

# Medical Policy and Coding Updates

## October 5, 2023

### Special notices

## Effective January 1, 2024

### Herceptin (trastuzumab) and Other HER2 Inhibitors, 5.01.514

#### Medical necessity criteria updated

- Trazimera (trastuzumab-qyyp)
  - Updated to second-line agent

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

#### Medical necessity criteria updated

- Ruxience (rituximab-pvvr)
  - Updated to a second-line product

### Pharmacologic Treatment of Psoriasis, 5.01.629

#### Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
  - Updated to a first-line product
  - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
  - Updated to a second-line product
  - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

### Pharmacotherapy of Arthropathies, 5.01.550

#### Medical necessity criteria updated

- Simponi Aria (golimumab) IV
  - Updated to a first-line product for all indications
- Avsola (IV)
  - Updated to a first-line product for all indications
  - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
  - Updated to a second-line product for all indications

- Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

#### Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
  - Updated to a first-line product for all indications
  - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
  - Updated to a second-line product for all indications
  - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
  - Updated to a first-line product for the treatment of pyoderma gangrenosum
  - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
  - Updated to a second-line product for the treatment of pyoderma gangrenosum
  - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

### Rituximab: Non-oncologic and Miscellaneous Uses, 5.01.556

#### Medical necessity criteria updated

- Ruxience (rituximab-pvvr)
  - Updated to a second-line product

### Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.551

#### Medical necessity criteria updated

- Fulphila (pegfilgrastim-jmbd) and Nyvepria (pegfilgrastim-apgf)
  - Updated to a first-line product for individuals less than 18 years of age
  - Updated to a second-line product for individuals 18 years and older
- Udenyca (pegfilgrastim-cbqv) and Ziextenzo (pegfilgrastim-bmez)
  - Updated to a second-line product for individuals less than 18 years of age
  - Updated to a third-line product for individuals 18 years and older

## Effective December 7, 2023

### Dry Needling of Myofascial Trigger Points, 2.01.100

## New policy

- Reinstating previously archived policy
  - Dry needling of trigger points for the treatment of myofascial pain is considered investigational

## Miscellaneous Oncology Drugs, 5.01.540

### Drugs added

- Temodar (temozolomide) IV
  - For the treatment of newly diagnosed glioblastoma concomitantly with radiotherapy and then as maintenance treatment, or for refractory anaplastic astrocytoma in adult individuals who have experienced disease progression on a drug regimen containing nitrosourea and procarbazine
- Unituxin (dinutuximab) IV
  - For use in combination with granulocyte-macrophage colony-stimulating factor, interleukin-2, and 13-cis-retinoic acid, for the treatment of high-risk neuroblastoma in pediatric individuals who achieve at least a partial response to prior first-line multiagent, multimodality therapy

## Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

### Medical necessity criteria updated

- Monoclonal antibodies for the treatment of lymphoma and Rituximab may be delivered in the inpatient setting when medical necessity criteria for site of service are met

## Medical policies

## New medical policies

No updates this month.

## Revised medical policies Effective October 1, 2023

### Artificial Pancreas Device System, 1.01.30

#### Device added

- Artificial pancreas device system with a closed-loop insulin delivery system (iLet Bionic pancreas) for individuals with type 1 diabetes may be considered medically necessary

### Electrical Stimulation Devices, 1.01.507

#### Investigational criteria added

- Multimodal devices that incorporate interferential current stimulation, neuromuscular electrical stimulation, and transcutaneous electrical nerve stimulation are considered investigational for all indications (e.g., NexWave)

### Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533

#### Medical necessity criteria added

- UGI endoscopy is considered medically necessary when performed for endoscopic ultrasound guided fine needle aspiration/biopsy(s) of adjacent organs or structures (e.g., esophagus, stomach, duodenum, pancreas, liver, etc.)

### Rhinoplasty and Other Nasal Procedures, 7.01.558

#### Medical necessity criteria added

- Nasal swell body reduction by any method is considered investigational for the treatment of nasal obstruction or other sinonasal disease

### Gender Transition/Affirmation Surgery and Related Services, 7.01.557

#### Medical necessity criteria added

- For hair removal related to genital surgery
  - Added a requirement for documentation that hair removal will be from existing genital sites where surgery will be performed or from donor tissue that will be utilized to form female or male genitals
  - Added a requirement for documentation that hair removal is intended to reduce the individual's gender dysphoria
- For correction/repair, revision, or reversal surgeries
  - Added requirement for documentation indicating that the original surgery was medically necessary
- See policy for additional additions

#### Medical necessity criteria updated

- For surgery or procedures requiring a mental health recommendation
  - Changed the time requirement for mental health recommendation/support from 6 to 12 months prior to the request for consistency
  - Changed the requirement for mental health recommendation/support for genital surgery from two letters or medical record documentation to one
- See policy for additional updates

#### Medical necessity criteria removed

- For augmentation mammoplasty and genital surgeries
  - Removed the prerequisite of hormone therapy
- For all surgery and procedures
  - Removed the requirement for a pre-surgery or pre-procedure surgeon's or other provider's evaluation
- See policy for additional removals

## Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy, 7.01.588

### Policy renumbered

- This policy replaces Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy 7.01.29, which is now deleted

