

# Medical Policy and Coding Updates

## August 3, 2023

### Special notices

## Effective September 1, 2023

### Intraarticular Corticosteroids, 5.01.633

#### New policy

#### Drug added

- Zilretta (triamcinolone acetonide extended-release injectable suspension) Intra-articular
  - Added as medically necessary for moderate to severe osteoarthritis pain of the knee in adults and may be approved once per knee per lifetime
  - Considered investigational for all other indications

### Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures), 7.01.587

#### New policy

#### *Maze or modified maze procedure*

#### Medical necessity criteria added

- For the treatment of atrial fibrillation or flutter when performed on a non-beating heart during cardiopulmonary bypass

#### *Stand-alone minimally invasive, off-pump maze procedures*

#### Investigational criteria added

- For the treatment of atrial fibrillation or flutter, including when done via mini thoracotomy

#### *Hybrid ablation*

#### Investigational criteria added

- For the treatment of atrial fibrillation or flutter

## Effective August 4, 2023

### Miscellaneous Oncology Drugs, 5.01.540

#### *Miscellaneous Intramuscular/intravenous/subcutaneous agents*

#### Drug added

- Xgeva (denosumab)
  - For the prevention of skeletal-related events in individuals with bone metastases from solid tumors

- For the prevention of skeletal-related events in individuals with multiple myeloma

## Medical policies

### New medical policies Effective August 1, 2023

#### Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569

##### Policy renumbered

This policy replaces Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.48

##### Medical necessity criteria removed

- Removed policy criteria on conservative care failure and BMI  $\leq$  35

#### Percutaneous Electrical Nerve Field Stimulation for Irritable Bowel Syndrome, 2.01.106

##### Investigational criteria added

- Percutaneous electrical nerve field stimulation for abdominal pain in individuals with irritable bowel syndrome is considered investigational (e.g., IB-Stim)

### Revised medical policies Effective August 1, 2023

#### Bariatric Surgery, 7.01.516

##### Medical necessity criteria updated

- Criteria added for indication of treatment of symptomatic gastroesophageal reflux disease under revision surgery

##### Investigational criteria updated

- Added examples of intragastric balloons (Spatz3, TransPyloric Shuttle) considered investigational

#### Children's Therapeutic Positioning Equipment, 1.01.530

##### Medical necessary criteria updated

- Added criteria that there has been a specialized seating/mobility evaluation performed by a therapist or a professional that is independent from the vendor supplying the equipment

##### Non-covered criteria added

- Added criteria that positioning equipment that is primarily for the purpose of the member to perform leisure, recreation, or sports activities is not covered

#### Coronary Angiography for Known or Suspected Coronary Artery Disease in Adults, 2.02.507

### **Medical necessity criteria updated**

- Criteria added for high-risk coronary artery disease based on noninvasive findings of coronary computed tomography angiography

### **Psychiatric and Other Specified Evaluations in Inpatient and Residential Behavioral Health Treatment, 3.01.521**

*Inpatient mental health treatment, inpatient eating disorder treatment, and inpatient substance use disorder treatment*

#### **Medical necessity criteria updated**

- Specified that initial psychiatric evaluation must be done within one day after admission versus within one day of for the purpose of aligning with 2023 InterQual updates
- Added requirement for a medical history and physical examination within one day after admission versus one day within to align with 2023 InterQual updates

*Mental health residential treatment, eating disorder residential treatment, substance abuse residential treatment*

#### **Note added**

- Clarification made that weekly summaries are not the same as and do not count as psychiatric or psychiatric medical evaluations

*Inpatient mental health treatment, inpatient eating disorder treatment, inpatient substance use disorder treatment*

#### **Medical necessity criteria updated**

- Added requirement for a nursing assessment upon admission and then a nursing staff observation 24 hours per day

### **Services Reviewed Using InterQual Criteria, 10.01.530**

This policy updated to reflect additional services:

- Endovascular repair, abdominal aortic aneurysm
- Mastectomy, prophylactic, total or simple

