment Services Settings, Continued Treatment are met. Some plans may not review all of the criteria listed in policy.

Psychotherapy sessions

Section removed

Diagnosis

Section added

Medical necessity criteria updated

- Updated diagnostic terminology for consistency with the DSM-5/DSM-5-TR
- Expanded the types of clinicians who can diagnose Autism Spectrum Disorder

Initial Functional Behavioral Analysis

Section added

Initial treatment plan

Section added

ABA treatment services

Section added

Medical necessity criteria updated

Clarified that the maximum number of medically necessary hours of daily and weekly ABA services applies only treatment hours (not to other components of ABA)

ABA treatment settings
Section added
Medical necessity criteria updated
Updated the requirements for agencies to be considered to be ABA treatment services providers

Continued treatment
Section added
Medical necessity criteria updated
Clarified that the after the initial Functional Behavioral Analysis, Functional Behavioral Analysis re-assessments are considered to be medically necessary no more frequently than once every 6 months

Applied Behavior Analysis (ABA) service providers
Section updated

- Expanded the types of clinicians who may provide direct treatment services
- Clarified which ABA services can and cannot be provided by master's and doctoral level clinicians who are not licensed to practice independently and can only practice under supervision

Benefit application
Section updated

- Added a provision in the Benefit Application section that assessments and supporting assessments by behavioral technicians/therapy assistants/paraprofessionals are non-covered (excluded) services except when included in their legally permitted scope of licensure
- Removed the restriction for group treatment sessions that only social skills group sessions are covered for ABA
- Removed the limitation of a maximum of two group sessions daily
- Added "Group treatment sessions are covered for only one clinician for an identified individual regardless of how many clinicians were present for a group session"
- Added general parenting coaching, and training of nannies or au-pairs or similar persons, to the list of activities that are not considered to constitute ABA services

Effective April 9, 2023

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

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging**

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Updates by section

Abdominal and pelvic imaging

Abdominal/pelvic pain, undifferentiated
Removed indication for MRI following nondiagnostic CT

Uterine leiomyomata
Added indication for advanced imaging when ultrasound suggests leiomyosarcoma

Pancreatic indications
Added indication for pancreatic duct dilatation

Pancreatic mass
Added allowance for more frequent follow-up of lesions with suspicious features or in high-risk patients

Pancreatitis
Removed allowance for MRI following nondiagnostic CT

Pelvic floor disorders
Added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic

Brain imaging

Bell's palsy
Limited the use of CT to scenarios where MRI cannot be performed

Meningioma
Added more frequent surveillance for WHO grade II/III

Seizure disorder
Added indication for advanced imaging in pediatric patients with nondiagnostic EEG

Chest imaging

Imaging abnormalities
Added indication for evaluation of suspected tracheal or bronchial pathology

Perioperative imaging
Added indication for imaging prior to lung volume reduction procedures

Head and neck imaging

Perioperative imaging
Added indication for imaging prior to facial feminization surgery

Oncologic imaging

Criteria aligned with National Comprehensive Cancer Network (NCCN) for the following:

- Breast cancer screening
- Cervical
- Head and neck
- Histiocytic neoplasms
- Lymphoma (non-Hodgkin and leukemia)
- Multiple myeloma
- Thoracic
- Thyroid

Prostate cancer

- Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds and removal of low risk disease waiver from conventional imaging footnote
- Added 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging of the Heart**

Updates by section

Cardiac Imaging

CT coronary angiography (CCTA)
Indications added

- Abnormal prior testing

- Expanded use for evaluation of CAD (now a first-line modality)
- Preoperative testing

Indication removed
Suspected anomalous coronary arteries (basis for suspicion required)

Fractional Flow Reserve from CCTA (FFR-CT)
Indication updated
Symptomatic person with 40 - 90% coronary stenosis who has failed guideline directed medical therapy and has undergone a CCTA within the previous 90 days