## Pharmacy policies

### New pharmacy policies

No updates this month

### Revised pharmacy policies Effective October 1, 2023

#### Migraine and Cluster Headache Medications, 5.01.503

##### Medical necessity criteria added

- For calcitonin gene-related peptides (CGRPs), for acute use, updated requirement that trial and failure of one triptan
- For CGRPs, for preventive use, updated requirement that trial and failure of two prophylactic medications

#### Prostate Cancer Targeted Therapies, 5.01.544

##### Medical necessity criteria/drug added

- Akeega (niraparib and abiraterone Acetate) oral for the treatment of adult individuals with deleterious or suspected deleterious BRCA-mutated metastatic castration-resistant prostate cancer

#### Pharmacotherapy of Multiple Sclerosis, 5.01.565

##### Medical necessity criteria removed

- Removed the requirement of trial and failure of Ocrevus step therapy before trying Kesimpta

#### Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

##### Medical necessity criteria added

- Elevidys (delandistrogene moxeparvovec-rokl) IV for the treatment of ambulatory pediatric individuals aged 4 through 5 years with Duchenne muscular dystrophy with a confirmed mutation in the DMD gene

#### C3 and C5 Complement Inhibitors, 5.01.571

##### Medical necessity criteria added

- Veopoz (pozelimab-bbfg) for the treatment of adult and pediatric individuals 1 year of age and older with CD55-deficient protein-losing enteropathy, also known as CHAPLE disease

### Drugs for Rare Diseases, 5.01.576

#### Medical necessity criteria added

- Cholbam (cholic acid) capsule for the indication of either bile acid synthesis disorders due to single enzyme defects or for the adjunctive treatment of peroxisomal disorders including Zellweger spectrum disorders

#### Medical/pharmacy benefit updated

- Crysivita (burosumab) moved from medical/pharmacy benefits to medical benefits

### Pharmacologic Treatment of Hemophilia, 5.01.581

#### Medical necessity criteria added

- Roctavian for the treatment of severe hemophilia A in adults without pre-existing antibodies to adeno-associated virus serotype 5

### CGRP Inhibitors for Migraine Prophylaxis, 5.01.584

#### Medical necessity criteria added

- CGRPs for preventive use. For preventive use, updated requirement that trial and failure of 2 prophylactic medications

### Medical Necessity Criteria for Pharmacy Edits, 5.01.605

#### Medical necessity criteria added

- Opvee (nalmeferene) for the emergency treatment of known or suspected overdose induced by natural or synthetic opioids in adults and pediatric individuals aged 12 years and older, as manifested by respiratory and/or central nervous system depression
- Ingrezza for the treatment of chorea associated with Huntington's disease
- Jesduvroq (daprodustat) for the treatment of anemia due to chronic kidney disease in adults who have been receiving dialysis for at least four months

#### Medical necessity criteria removed

- Removed Farxiga requirement of a reduced ejection fraction of 40% or less

### Archived policies

No updates this month

### Deleted policies

## Effective October 1, 2023

## **Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy, 7.01.29**

This policy is replaced with Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy, 7.01.588

### **Coding updates**

## **Added codes Effective October 1, 2023**

### **Amniotic Membrane and Amniotic Fluid, 7.01.583**

Now requires review for investigational.

Q4285, Q4286

### **Amyotrophic Lateral Sclerosis (ALS) Medications, 5.01.578**

Now requires review for medical necessity and prior authorization.

C9157

### **Bioengineered Skin and Soft Tissue Substitutes, 7.01.113**

Now requires review for investigational.

A2022, A2023, A2024, A2025

### **C3 and C5 Complement Inhibitors, 5.01.571**

Now requires review for medical necessity and prior authorization.

J2781

### **Immune Checkpoint Inhibitors, 5.01.591**

Now requires review for medical necessity and prior authorization.

J9345

### **Laboratory Testing Investigational Services, 2.04.520**

Now requires review for investigational.

0406U, 0415U, 0418U

### **Miscellaneous Oncology Drugs, 5.01.540**

Now requires review for medical necessity and prior authorization.

C9155, J9051

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

Now requires review for investigational.

0019M, C9790, C9792, E0490, E0491, L5991, 0404U

**Non-covered Services and Procedures, 10.01.517**

No longer covered.

A9268, A9269, H2040, H2041, V2526

**Pharmacologic Treatment of Hemophilia, 5.01.581**

Now requires review for medical necessity and prior authorization.

J1411

**Prescription Digital Therapeutics, 13.01.500**

Now requires review for investigational.

A9292

**Repository Corticotropin Injection, 5.01.561**

Now requires review for medical necessity and prior authorization.

J0801, J0802

**Stationary Ultrasonic Diathermy Devices, 7.01.174**

Now requires review for investigational.

K1036

**Carelon Genetic Testing**

Now requires review for medical necessity and prior authorization.

0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0417U, 0419U

**Revised codes  
Effective October 1, 2023**

**Site of Service: Infusion Drugs and Biologic Agents, 11.01.523**



Now requires review for site of service. Currently requires review for medical necessity and prior authorization.

Q5123

## **Removed codes Effective October 1, 2023**

### **Prescription Digital Therapeutics for Substance Use Disorders, 5.01.35**

No longer requires review.

98978

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

Code terminated

0357U

### **C5 Complement Inhibitors, 5.01.571**

Code terminated

C9151

### **Repository Corticotropin Injection, 5.01.561**

Code terminated

J0800

### **Carelon Genetic Testing**

Code terminated

0397U