

# Medical Policy and Coding Updates

## November 7, 2023

### Special notices

## Effective February 7, 2024

### Botulinum Toxins, 5.01.512

#### Medical necessity criteria updated

- Botox, Dysport, Myobloc, and Xeomin for the treatment of cervical dystonia requiring individual does not have acute cervical dystonia caused by exposure to dopamine receptor-blocking drugs

## 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

### 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

### 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

### 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 November 1, 2023

#### Botulinum Toxins, 5.01.512

### **Medical necessity criteria added**

- Botox (onabotulinumtoxinA) for the treatment of primary focal axillary or palmar hyperhidrosis in adult individuals (moved policy criteria from Treatment of Hyperhidrosis, 8.01.519)
- Daxxify (daxibotulinumtoxinA-lanm) for the treatment of cervical dystonia in adult individuals

### **Immune Prophylaxis for Respiratory Syncytial Virus, 5.01.639**

#### **Policy renumbered**

- This policy replaces Immune Prophylaxis for Respiratory Syncytial Virus, 5.01.10, which is now deleted

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

- Provided policy statement that concurrent use of Beyfortus (nirsevimab-alip) and Synagis (palivizumab) within the same respiratory syncytial virus season is considered not medically necessary

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

#### **Title change**

- Policy title changed to "Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain and Other Conditions"

#### **Investigational criteria updated**

- Policy statement modified to include treatment of chronic pain and "other conditions" to cover new background information on eCoin implantable tibial nerve stimulation

### **Prescription Digital Therapeutics, 13.01.500**

#### **Investigational criteria removed**

- Removed Pear Therapeutics products, including ReSet, ReSet-O, and Somryst, as they are longer in business

### **Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101**

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

- Hypoglossal nerve stimulation in adults with obstructive sleep apnea increased body mass index from  $\leq 32$  kg/m<sup>2</sup>, to  $\leq 40$  kg/m<sup>2</sup> to align with expanded Food and Drug Administration indication approved on June 8, 2023

### **Treatment of Hyperhidrosis, 8.01.519**

#### **Title change**

- Policy title changed to "Surgical Treatment of Hyperhidrosis"

#### **Medical necessity criteria removed**

- Removed content on botulinum toxin as it is now included in policy Botulinum Toxins, 5.01.512

## Pharmacy policies

### New pharmacy policies Effective November 1, 2023

#### Chronic Hepatitis B, 5.01.636

##### New policy

- Provided coverage criteria for Baraclude, Epivir-HBV, Hepsera, and Vemlidy for the treatment of chronic hepatitis B
- Moved Pegasys (peginterferon alfa-2a) policy criteria for the treatment of chronic hepatitis B from Hepatitis C Antiviral Therapy, 5.01.606, to this policy

### Revised pharmacy policies Effective November 1, 2023

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

##### Medical necessity criteria/drug added

- Exservan (riluzole) and Tiglutik (riluzole) for the treatment of amyotrophic lateral sclerosis

#### Drugs for Rare Diseases, 5.01.576

##### Medical necessity criteria/drug added

- Added coverage for Sohonos (palovarotene) for the reduction in the volume of new heterotopic ossification in adults and children with fibrodysplasia ossificans progressiva

#### Erythroid Maturation Agents, 5.01.614

##### Medical necessity criteria/drug added

- Reblozyl (luspatercept-aamt) for the treatment of anemia in erythropoiesis stimulating agent (ESA) naïve adults with very low- to intermediate-risk myelodysplastic syndromes

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

##### Medical necessity criteria added

- Use of generic lisdexamfetamine dimesylate required prior to brand Vyvanse for the treatment of attention deficit hyperactive disorder
- Rexulti (brexpiprazole) for the treatment of agitation associated with dementia due to Alzheimer's disease

##### Drugs added

- Humatin (paromomycin) for the treatment of intestinal amebiasis and management of hepatic coma to Antiparasitic Agents