Resting cardiac MRI
Indication added
- Fabry disease

Indications updated
- Arrhythmogenic right ventricular dysplasia (ARVD) requirements
- Suspected anomalous coronary arteries (basis for suspicion required)
- Suspected myocarditis (basis for suspicion required)

Resting transthoracic echocardiography (TTE)
Valvular heart disease
Criteria updated
- Removed requirement of valvular dysfunction for those who had surgical mitral valve repair
- Updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair
- Removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

Stress cardiac MRI
Indications added
- Abnormal prior testing
- Expanded use for evaluation of CAD (now a first-line modality)
- Preoperative testing

Stress testing with imaging
Indications removed
- Suspected CAD without symptoms
- Established CAD with symptoms
- Established CAD without symptoms

Criteria updated

- Modified indications for suspected CAD with symptoms
- Determined need for testing by pretest probability
- Expanded definition of "chest pain" to include ischemic equivalent pain elsewhere
- Included dyspnea as a standalone symptom
- Treating physician to select imaging modality
- Clarified that exercise is preferred over pharmacologic testing in patients referred for stress testing with imaging
- Clarified that patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology**

Updates by section

Radiation Therapy

Gastrointestinal (GI) cancers
Removed plan comparison requirement for cholangiocarcinoma, esophageal, gastric, hepatocellular, and pancreatic cancer, because IMRT has become standard of care for curative treatment of these cancers

Oligometastatic extracranial disease
Added indication for adrenal metastases in SABR-COMET clinical trial

Prostate cancer - brachytherapy
Added indication for high-dose rate monotherapy in low- and intermediate-risk disease

Image-guided radiation therapy (IGRT)

- Added surface-based guidance technique (no change in coding)
- Added statement that IGRT is not medically necessary to guide superficial radiotherapy for non-melanoma skin cancer (supported by American Society for Radiation Oncology clinical practice guideline)

Therapeutic Radiopharmaceuticals

Prostate cancer
Added indication for Lutetium Lu 177 vipivotide tetraxetan (Pluvicto™), FDA approved for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer who have been treated with AR pathway inhibition and taxane-based chemotherapy

Effective March 1, 2023

Drugs for Rare Diseases, 5.01.576

Medical necessity criteria updated
Lumizyme® (alglucosidase alfa)

- Added dose limit of no more than 20 mg per kg of body weight administered every 2 weeks

Site of service review added

- Mepsevii® (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)

Drug added
Mepsevii® (vestronidase alfa-vjbk)

- Treatment of mucopolysaccharidosis type VII (MPS VII; Sly syndrome)

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Drugs added

- Mepsevii® (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)

Effective February 18, 2023

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after February 18, 2023, the following updates will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Genetic Testing

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Updates by section

Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing

- Clarified testing requirements for Fragile X Syndrome in patients with unexplained ovarian failure
- Clarified carrier screening restrictions for autosomal recessive conditions
- Expanded selected relevant screening for patients at high risk based on ethnicity (e.g., Ashkenazi Jewish, French Canadian, Mennonite) and the conditions for which to test
- Expanded screening when one or both individuals do not have access to biological family history, and allowed preimplantation testing when reproductive donor is of unknown carrier risk

Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer

Removed specific language regarding the brand names of tests which are considered medically necessary, and generally does not specifically name the therapeutic agents which must be under consideration, allowing appropriate review of claims when new therapies or tests are approved by the FDA

Genetic Testing for Inherited Conditions

- Clarified criteria on cardiomyopathies for which testing is medically necessary
- Allowed for broader panels for arrhythmia and cardiomyopathy syndromes

Hereditary Cancer Testing

- Added condition-specific criteria based on National Comprehensive Cancer Network (NCCN) recommendations, as well as other clinical guidelines
- Limited testing in the following scenarios:
  - Prostate cancer (in select scenarios) for patients without additional familial risk
  - Patients with only a second-degree relative with ovarian cancer
  - Patients with breast cancer and family history in some select scenarios (e.g., lobular histology only plus personal or family history of gastric cancer)

