MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS

HIGHMARK.

June 2018

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Policy

Coverage Guidelines Revised for Monoclonal Antibodies for Treatment of Eosinophilic Conditions

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has revised the clinical guidelines for monoclonal antibodies for the treatment of eosinophilic conditions to include coverage for benralizumab (Fasenra™) for severe eosinophilic asthma and mepolizumab (Nucala®) for eosinophilic granulomatosis with polyangitis, in addition to the current coverage for severe eosinophilic asthma. This new coverage will apply to both professional provider and facility claims. The effective date was May 14, 2018.

Please refer to Medical Policy I-146, Monoclonal Antibodies for Treatment of Eosinophilic Conditions, for additional information.

Place of Service: Outpatient

Coverage Guidelines Revised for Programmed Death Receptor (PD-1)/Programmed Death Ligand (PD-L1) Blocking Antibodies

Highmark Blue Cross Blue Shield has revised the clinical guidelines for programmed death receptor (PD-1)/programmed death ligand (PD-L1) blocking antibodies to include updated FDA approved indications and NCCN updated guidelines to allow for the following indications with appropriate limitations:

Durvalumab (Imfinzi)
- Non Small Cell Lung Cancer

Nivolumab (Opdivo)
- Anal Carcinoma
- Brain Metastases
- Hepatocellular Carcinoma
- Melanoma
- Merkel Cell Carcinoma
- Uveal Melanoma

Pembrolizumab (Keytruda)
- Anal Carcinoma
- B-Cell Lymphomas
- Brain Metastases
- Esophageal and Esophagogastric Junction Cancers
- Gastric Cancer
- Microsatellite Instability-High/Mismatch Repair Deficient Cancer
- T-Cell Lymphomas
- Extranodal Natural Killer T-Cell Lymphoma, Nasal Type
- Uveal Melanoma

The effective date was May 28, 2018.

Please refer to Medical Policy I-120, Programmed Death Receptor (PD-1)/Programmed Death Ligand (PD-L1) Blocking Antibodies, for additional information.

Place of Service: Outpatient

Recommendations Established for Evidence-Based Practice

Highmark Blue Cross Blue Shield has established coverage guidelines for evidence-based practice. The effective date is August 27, 2018.

Recommendations for evidence-based practice include:

- Annual electrocardiogram testing in adults (greater than or equal to 18 years of age) is not recommended when **ALL** of the following indications are present:
  - Individual has no known signs or symptoms of heart disease; **and**
  - Individual has no family history of sudden cardiac death; **and**
  - Individual is at low risk for coronary heart disease event, where low risk is defined as a 10-year risk less than 10%.

- Imaging tests for eye disease are not recommended for individuals who have no signs or symptoms of significant eye disease (e.g. visual-field testing; optical coherence tomography testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography).

Please refer to Medical Policy G-45, Recommendations for Evidence-Based Practice, for additional information.

New Coverage Criteria Established for Inhaled Nitric Oxide

Highmark Blue Cross Blue Shield has established coverage criteria for inhaled nitric oxide.

Effective August 27, 2018, inhaled nitric oxide may be considered medically necessary as a component of the treatment of hypoxic respiratory failure in neonates born at more than 34 weeks of gestation.

Other indications for inhaled nitric oxide are considered experimental/investigational, and therefore, non-covered including, but not limited to:

- Treatment of premature neonates born at less than or equal to 34 weeks of gestation with hypoxic respiratory failure;
- Treatment of adults and children with acute hypoxemic respiratory failure;
- Postoperative use in adults and children with congenital heart disease;
- In lung transplantation, during and/or after graft reperfusion.

The safety and/or effectiveness of inhaled nitric oxide for the above indications cannot be established by the available published peer-reviewed literature.

This applies to professional providers only. The place of service is Inpatient.

Please refer to Medical Policy G-46, Inhaled Nitric Oxide, for additional information.

Medicare Advantage Policy

Coverage Guidelines Revised for Monoclonal Antibodies for Treatment of Eosinophilic Conditions

Highmark's Medicare Advantage products have revised the clinical guidelines for daratumumab (Darzalex™) to include coverage as second line combination therapy for monoclonal antibodies for the treatment of eosinophilic conditions to include coverage for benralizumab (Fasenra™) for sever eosinophilic asthma and mepolizumab (Nucala®) for eosinophilic granulomatosis with polyangitis in addition to the current coverage for severe eosinophilic asthma. This new coverage will apply to both professional provider and facility claims. The effective date was May 14, 2018.

Please refer to Medical Policy I-146, Monoclonal Antibodies for Treatment of Eosinophilic Conditions, for additional information.

Place of Service: Outpatient

Facility Added to Intraocular Lens (Pseudophakos) Policy

Highmark's Medicare Advantage products, Medical Policy N-63, for Intraocular Lens (pseudophakos), will apply to both professional provider and facility claims.
This change will become effective when the policy issues on August 27, 2018.

Please refer to Medical Policy N-63 Intraocular Lens (Pseudophakos) for additional information.

Coverage Guidelines Revised for Programmed Death Receptor (PD-1)/Programmed Death Ligand (PD-L1) Blocking Antibodies

Highmark's Medicare Advantage products have revised the clinical guidelines for programmed death receptor (PD-1)/programmed death ligand (PD-L1) blocking antibodies to include updated FDA approved indications and NCCN updated guidelines to allow for the following indications with appropriate limitations:

Durvalumab (Imfinzi)
- Non Small Cell Lung Cancer

Nivolumab (Opdivo)
- Anal Carcinoma
- Brain Metastases
- Hepatocellular Carcinoma
- Melanoma
- Merkel Cell Carcinoma
- Uveal Melanoma

Pembrolizumab (Keytruda)
- Anal Carcinoma
- B-Cell Lymphomas
- Brain Metastases
- Esophageal and Esophagogastric Junction Cancers
- Gastric Cancer
- Microsatellite Instability-High/Mismatch Repair Deficient Cancer
- T-Cell Lymphomas
- Extranodal Natural Killer T-Cell Lymphoma, Nasal Type
- Uveal Melanoma

The effective date was May 28, 2018.

Please refer to Medical Policy I-120, Programmed Death Receptor (PD-1)/Programmed Death Ligand (PD-L1) Blocking Antibodies, for additional information.

Place of Service: Outpatient

Comments on these new medical policies?

We want to know what you think about our new medical policy changes. Send us an email with any questions or comments that you may have on the new medical policies in this edition of *Medical Policy Update*.

Write to us at **medicalpolicy@highmark.com**.

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About this newsletter

Medical Policy Update is the monthly newsletter for most health care professionals (and office staff) and facilities who participate in our networks and submit claims to Highmark using the 837P HIPAA transaction or the CMS 1500 form, or the 837I HIPAA transaction.

Medical Policy Update focuses only on medical policy and claims administration updates, including coding guidelines and procedure code revisions, and is the sole source for this information. For all other news, information and updates, be sure to read *Provider News*, available on the Provider Resource Center at **www.highmarkbcbs.com**.

Inquiries about Eligibility, Benefits, Claims Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark Blue Cross Blue Shield encourages providers to use the electronic resources available to them - Navinet® and the applicable HIPAA transactions – prior to placing a telephone call to the Provider Service Center at 1-800-242-0514.

Acknowledgement

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