MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS

HIGHMARK

September 2021

In This Issue

Policy

Coverage Guidelines Revised for Infliximab

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has revised criteria for infliximab products [Infliximab (Remicade®), Infliximab-axxq (Avsola™), infliximab-dyyb (Inflectra®) and infliximab-abda (Renflexis®)]. The initial authorization period will be for six (6) months. The preferred products will apply to all indications. The requirement to try and fail at least two (2) immunosuppressants or all immunosuppressants are contraindicated will be removed from the Crohn's disease indication.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2022.

Place of Service:

Please refer to Medical Policy I-28, Infliximab, for additional information.

REMINDER: Laboratory Management Coverage Guidelines

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Laboratory Management coverage guidelines will be updated and take effect January 1, 2022. This applies to both professional provider and facility claims.

At that time, coverage guidelines can be accessed utilizing the live link from the Medical Policy website.

REMINDER: Cardiology & Radiology Imaging Coverage Guidelines

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield is providing a reminder to all providers.

The Cardiology & Radiology Imaging coverage guidelines will be updated and take effect January 1, 2022. This applies to both professional provider and facility claims.

At this time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

Coverage Guidelines Revised for Fulvestrant (Faslodex)

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Cross Blue Shield has revised criteria/established new criteria for Fulvestrant (Faslodex).

Criteria for Breast Cancer, Inflammatory has been added to the policy to include the following:

- When used as therapy for individuals with no response to preoperative systemic therapy or treatment for recurrent unresectable (local or regional) or stage IV (M1) hormone receptor (HR)-positive, in postmenopausal women* or for premenopausal women treated with ovarian ablation/suppression.
    - As first-line or second-line therapy and beyond as a single agent for human epidermal growth factor receptor 2 (HER2)-negative disease with no visceral crisis (preferred regimen**); **or**
    - As first-line therapy in combination with a non-steroidal aromatase inhibitor (anastrozole or letrozole) for HER2-negative disease with no visceral crisis (preferred regimen**); **or**
    - As first-line therapy in combination with a CDK 4/6 inhibitor (abemaciclib, palbociclib or ribociclib) for HER2-negative disease with no visceral crisis (all preferred regimens**); **or**
    - As second-line therapy and beyond in combination with everolimus for HER2-negative disease with no visceral crisis (preferred regimen**); **or**

- As a second-line therapy and beyond in combination with a CDK4/6 inhibitor (abemaciclib, palbociclib or ribociclib) for HER-2 negative disease with no visceral crisis if a CDK4/6 inhibitor was not previously used (preferred regimen**); **or**
- As second-line therapy and beyond in combination with alpelisib for HER2-negative disease with no visceral crisis if PIK3CA activating mutation positive (preferred regimen**); **or**
- Therapy as a single agent for HER2- positive disease; **or**
- When used in combination with trastuzumab for the treatment of HER2-positive disease

Criteria for Breast Cancer, Invasive has been revised to include the following:

- When used as therapy for individuals with recurrent unresectable (local or regional) or stage IV (M1) hormone receptor (HR)-positive, in postmenopausal women* or for premenopausal women treated with ovarian ablation/suppression.
    - As second-line therapy and beyond in combination with alpelisib for HER2-negative disease with no visceral crisis if PIK3CA activating mutation positive (preferred regimen**)

Criteria for Endometrial Carcinoma has been revised to include the following:

- When used as primary treatment as single-agent hormone therapy for grade one (1) or two (2) endometrioid histologies, preferably in individuals with small tumor volume or an indolent growth pace in **ANY** of the following:
    - With sequential EBRT and with or without brachytherapy for locoregional extrauterine disease that is not suitable for primary surgery; **or**
    - With or without stereotactic body radiation therapy and/or EBRT for distant metastases that are suitable for primary surgery, **or**
    - For distant metastases that are not suitable for primary surgery; **or**
- When used as adjuvant treatment for surgically staged individuals as single-agent hormone therapy for grade one (1) or two (2) endometrioid histologies, preferably in individuals with small tumor volume or an indolent growth pace
    - With sequential EBRT with or without vaginal brachytherapy for stage II disease; **or**
    - With or without EBRT and with or without vaginal brachytherapy for stage III-IV-disease; **or**

- When used as single-agent hormone therapy for grade one (1) or two (2) endometrioid histologies, preferably in individuals with small tumor volume or an indolent growth pace in **ANY** of the following:
    - With sequential EBRT with or without brachytherapy for local/regional recurrence in individuals with no prior RT to site of recurrence, or previous brachytherapy only; **or**
    - After surgical exploration, with sequential EBRT for local/regional recurrence in individuals with disease confined to the vagina or paravaginal soft tissues, or in pelvic, para-aortic or common iliac lymph nodes; **or**
    - After surgical exploration, with or without sequential tumor-directed EBRT for local-regional recurrence in individuals with microscopic residual upper abdominal or peritoneal disease

Criteria for Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Caner-Low-grade serous carcinoma/Ovarian borderline epithelial Tumors (Low Malignant Potential with invasive implants has been updated to include the following:

- When used as hormone therapy as a single agent (useful in certain circumstances) for disease persistence or recurrence of low-grade serous carcinoma:
    - When used as immediate treatment for serially rising CA-125 in individuals that previously received chemotherapy; **or**
    - When used for progression on primary, maintenance, or recurrence therapy (platinum-resistant disease); **or**
    - When used for stable or persistent disease (if not on maintenance therapy) (platinum-resistant disease); **or**
    - When used for complete remission and relapse less than six (6) months after completing chemotherapy (platinum-resistant disease); **or**
    - When used for radiographic and/or clinical relapse in individuals with previous complete remission and relapse six (6) months or greater after completing prior chemotherapy (platinum-sensitive disease)

Criteria for uterine sarcoma has been revised to include the following:

- When used as therapy for low-grade endometrial stromal sarcoma (ESS) or estrogen receptor/progesterone receptor positive (ER/PR+) uterine leiomyosarcoma (uLMS) preferable in individuals with small tumor volume or an indolent growth pace:

    - Following total hysterectomy with bilateral salpingo-oophorectomy for stage II-IV low-grade ESS; **or**
    - Consider following total hysterectomy with or without bilateral salpingo-ooporectomy (TH± BSO) for stage II-III ER/PR +uLMS; **or**
    - Following **TH** ± BSO for stage IV ER/PR+ uLMS; **or**
    - For unresectable isolated metastases or disseminated metastases.

This revised Medical Policy will apply to professional providers and/or facility claims. The effective date is December 27, 2021.

Place of Service: Outpatient

Please refer to Medical Policy I-123, Fulvestrant (Faslodex), for additional information.

Biosimilar Preferred Products Established for Bevacizumab, Rituximab, and Trastuzumab

Highmark's Medicare Advantage products have established preferred products for bevacizumab, rituximab and trastuzumab. The preferred products are for oncologic indications when initiating therapy (no use in the previous 365 days) and are as follows:

- Bevacizumab
  - Zirabev®
  - Mvasi®
- Trastuzumab
  - Trazimera™
  - Kanjinti™
- Rituximab
  - Ruxience™
  - Riabni™

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2022.

Place of Service: Outpatient

Please refer to Medical Policies I-38, Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela), I-84, Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta) and I-75, Bevacizumab (Avastin) and Bevacizumab Biosimilars for additional information.

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Please refer to Medical Policy MA I-123, Fulvestrant (Faslodex), for additional information.

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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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**.

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