

# MEDICAL POLICY UPDATE



September 2022



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# Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-31 - Tocilizumab (Actemra)	10/31/2022	This policy is scheduled for annual review. Policy is being updated to include coverage for Giant Cell Arteritis for Actemra IV. Policy will publish October 31, 2022.
I-65 - Paclitaxel, albumin-bound (Abraxane)	11/7/2022	This policy is scheduled for annual review. Policy changes include update of NCCN criteria to recommendation statement and coding updates. Policy will publish November 7, 2022.
I-74 - Pemetrexed (Alimta, Pemfexy)	10/31/2022	This policy is scheduled for annual review. Policy changes include updating NCCN criteria recommendation statement and coding update. Policy will publish October 31, 2022.
I-88 - Granulocyte Colony-Stimulating Factors	01/01/2023	Preferred product language added for Filgrastim products. A 90 day notification is required, and policy will publish on January 1, 2023.
I-109 - Irinotecan (Camptosar)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-112 - Ziv-aflibercept (Zaltrap)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-117 - Panitumumab (Vectibix)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-123 - Fulvestrant (Faslodex)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-127 - Blinatumomab (Blincyto)	10/31/2022	Maintain the current POS listed in the policy as inpatient/outpatient with the default statement. Policy will publish on October 31, 2022
I-130 - Complement Inhibitors	11/07/2022	This policy is scheduled for annual review and is being updated to include Ultomiris indication for generalized myasthenia gravis. Policy will publish November 7, 2022.
I-133 - Ixabepilone (Ixempra)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-136 - Brentuximab Vedotin (Adcetris)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required; the policy will publish on October 31, 2022.
I-150 - Daratumumab (Darzalex) and Daratumumab and Hyaluronidase-fihj (Darzalex Faspro)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.

<b>Policy Title</b>	<b>Anticipated Issue Date</b>	<b>30 Day Notification Information</b>
I-168 - Portrazza	10/31/2022	This policy was scheduled for annual review. The policy is being archived and will publish on October 31, 2022.
I-169 - Trabectedin (Yondelis)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-181 - Pralatrexate (Folotyn)	10/31/2022	Maintain the current POS listed in the policy as outpatient with the default statement. Policy will publish on October 31, 2022.
I-185 - Inotuzumab Ozogamicin (Besponsa)	10/31/2022	This policy is scheduled for annual review. Updates made to language by including NCCN statement. Policy will publish October 31, 2022.
I-218 - Crizanlizumab (Adakveo)	12/26/2022	This policy is up for annual review. The policy was revised to include an initial authorization period and established reauthorization criteria. A Medical Policy Update (MPU) newsletter is required; the policy will publish on December 26, 2022.
I-219 - Fam-trastuzumab deruxtecan-nxki (Enhertu)	10/31/2022	Policy was updated to include new FDA approval for HER2-low breast cancer indication. Policy will publish on October 31, 2022.
I – 253 Betibeglogene autotemcel (Zynteglo)	10/31/2022	This a new policy establishing criteria for new to market therapy Betibeglogene autotemcel (Zynteglo). Policy will publish October 31, 2022.
L-102 - Drug Testing in Pain Management and Substance A	10/31/2022	This policy is scheduled for annual review. Minor administrative updates made. This policy is scheduled to publish October 31, 2022.
M-85 - Electromagnetic Navigational Bronchoscopy	10/31/2022	This policy is scheduled for annual review. Policy guidelines updated. This policy is scheduled to publish October 31, 2022.
P-1 – Foot Care Services	11/14/2022	This policy is scheduled for annual review. Maintain the policy criteria. An MPU is not necessary, and the policy will publish on November 14, 2022.
Q-5 - Ambulance Services: Air and Water	10/31/2022	This policy is scheduled for annual review, there are no indicated changes at this time. This policy is scheduled to publish on October 31, 2022.
S-36 - Treatment of Benign or Premalignant Skin Conditions	11/14/2022	This policy is scheduled for annual review. The criteria have been updated to include coverage for actinic keratosis. A Dx code was added. The policy will publish on November 14, 2022.
S-46 - Treatment of Malignant Skin Lesions	11/14/2022	This policy is scheduled for annual review. No changes in coverage criteria are recommended. The policy will publish on November 14, 2022.
S-137 - Ablation of Miscellaneous Solid Tumors	10/31/2022	This policy is scheduled for annual review. Minor administrative changes made. This policy is scheduled to publish October 31, 2022.
S-144 - Islet Cell Transplantation	10/31/2022	This policy is scheduled for annual review, Denial statements have been updated. This policy is scheduled to publish on October 31, 2022.
S-210 Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemia	10/31/2022	This policy is being archived and its criteria moved to S-274. Policy will publish as archived on October 31, 2022.