Pharmacogenomics Testing

- Limited testing for patients being treated with warfarin
- Specified biomarkers for which one-time testing is considered medically necessary

Somatic Tumor Testing

- Clarified criteria about tumor stage in cutaneous melanoma and cholangiocarcinoma, and about histology in non-small cell lung cancer, ovarian cancer (epithelial) and prostate cancer (adenocarcinoma)
- Chromosomal microarray analysis may require additional review
- Specified the genes that must be included in panels for hematologic malignancy testing
- Allowed testing for patients with metastatic uveal melanoma
- Removed specific language regarding the brand names of tests which are considered medically necessary, and generally does not specifically name the therapeutic agents which must be under consideration, allowing appropriate review of claims when new therapies or tests are approved by the FDA

Use of Polygenic Risk Scores in Genetic Testing

Limited polygenic risk score testing

Whole Exome Sequencing and Whole Genome Sequencing

Whole exome sequencing

- Allowed analysis using the same criteria as the initial test
- Limited testing for congenital bilateral hearing loss of unknown etiology, developmental and epileptic encephalopathy, and single anomaly with positive family history

Effective February 3, 2023

Gender Transition/Affirmation Surgery and Related Services, 7.01.557
Genital or "bottom surgery"
Surgery added
Site of service review added

Hysterectomy will be reviewed for medical necessity. Breast reduction, laparoscopic-assisted vaginal hysterectomy, rhinoplasty, and vaginal hysterectomy will also include site of service review.

Genital or "bottom surgery"

Note removed

Hysterectomies for gender transition/affirmation are not subject to medical necessity review

Hair removal (by laser or electrolysis) prior to genital surgery

Medical necessity criteria updated

Hair removal will be done by a physician, nurse practitioner, physician assistant, or by a professional who is licensed, certified, registered, or otherwise approved by the state for hair removal (e.g., a licensed aesthetician)

Medical necessity criteria updated

Facial, body, or extremity hair removal not related to genital surgery now has separate criteria

Recommendations by Licensed Mental Health Professionals

Section title expanded

Now includes "additional timing requirements for surgery and mental health recommendation letters, and for pre-surgery surgeon evaluations"

Medical necessity criteria updated

- Removed requirement that psychiatrists are board-eligible or board-certified
- Evaluations may be performed by and letters written by state licensed master's and doctoral mental health clinicians who aren't licensed to practice independently if letters are co-signed by mental health professionals who are state licensed to practice independently
- Revised mental health recommendation letter content
    - Combined two criteria into documentation of the history of the person's gender dysphoria and gender identity transition to include assigned gender at birth, age of awareness of gender incongruence, symptoms of gender dysphoria, and actions taken to transition to the desired gender
    - Past and present treatment for gender dysphoric symptoms has been revised to any current or past psychiatric treatment
- Additional timing requirements for surgery and mental health recommendation letters, and pre-surgery surgeon evaluations now includes the statement: "for facial, body, or extremity hair removal not related to genital surgery, pre-procedure evaluations by either a referring medical provider or the hair removal provider are acceptable as the pre-surgery surgeon evaluations"

Hysterectomy for Non-Malignant Conditions, 7.01.548

Policy notes updated

- Replaced statement that this policy does not apply to hysterectomy for gender transition/affirming surgeries to reference the medical policy **Gender Transition/Affirmation Surgery and Related Services, 7.01.557**
- Clarified that the policy does not apply to hysterectomy for gynecologic malignant conditions

Miscellaneous Oncology Drugs, 5.01.540

Drugs added

- Elzonris™ (tagraxofusp-erzs)
  - Treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and children age 2 years and older
- Onivyde® (irinotecan liposome injection)
  - Treatment of pancreatic cancer that has spread to other parts of the body
  - Treatment of bile duct cancer that has spread to other parts of the body