### **Treatment of Varicose Veins/Venous Insufficiency, 7.01.519**

#### **Investigational criteria updated**

- Endovenous radiofrequency or laser ablation of tributary veins is considered investigational
- Sclerotherapy techniques, other than microfoam sclerotherapy, of great, small, or accessory saphenous veins are considered investigational

### **Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs, 3.01.522**

*Psychiatric/mental health disorders; adults (18 years and older)*

#### **Medical necessity criteria updated**

- Admission criteria
  - Added criterion of very problematic sexual behavior

- Continued stay criteria
  - Updated to include the criterion of socially withdrawn or interacting with others in very strange or angry or threatening ways, or with very problematic sexual behavior, in or including in the treatment program
- Minimum service requirements
  - Added inclusion criterion that treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program

*Psychiatric/mental health disorders; adolescents (13 to 17 years old)*

**Medical necessity criteria updated**

- Admission criteria
  - Clarification made to include problematic or abusive sexual behavior
- Continued stay criteria
  - Added tantrums, severe irritability, or rage; problematic sexual behavior; psychomotor agitation; symptoms interfering with functioning in school and irresponsible to staff intervention; and, interacting with others in a very angry or threatening way, including in the treatment program to the list of qualifying criteria
- Minimum service requirements
  - Added inclusion criterion that treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program

*Substance use disorders; adolescents and adults (13 years old and older)*

**Medical necessity criteria updated**

- Minimum service requirements
  - Clarified that treatment must take place in a program that is licensed for substance use disorder outdoor behavioral healthcare residential treatment or licensed for residential substance use

**Pharmacy policies**

**New pharmacy policies  
Effective August 1, 2023**

No updates this month

**Revised pharmacy policies  
Effective August 1, 2023**

**BCR-ABL Kinase Inhibitors, 5.01.518**

**Medical necessity criteria updated**

- Gleevec (imatinib)

- Updated criteria to have trial and failure to generic imatinib
- Removed refractory and relapsed, and added in combination with chemotherapy to the criteria for treatment of adult and pediatric individuals with Philadelphia Chromosome positive acute lymphoblastic leukemia
- Sprycel (dasatinib)
  - Updated criteria to include treatment of newly diagnosed pediatric and adult individuals with Philadelphia Chromosome positive acute lymphoblastic leukemia in combination with chemotherapy

**Medical necessity criteria added**

- Generic imatinib
  - Added a new coverage criterion for generic imatinib

**Medical Necessity Criteria for Pharmacy Edits, 5.01.605**

*Attention-deficit/hyperactivity disorder drugs, brands*

**Drug added**

- Xelstrym (dextroamphetamine)

*Constipation*

**Drug added**

- Linzess (linaclotide)
  - Treatment of functional constipation in pediatric individuals 6 to 17 years old

*Dry Eye*

**Drug added**

- Vevye (cyclosporin Ophthalmic solution)
  - Treatment of dry eye disease

**Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502**

**Medical necessity criteria added**

- Columvi (glofitamab-gxbm)
  - Treatment of adult individuals with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified or large B-cell lymphoma arising from follicular lymphoma, after two or more lines of systemic therapies

**Multiple Receptor Tyrosine Kinase Inhibitors, 5.01.534**

**Medical necessity criteria updated**

- Ayvakit (avapritinib)
  - Updated indication to include treatment of adult individuals with indolent systemic mastocytosis

**Pharmacologic Treatment of Clostridioides Difficile, 5.01.631**

**Drug added**

- Vowst (fecal microbiota spores, live-brbk)

## Pharmacologic Treatment of Psoriasis, 5.01.629

### Second-Line IL-17 Inhibitors

#### Drugs added

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz™ HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Siliq (brodalumab) for treatment of moderate to severe plaque psoriasis
  - Added to the list of drugs that must be tried and failed to qualify for Cosentyx (secukinumab) SC for treatment of moderate to severe plaque psoriasis

