MEDICAL POLICY UPDATE

FOR PROFESSIONAL AND FACILITY PROVIDERS

HIGHMARK.

February 2021

In This Issue

Policy

Coverage Guidelines Established for Rituximab-arrx (Riabni)

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield has established new guidelines for rituximab (Riabni™).

Rituximab (Riabni) may be considered medically necessary for the following:

Food and Drug Administration (FDA) Indications

Chronic Lymphocytic Leukemia (CLL)

- For previously untreated or previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide; **or**

Granulomatosis with Polyangitis, Wegener's Granulomatosis, and Microscopic Polyangiitis

- As therapy in combination with glucocorticoids; **or**

Non-Hodgkin's Lymphoma (NHL)

- Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent; **or**
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in individuals achieving a complete or partial response to a rituximab product in combination with chemotherapy, as a single agent maintenance therapy; **or**

- Non-progressive (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy; **or**
- Previously untreated DLBCL, CD20-positive NHL in combination with CHOP or anthracycline-based chemotherapy regimens; **or**

National Comprehensive Cancer Network (NCCN) Recommendations

As a substitute for rituximab (Rituxan) for the treatment of **ANY** of the following where rituximab (Rituxan) was recommended:

- AIDS-related B-cell lymphoma; **or**
- Burkitt lymphoma; **or**
- Castleman's disease; **or**
- Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL); **or**
- DLBCL; **or**
- Follicular lymphoma (grade 1-2); **or**
- Gastric MALT lymphoma; **or**
- Hairy cell leukemia; **or**
- High-grade B-cell lymphomas; **or**
- Histologic transformation of nodal marginal zone lymphoma to DLBCL; **or**
- Mantle cell lymphoma; **or**
- Nodal marginal zone lymphoma; **or**
- Nongastric MALT lymphoma (noncutaneous); **or**
- Post-transplant lymphoproliferative disorders; **or**
- Primary cutaneous B-cell lymphoma; **or**
- Splenic marginal zone lymphoma.

This new Medical Policy will apply to professional provider and facility claims.
The effective date was February 8, 2021.

Place of Service: Outpatient

Please refer to Medical Policy I-38, Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela), for additional information.

Medicare Advantage Policy

Coverage Guidelines Established for Rituximab-arrx (Riabni)

Highmark's Medicare Advantage products established new guidelines for rituximab (Riabni™).

Rituximab (Riabni) may be considered medically necessary for the following:

Food and Drug Administration (FDA) Indications

Chronic Lymphocytic Leukemia (CLL)

- For previously untreated or previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide; **or**

Granulomatosis with Polyangitis, Wegener's Granulomatosis, and Microscopic Polyangiitis

- As therapy in combination with glucocorticoids; **or**

Non-Hodgkin's Lymphoma (NHL)

- Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent; **or**
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in individuals achieving a complete or partial response to a rituximab product in combination with chemotherapy, as a single agent maintenance therapy; **or**
- Non-progressive (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy; **or**
- Previously untreated DLBCL, CD20-positive NHL in combination with CHOP or anthracycline-based chemotherapy regimens; **or**

National Comprehensive Cancer Network (NCCN) Recommendations

As a substitute for rituximab (Rituxan) for the treatment of **ANY** of the following where rituximab (Rituxan) was recommended:

- AIDS-related B-cell lymphoma; **or**
- Burkitt lymphoma; **or**
- Castleman's disease; **or**
- Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL); **or**
- DLBCL; **or**
- Follicular lymphoma (grade 1-2); **or**
- Gastric MALT lymphoma; **or**
- Hairy cell leukemia; **or**
- High-grade B-cell lymphomas; **or**
- Histologic transformation of nodal marginal zone lymphoma to DLBCL; **or**
- Mantle cell lymphoma; **or**
- Nodal marginal zone lymphoma; **or**
- Nongastric MALT lymphoma (noncutaneous); **or**
- Post-transplant lymphoproliferative disorders; **or**
- Primary cutaneous B-cell lymphoma; **or**

- Splenic marginal zone lymphoma.

This new Medical Policy will apply to professional providers and facility claims. The effective date was February 8, 2021.

Please refer to Medical Policy I-38, Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase Human (Rituxan Hycela), 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**.

Contents

Save yourself valuable time with e-Subscribe! Sign up today and you'll begin receiving email notifications with a direct link to the latest issue of *Medical Policy Update*.

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.highmarkblueshield.com**.

Inquiries about Eligibility, Benefits, Claims Status or Authorizations

For inquiries about eligibility, benefits, claim status or authorizations, Highmark 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 1-866-803-3708.

Acknowledgement

The five-digit numeric codes that appear in *Medical Policy Update* were obtained from the *Current Procedural Terminology (CPT)*, as contained in CPT-2020, Copyright 2019, by the American Medical Association. *Medical Policy Update* includes *CPT* descriptive terms and numeric procedure codes and modifiers that are copyrighted by the American Medical Association. These procedure codes and modifiers are used for reporting medical services and procedures.