Site of Service: Select Surgical Procedures, 11.01.524

Policy added

Gender Transition/Affirmation Surgery and Related Services, 7.01.557 added to policy to address breast reduction, laparoscopic-assisted vaginal hysterectomy, rhinoplasty, and vaginal hysterectomy

Spravato® (esketamine) Nasal Spray, 5.01.609

Indication: Depression

Medical necessity criteria updated

- A trial and failure of four antidepressants from at least two different classes has been reduced to a trial and failure of three antidepressants from two different classes
- A trial and failure of three antidepressants from at least two different classes plus an augmenting agent has been reduced to two antidepressants from two different classes plus an augmenting agent
- No current substance use disorder unless in remission now includes definition of three months of complete abstinence

Indication: New course of Spravato® after previous treatment

Medical necessity criteria updated

No current substance use disorder unless in remission now includes definition of three months of complete abstinence

Investigational criteria updated

Use of Spravato® (esketamine) along with any other formulation of ketamine or with any psychedelic drug is considered investigational

All indications

Medical necessity criteria updated

Use of Spravato® (esketamine) with more than one provider/group/clinic at the same time is considered not medically necessary

Documentation requirements updated

- For failed medication trials, each medication that failed must be individually identified, along for the reason(s) for failure
- For each failed medication trial, there must be documentation of at least 30 continuous days with no or inadequate improvement unless stopped sooner because of intolerable adverse effects

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders, 2.01.526

Policy statements added

- Types of transcranial magnetic stimulation (TMS) covered
  - Deep transcranial magnetic stimulation of the brain
  - Standard/conventional repetitive transcranial magnetic stimulation of the brain
  - Theta burst stimulation of the brain
- Specific medical conditions where TMS may be considered medically necessary
  - Major depression as a component of bipolar disorder
  - Major depressive disorder
  - Obsessive-compulsive disorder

Investigational criteria updated

- Added list of all other types of transcranial magnetic stimulation (TMS)
- Theta burst stimulation is considered investigational for the treatment of major depression as a component of bipolar disorder and the treatment of obsessive-compulsive disorder
- TMS for all other psychiatric conditions, for all substance use conditions, and for all neurologic conditions are considered investigational
- Use of TMS to boost the effectiveness of other treatment modalities, including but not limited to drugs or other devices, is considered investigational
- Technology computer-assisted TMS of the prefrontal cortex is considered investigational

Major depressive disorder

Medical necessity criteria updated

- Age requirement reduced from 18 years and older to age 15 years and older
- The number of failed medication trials has been reduced from four to three

- Theta burst stimulation has been added as a type of TMS for this condition

Major depression as a component of bipolar disorder
Medical necessity criteria updated

- The number of failed medication trials has been increased from two to three
- Theta burst stimulation is considered investigational for this condition

Obsessive-compulsive disorder
Indication added
Medical necessity criteria added

- Standard/conventional TMS and deep TMS may be considered medically necessary
- Theta burst stimulation is considered investigational for this condition

All indications
Contraindications added

- History of or presence of a brain tumor
- History of repetitive or severe head trauma/traumatic brain injury

Policy sections added
Medical necessity criteria added

- Course of full intensive TMS
- Extended intensive course or extended intensive phase (deep TMS)
- Extended taper
- Accelerated intensive TMS
- Maintenance TMS
- Repeat full intensive course
- Short of brief intensive course
- Consecutive or overlapping courses of TMS for different conditions
- TMS with more than one provider at the same time
- TMS along with Spravato® (esketamine), or ketamine, or any other psychedelic drug
- TMS along with other types of neuromodulation

Medical policies

New medical policies

Implantable Bone Conduction and Bone-Anchored Hearing Aids, 7.01.547

Policy renumbered
This policy replaces **Implantable Bone-Conduction and Bone-Anchored Hearing Aids, 7.01.03**