Policy Title	Anticipated Issue Date	30 Day Notification Information
S-213 - Hematopoietic Stem-Cell Transplantation for Autoimmune Diseases	10/31/2022	This policy is set to archive, and its criteria moved to S-274. This policy will publish on October 31, 2022.
S-216 Hematopoietic Cell Transplantation for CNS Embryonal Tumors and Ependymoma	10/31/2022	This policy is set to archive, and its criteria will be moved to S-273. This policy will publish on October 31, 2022.
S-221 - Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood	10/31/2022	This policy is set to archive, and its criteria will be moved to S-273. This policy will publish on October 31, 2022.
S-222 - Hematopoietic Stem-Cell Transplantation in the Treatment of Germ-Cell Tumors	10/31/2022	This policy is scheduled to archive, and its criteria is being moved to S-273. Policy will publish on October 31, 2022.
S-226 - Placental/Umbilical Cord Blood as a Source of S4	10/31/2022	This policy is scheduled for annual review with no change in coverage. This policy will publish on October 31, 2022.
S-273 - Hematopoietic Cell Transplantation: Solid Tumors	10/31/2022	This is a new policy combining S-216, S-221, and S-222. This policy is scheduled to publish on October 31, 2022.
S-274 - Hematopoietic Cell Transplantation: Non-Cancer – Diseases	10/31/2022	This is a new policy combining S-210 and S-213. This policy is scheduled to publish on October 31, 2022.
V-59 Contraceptive Management	10/01/2022	This policy is being updated with new ICD-10 codes. This policy will publish on October 01, 2022.
X-24 - Bone Mineral Density Studies	10/31/2022	This policy scheduled for annual review. Minor administrative updates made as well as ICD Diagnosis coding updated. This policy is scheduled to publish October 31, 2022.
Z-32 - Standby Services	10/31/2022	In accordance with an evidence based review, is recommended to maintain the current coverage for Z-32 Standby services. No MPU is needed, and this policy will publish on October 31, 2022.
Z-65 - Telestroke	10/31/2022	Prepay logic is being removed from this policy, it will now be entirely post pay. Maintain the current POS listed in the policy as inpatient/outpatient with the default statement. A Medical Policy Update (MPU) newsletter is not required, the policy will publish on October 31, 2022.



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## Coverage Guidelines Established for Leuprolide Mesylate (Camcevi™)



Highmark Blue Shield of Northeastern New York has established new guidelines for I-16 Gonadotropin Releasing Hormones (GnRHs) Analogs. This policy now includes criteria for leuprolide mesylate (Camcevi).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is September 12, 2022.

### **Place of Service: Outpatient**

Please refer to Medical Policy I-16, Gonadotropin Releasing Hormones (GnRHs) Analogs, for additional information.

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## Biosimilar Preferred Products Established for Filgrastim



Highmark Blue Shield of Northeastern New York has established preferred products for granulocyte colony stimulating factors (G-CSFs) filgrastim. The preferred products are for oncologic indications when initiating therapy and are as follows:

- Filgrastim-sndz (Zarxio)
- Filgrastim-aafi (Nivestym)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2023.

### **Place of Service: Outpatient**

Please refer to Medical Policy I-88, Granulocyte Colony-Stimulating Factors, for additional information.

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## Policy Established for Risankizumab-rzaa (Skyrizi®)



Highmark Blue Shield of Northeastern New York has established new guidelines for Medical Policy I-199 Interleukin-23 Antagonists. This policy now includes new to market Risankizumab-rzaa (Skyrizi) for intravenous use.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 29, 2022

### **Place of Service: Outpatient**

Please refer to Medical Policy I-199, Interleukin-23 Antagonists, for additional information.

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## Reauthorization Criteria Established for Crizanlizumab-tmca (Adakveo)



Highmark Blue Shield of Northeastern New York has revised criteria for crizanlizumab-tmca (Adakveo) intravenous injection to add reauthorization criteria along with the initial and reauthorization periods. The reauthorization criteria include that the individual meets all initial authorization criteria and has demonstrated disease stability or a beneficial response to therapy.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is December 26, 2022.

### **Place of Service: Outpatient-Infusion**

Please refer to Medical Policy I-218, Crizanlizumab-tmca (Adakveo), for additional information.

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## Diagnosis Codes Revised for Medical Policy Z-1, Ultraviolet Light Therapies



Highmark Blue Shield of Northeastern New York has revised the diagnosis codes for Z-1, Ultraviolet Light Therapies.

Covered diagnosis codes have been added and non-covered diagnosis codes have been removed.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is 12/26/2022.

### **Place of Service: Inpatient/Outpatient**

Please refer to Medical Policy Z-1, Ultraviolet Light Therapies, for additional information.



## Comments on These 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](mailto:medicalpolicy@highmark.com)



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