### Second-Line IL-23 Inhibitors

#### Drugs added

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz™ HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Ilumya (tildrakizumab-asmn) for treatment of moderate to severe plaque psoriasis

### Second-Line Tyrosine Kinase 2 (TYK2) Inhibitors

#### Drugs added

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz™ HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Sotyktu (deucravacitinib) for treatment of moderate to severe plaque psoriasis

### TNF- $\alpha$ Inhibitors

#### Drugs added

- Cyltezo LCF (adalimumab-adbm), Hyrimoz HCF (adalimumab-adaz) and Adalimumab-adaz HCF (Sandoz – unbranded) SC
  - Treatment of plaque psoriasis as preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

### Second-Line TNF- $\alpha$ Inhibitors

#### Drugs added

- Hyrimoz LCF (adalimumab-adaz) SC, Abrilada (adalimumab-afzb) SC, Hulio (adalimumab-fkjp) SC, Yusimry (adalimumab-aqvh) SC, Hadlima (adalimumab-bwwd) SC and Yuflyma (adalimumab-aaty) SC
  - Treatment of plaque psoriasis as non-preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

## Pharmacotherapy of Arthropathies, 5.01.550

### Second Line TNF- $\alpha$ Antagonists

#### Medical necessity criteria removed

- Individual is being started on Amjevita (adalimumab-atto), Humira (adalimumab), or Enbrel (etanercept) concurrently with leflunomide, methotrexate, or sulfasalazine
  - Removed from non-preferred agents' indication of treatment of polyarticular juvenile idiopathic arthritis

### *First-Line TNF- $\alpha$ Inhibitors*

#### **Drugs added**

- Cyltezo LCF (adalimumab-adbm), Hyrimoz HCF (adalimumab-adaz) and Adalimumab-adaz HCF (Sandoz – unbranded) SC
  - Treatment of ankylosing spondylitis, rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis as preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

### *Second-Line TNF- $\alpha$ Inhibitors*

#### **Drugs added**

- Hyrimoz LCF (adalimumab-adaz) SC, Abrilada (adalimumab-afzb) SC, Hulio (adalimumab-fkjp) SC, Yusimry (adalimumab-aqvh) SC, Hadlima (adalimumab-bwwd) SC and Yuflyma (adalimumab-aaty) SC
  - Treatment of ankylosing spondylitis, rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and psoriatic arthritis as non-preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)
- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz<sup>TM</sup> HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Simponi Aria (golimumab) for treatment of polyarticular juvenile idiopathic arthritis

### *Second-Line IL-1 Inhibitors*

#### **Drugs added**

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz<sup>TM</sup> HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Kevzara (sarilumab) SC for treatment of severe rheumatoid arthritis

### *First-Line IL-6 Inhibitors*

#### **Drugs added**

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz<sup>TM</sup> HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Actemra (tocilizumab) for treatment of polyarticular juvenile idiopathic arthritis, and severe rheumatoid arthritis

### *Second-Line IL-17 Inhibitors*

#### **Drugs added**

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz<sup>TM</sup> HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Cosentyx (secukimumab) SC for treatment of ankylosing spondylitis, and active psoriatic arthritis

### *Second-Line Janus Kinase Inhibitors*

#### **Drugs added**

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz™ HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Olumiant (baricitinib) oral for treatment of severe rheumatoid arthritis

#### *Second-Line T-Cell Costimulation Modulators*

##### **Drugs added**

- Cyltezo LCF (adalimumab-adbm) OR Hyrimoz™ HCF (adalimumab-adaz) OR Adalimumab-adaz HCF (Sandoz – unbranded)
  - Added to the list of drugs that must be tried and failed to qualify for Orencia (abatacept) IV/SC for treatment of polyarticular juvenile idiopathic arthritis, and severe rheumatoid arthritis, and active psoriatic arthritis

### **Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563**

#### *First-Line TNF-α Inhibitors*

##### **Drugs added**

- Cyltezo LCF (adalimumab-adbm), Hyrimoz HCF (adalimumab-adaz) and Adalimumab-adaz HCF (Sandoz – unbranded) SC
  - Treatment of Crohn’s disease and ulcerative colitis as preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