Use of non-implanted (transcutaneous) bone-conduction (bone-anchored) hearing aids
Medical necessity criteria updated

- Re-instated criteria for transcutaneous bone-anchored hearing aids with softband
- Added criteria for ADHEAR non-invasive bone conduction hearing device

Replacement parts and upgrades
Section added
Medical necessity criteria added
Clarified when batteries, processor, headband, or adhesive adapter may be replaced

Revised medical policies Effective February 1, 2023

Clinical Trials, 10.01.518

Clinical trial participation
Coverage criteria updated
The statement "The individual has provided informed consent" has been revised to "The individual has provided signed informed consent."

Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533

Other upper gastrointestinal (UGI) indications
Indications revised

- Individuals scheduled for organ transplantation" has been revised to "Individuals planned for organ transplantation where the presence of upper GI pathology might modify their management"
- "Performed for preoperative endoscopy evaluation of an individual scheduled for bariatric surgery" has been revised to "Performed for preoperative endoscopic evaluation of an individual prior to bariatric surgery"

Any other condition not addressed in policy
Indication added
Monitoring of individuals with gastric intestinal metaplasia has been added to the list of not medically necessary conditions for UGI endoscopy

Wheelchairs (Manual or Motorized), 1.01.501

Wheelchairs (or strollers designed for children with cerebral palsy or other mobility disorders)
Medical necessity criteria updated

- Added definition of mobility deficit
- Added statement that the mobility deficit cannot be resolved by the use of a cane or walker

- Added statement that the home allows for access between rooms, space to move the wheelchair, and surfaces that are appropriate for wheelchair use

Medical necessity criteria added
Electronic interface

Pharmacy policies

New pharmacy policies

No updates this month

Revised pharmacy policies Effective February 1, 2023

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Brand drugs for ADHD and stimulants for other psychiatric conditions
Drugs added

- Adderall®
- Adderall XR®
- Concerta®
- Desoxyn®
- Dexedrine®
- Evekeo ODT®
- Focalin®
- Focalin XR®
- Intuniv®
- Kapvay®
- Methylin®
- Ritalin®
- Strattera®

Dry eye treatment
Drug added
Tyrvaya™ (varenicline solution nasal spray)

Gabapentin products, brand
Medical necessity criteria updated

- Gralise®
- Horizant®
    - Generic pregabalin has been added as an alternate drug to generic gabapentin for these drugs

Nonsteroidal anti-inflammatory drugs (NSAIDs) and combinations

Drug added

Brand diclofenac potassium for oral solution

Ophthalmic prostaglandin analogs

Drugs added

- Iyuzeh™
- Omlonti®
- Xalatan®

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Drug with new indication

Adcetris® (brentuximab vedotin)

- Treatment of people ages 2 to < 22 years with previously untreated high risk classical Hodgkin lymphoma (cHL) in combination with chemotherapy

Drug added

Lunsumio™ (mosunetuzumab-axgb)

- Treatment of adults with follicular lymphoma that has come back or can't be treated with surgery

Pharmacologic Prevention and Treatment of HIV/AIDS, 5.01.588

Drug added

Sunlenca® (lenacapavir)

- Treatment of multidrug resistant HIV-1 in adults

Pharmacologic Treatment of High Cholesterol, 5.01.558

Drug added

Lovaza® (omega-3-acid ethyl esters)

- Treatment of severe hypertriglyceridemia

Drugs added

- Antara® (fenofibrate)
- Brand fenofibrate
- Fenoglide® (fenofibrate)
- Fibricor® (fenofibric acid)
- Lipofen® (fenofibrate)

- Lopid® (gemfibrozil)
- Tricor® (fenofibrate)
- Triglide™ (fenofibrate)
- Trilipix® (fenofibric acid)
- Zetia® (ezetimibe)
    - Treatment of hyperlipidemia