- Pancreaze (pancrelipase) and Pertzye (pancrelipase) for the treatment of exocrine pancreatic insufficiency to Digestive Enzymes
- Miebo (perfluorohexyloctane ophthalmic solution) to Dry Eye Treatment
- Cequa, Tyrvaya, Vevye, Xiidra to require that individual has tried and failed generic cyclosporine ophthalmic emulsion 0.05%
- Gocovri (amantadine) for the treatment of dyskinesia and treatment of “off” episodes in Parkinson’s disease to Parkinson’s Disease Agents
- Osmolex ER (amantadine) for the treatment of Parkinson’s disease and drug-induced extrapyramidal reactions to Parkinson’s Disease Agents
- Lokelma (sodium zirconium cyclosilicate) and Veltassa (patiromer) for the treatment of hyperkalemia to Potassium Binders
- Thiola (tiopronin), Thiola EC (tiopronin delayed-release), and generic tiopronin for the prevention of cystine stone formation to Cystine Binding Drugs

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

- Vyvanse criteria for BED adding requirement individual has tried and failed or is intolerant to generic lisdexamfetamine dimesylate
- Trulance, Motegrity, Pizensy, Linzess, Movantik, and Amitiza to require the individual has tried and failed or is intolerant to generic lubiprostone

#### **Medical necessity criteria removed**

- Vyvanse exception to use of a generic stimulant when the individual has a history of drug abuse or dependence due to the available use of generic lisdexamfetamine dimesylate

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

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

- Arranon added as first-line treatment when incorporated into the augmented Berlin Frankfurter Muenster (ABFM) regimen in intermediate to high-risk individuals or ABFM regimen induction failures

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

- Talvey and Elrexfio for the treatment of adult individuals with relapsed or refractory multiple myeloma where individual has tried at least four lines of prior therapies
- Brand bortezomib with identical coverage criteria as generic bortezomib and Velcade (bortezomib)

### **Pharmacologic Treatment of Postpartum Depression, 5.01.608**

#### **Drug added**

- Zurzuvae (zuranolone) for the treatment of postpartum depression in adults

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

#### **Medical necessity criteria/drug added**

- Eylea HD (aflibercept), a higher dose and longer acting formulation of Eylea, for the treatment of age-related macular degeneration, diabetic macular edema, and diabetic retinopathy

#### Medical necessity criteria updated

- Beovu, Byooviz, Cimerli, Lucentis, Macugen, Susvimo, and Vabysmo to include use is not in combination with Eylea HD

### Pharmacologic Treatment of Sleep Disorders, 5.01.599

#### Medical necessity criteria/drug added

- Brand sodium oxybate added to Xyrem (sodium oxybate) criteria

#### Medical necessity criteria added

- Lumryz (sodium oxybate) for the treatment of cataplexy or excessive daytime sleepiness in adults with narcolepsy

#### Medical necessity criteria updated

- Updated coverage criteria for Xyrem, Xywav, Sunosi, and Wakix regarding concurrent use with Lumryz

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### Medical necessity criteria updated

- Actemra (tocilizumab) for the treatment of cytokine release syndrome to require documentation confirming the diagnosis

### Archived policies

## Effective November 1, 2023

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

#### Archive policy

- The products in this policy are no longer available on the market

### Deleted policies

## Effective November 1, 2023

### Immune Prophylaxis for Respiratory Syncytial Virus, 5.01.10

- This policy is replaced with Immune Prophylaxis for Respiratory Syncytial Virus 5.01.10

### Coding updates

## Added codes

## Effective November 1, 2023

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

Now requires review for investigational.

C9789

### Surgical Treatment of Hyperhidrosis, 8.01.519

Now requires review for medical necessity and prior authorization.

11450, 11451, 69676

## Revised codes Effective November 1, 2023

### Non-covered Services and Procedures, 10.01.517

Now reviewed by Carelon Medical Benefits Management for medical necessity and prior authorization

K1027

## Removed codes Effective November 1, 2023

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

No longer requires review.

A9291, 98978