#### *Second Line TNF-α Inhibitors*

##### **Drugs added**

- Hyrimoz LCF (adalimumab-adaz) SC, Abrilada (adalimumab-afzb) SC, Hulio (adalimumab-fkjp) SC, Yusimry (adalimumab-aqvh) SC, Hadlima (adalimumab-bwwd) SC and Yuflyma (adalimumab-aaty) SC
  - Treatment of Crohn’s disease and ulcerative colitis as non-preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

#### *Second-line Sphingosine 1-Phosphate Receptor Modulators*

- Cyltezo LCF (adalimumab-adbm), Hyrimoz HCF (adalimumab-adaz) and Adalimumab-adaz HCF (Sandoz – unbranded) SC
  - Added to the list of drugs that must be tried and failed to qualify for Zeposia (ozanimod) oral for treatment of ulcerative colitis

### **Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564**

#### *TNF-α Inhibitors*

##### **Drugs added**

- Cyltezo LCF (adalimumab-adbm), Hyrimoz HCF (adalimumab-adaz) and Adalimumab-adaz HCF (Sandoz – unbranded) SC
  - Treatment of hidradenitis suppurativa, pyoderma gangrenosum, and uveitis as preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

#### *Second Line TNF-α Inhibitors*

##### **Drugs added**



- Hyrimoz LCF (adalimumab-adaz) SC, Abrilada (adalimumab-afzb) SC, Hulio (adalimumab-fkjp) SC, Yusimry (adalimumab-aqvh) SC, Hadlima (adalimumab-bwwd) SC and Yuflyma (adalimumab-aaty) SC
  - Treatment of hidradenitis suppurativa, pyoderma gangrenosum, and uveitis as non-preferred products and with the identical coverage criteria as Amjevita (adalimumab-atto)

#### **Medical necessity criteria added**

- Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)
  - Treatment of generalized myasthenia gravis in adult individuals who are anti-acetylcholine receptor antibody positive

#### **Prostate Cancer Targeted Therapies, 5.01.544**

##### **Medical necessity criteria added**

- Zytiga (abiraterone)
  - Treatment of deleterious or suspected deleterious BRCA-mutated (BRCAm) metastatic castration-resistant prostate cancer when used in combination with prednisone and olaparib
- Generic abiraterone
  - Treatment of deleterious or suspected deleterious BRCAm metastatic castration-resistant prostate cancer when used in combination with prednisone and olaparib

#### **Spravato (esketamine) Nasal Spray, 5.01.609**

##### **Medical necessity criteria updated**

- Spravato (esketamine)
  - New course of Spravato requires individuals to have had a positive response to the previous course of treatment with Spravato

#### **Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625**

##### *Gender dysphoria*

##### **Drug added**

- Eligard (leuprolide acetate)

##### **Medical necessity criteria updated**

- Requires documentation of individual's gender incongruence and desire to be of a gender other than the individual's assigned gender are not due to any other psychiatric disorders (e.g., psychotic disorders)

#### **Archived policies**

## **Effective August 1, 2023**

#### **Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma, 8.01.533**

## Deleted policies

### Effective September 1, 2023

**Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures), 7.01.14**

This policy is replaced with Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures), 7.01.587

### Effective August 1, 2023

**Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.48**

This policy is replaced with Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569

**Endovascular Repair- Stent for Abdominal Aortic Aneurysm, 2.02.513**

This policy is replaced with InterQual criteria

**Prophylactic Mastectomy, 7.01.581**

This policy is replaced with InterQual criteria

## Coding updates

### Added codes

#### Effective August 1, 2023

**Non-covered Experimental/Investigational Services, 10.01.533**

Now requires review for investigational.

0715T

### Revised codes

#### Effective August 1, 2023

No updates this month

### Removed codes

#### Effective August 1, 2023

**Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma, 8.01.533**

No longer requires review.

79403, A9542, A9543