Pharmacologic Treatment of Psoriasis, 5.01.629

Drug added

Amjevita™ (adalimumab-atto)

- Treatment of plaque psoriasis

Medical necessity criteria updated

- Cimzia® (certolizumab pegol)
- Cosentyx® (secukinumab)
- Ilumya™ (tildrakizumab-asmn)
- Siliq™ (brodalumab)
- Sotyktu™ (deucravacitinib)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drugs may be prescribed

Drugs added

- Brand calcipotriene foam
- Dovonex® (calcipotriene)
- Duobrii® (halobetasol and tazarotene)
- Enstilar® (betamethasone and calcipotriene)
- Sorilux® (calcipotriene)
- Taclonex® (betamethasone and calcipotriene)
- Wynzora® (betamethasone and calcipotriene)
- Vectical® (calcitriol)
    - Topical treatment of plaque psoriasis

Drug added

Soriatane® (acitretin)

- Systemic treatment of psoriasis

Pharmacologic Treatment of Transthyretin-Mediated Amyloidosis, 5.01.593

Medical necessity criteria updated

Amvuttra™ (vutrisiran)

- Removed requirement to try and fail Onpattro® (patisiran) or Tegsedi® (inotersen) before the above drug can be prescribed

Pharmacotherapy of Arthropathies, 5.01.550

Ankylosing spondylitis
Polyarticular juvenile idiopathic arthritis
Rheumatoid arthritis
Psoriatic arthritis

Drug added

Amjevita™ (adalimumab-atto)

Ankylosing spondylitis

Medical necessity criteria updated

- Cimzia® (certolizumab pegol)
- Cosentyx® (secukimumab)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drugs may be prescribed

Polyarticular juvenile idiopathic arthritis

Medical necessity criteria updated

- Actemra® (tocilizumab)
- Orencia® (abatacept)
- Simponi Aria® (golimumab)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drugs may be prescribed

Rheumatoid arthritis

Medical necessity criteria updated

- Actemra® (tocilizumab)
- Cimzia® (certolizumab pegol)
- Kevzara® (sarilumab)
- Kineret® (anakinra)
- Olumiant® (baricitinib)
- Orencia® (abatacept)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drugs may be prescribed

Psoriatic arthritis

Medical necessity criteria updated

- Cimzia® (certolizumab pegol)
- Cosentyx® (secukinumab)

- Orencia® (abatacept)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drugs may be prescribed

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Crohn's disease
Ulcerative colitis
Drug added
Amjevita™ (adalimumab-atto)

Crohn's disease
Medical necessity criteria updated
Cimzia® (certolizumab pegol)

- Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drug may be prescribed

Ulcerative colitis
Medical necessity criteria updated

- Simponi® (golimumab)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drug may be prescribed
- Zeposia® (ozanimod)
    - Amjevita™ (adalimumab-atto) has been added to the list of drugs that must be tried before the above drug may be prescribed
    - The number of drugs that must be tried and failed has been reduced from two to one

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Hidradenitis suppurativa
Pyoderma gangrenosum
Uveitis
Drug added
Amjevita™ (adalimumab-atto)

Archived policies

No updates this month

LifeWise
Health Plan of Washington

Deleted policies

Effective February 1, 2023

Implantable Bone-Conduction and Bone-Anchored Hearing Aids, 7.01.03
Content from this policy has been moved to **Implantable Bone Conduction and Bone-Anchored Hearing Aids, 7.01.547**

Coding updates

Added codes
Effective February 3, 2023

Miscellaneous Oncology Drugs, 5.01.540
Now requires review for medical necessity and prior authorization.

J9269, J9205

Effective February 1, 2023

Implantable Bone-Conduction and Bone-Anchored Hearing Aids, 7.01.547

Now requires review for medical necessity and prior authorization.

L8692

Removed codes
Effective February 1, 2023

Wheelchairs (Manual or Motorized), 1.01.501
No longer requires review.

E2228