

# Medical Policy and Coding Updates

## October 1, 2020

### Special notices

## Effective January 1, 2021

### Pharmacotherapy of Arthropathies, 5.01.550

#### Medical necessity criteria updated

- Actemra® (tocilizumab)
  - Treatment of moderate to severe rheumatoid arthritis. Patient must have tried and failed Humira® (adalimumab) or this drug cannot be tolerated

### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

#### Site of service review added

- Tysabri® (natalizumab)

#### Medical necessity criteria updated

- Tysabri® (natalizumab)
  - Second-line treatment for Crohn's disease requires trial and treatment failure with corticosteroids, or azathioprine, 6-mercaptopurine, methotrexate, Cimzia® (certolizumab pegol), Entyvio® (vedolizumab), Humira® (adalimumab), Remicade® (infliximab), or Stelara® (ustekinumab)

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### New drug added to policy

- Ilaris® (canakinumab)
  - Treatment of periodic fever syndromes
  - Treatment of Still's disease in patients age 2 and older

### Pharmacotherapy of Multiple Sclerosis, 5.01.565

#### Site of service review added

- Tysabri® (natalizumab)

### Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

#### New drug added to policy

- Tysabri® (natalizumab)

## Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.551

### Policy renamed

From “Granulocyte Colony-Stimulating Factors (G-CSF) Use in Adult Patients” to “Use of Granulocyte Colony-Stimulating Factors (G-CSF)”

### Medical necessity criteria updated

- Udenyca® (pegfilgrastim-cbqv) and Ziextenzo® (pegfilgrastim-bmez)
  - As a first-line treatment for patients under age 18 who are at risk of severe febrile neutropenia
  - As a second-line treatment for patients age 18 or older who are at risk of severe febrile neutropenia when Granix® (tbo-filgrastim) or Nivestym® (filgrastim-aafi) has been tried and failed, or there is a medical reason why those two drugs cannot be taken, or there is a valid medical reason why self-injection or home nursing cannot be performed
- Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila® (pegfilgrastim-jmdb), and Nyvepria™ (pegfilgrastim-apgf)
  - As a second-line treatment of patients under age 18 who are at risk of severe febrile neutropenia when Udenyca® (pegfilgrastim-cbqv) or Ziextenzo® (pegfilgrastim-bmez) have been tried and failed, or there is a medical reason why those two drugs cannot be taken
  - As a third-line treatment of patients age 18 or older who are at risk of severe febrile neutropenia when Granix® (tbo-filgrastim) or Nivestym® (filgrastim-aafi) has been tried and failed, when Udenyca® (pegfilgrastim-cbqv) or Ziextenzo® (pegfilgrastim-bmez) has been tried and failed, or there is a medical reason why those drugs cannot be taken

## Effective December 3, 2020

### Hematopoietic Cell Transplantation for Hodgkin Lymphoma, 8.01.29

#### Criteria updated

- Tandem autologous hematopoietic cell transplantation (HCT) medical necessity criteria have been removed
- Tandem autologous hematopoietic cell transplantation (HCT) is now considered investigational in patients with Hodgkin lymphoma

### Miscellaneous Oncology Drugs, 5.01.540

#### New drugs added to policy

- Blincyto® (blinatumomab)
  - Treatment of adults and children for B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD)

- Treatment of adults and children with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL)
- Leukine® (sargramostim)
  - Treatment of acute myeloid leukemia after induction chemotherapy
  - Mobilization and following transplant of autologous peripheral blood progenitor cells
  - Myeloid reconstitution after (allogenic or autologous) bone marrow transplant
  - Treatment for bone marrow transplant (allogenic or autologous) failure or engraftment delay
  - Treatment for exposure to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)

### Use of Vascular Endothelial Growth Factor Receptor (VEGF) Inhibitors and Other Angiogenesis Inhibitors in Oncology Treatment, 5.01.517

#### New drug added to policy

- Cyramza® (ramucirumab)
  - Treatment of advanced or metastatic gastric or gastro-esophageal junction (GEJ) cancer that has continued to grow while on or after prior fluoropyrimidine- or platinum-containing chemotherapy when used as a single agent or with paclitaxel
  - Treatment of metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) gene changes (exon 19 or exon 21) as first-line therapy when used with erlotinib
  - Treatment of metastatic non-small cell lung cancer (NSCLC) that has continued to grow while on or after platinum-based chemotherapy when used with docetaxel
  - Treatment of metastatic colorectal cancer (mCRC) that has continued to grow while on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine when used with a FOLFIRI chemotherapy combination
  - Treatment of hepatocellular carcinoma (HCC) in patients who have an elevated alpha fetoprotein and have been treated with sorafenib when used as a single agent

## Effective October 2, 2020

### Miscellaneous Oncology Drugs, 5.01.540

#### New drugs added to policy

- Kyprolis® (carfilzomib)
  - Treatment of multiple myeloma
- Velcade® (bortezomib)
  - Treatment of multiple myeloma and mantle cell lymphoma

### Pharmacotherapy of Arthropathies, 5.01.550

#### Site of service review added

- Avsola™ (infliximab-axxq)

### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

#### Site of service review added

- Avsola™ (infliximab-axxq)

### Pharmacologic Treatment of Infertility, 5.01.610

#### New policy

The following drugs may be considered medically necessary when criteria are met:

- Brand Chorionic Gonadotropin
- Bravelle® (urofollitropin)
- Follistim® AQ (follitropin beta)
- Pregnyl® (chorionic gonadotropin)

### Prostate Cancer Targeted Therapies, 5.01.544

#### New drugs added to policy

- Jevtana® (cabazitaxel)
- Xofigo® (radium Ra 223 dichloride)

### Rituximab Non-Oncologic and Miscellaneous Uses, 5.01.556

#### Site of service review added

- Ruxience™ (rituximab-pvvr)

### Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

#### New drug added to policy

- Avsola™ (infliximab-axxq)

## Medical policies

# New medical policies Effective October 1, 2020

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

Prescription digital therapeutics for substance use disorder are considered investigational

## Revised medical policies Effective October 1, 2020

### Intraoperative Neurophysiologic Monitoring, 7.01.562

#### Medical necessity criteria updated

Train of four monitoring has been added to the policy. It is considered a part of intraoperative monitoring and is not separately payable.

### Pharmacy policies

## Revised pharmacy policies Effective October 1, 2020

### Multiple Receptor Tyrosine Kinase Inhibitors, 5.01.534

#### New drug added to policy

- Tabrecta™ (capmatinib)
  - Treatment of adult patients with metastatic non-small cell lung cancer (NSCLC)

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### New drugs added to policy

- Avsola™ (infliximab-axxq)
  - As a second-line treatment for pyoderma gangrenosum
- Enspryng™ (satralizumab-mwge)
  - Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients 18 and older
- Uplizna™ (inebilizumab-cdon)
  - Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients 18 and older

### Pharmacotherapy of Multiple Sclerosis, 5.01.565

#### New drug added to policy

- Generic dimethyl fumarate
  - As a first-line treatment for relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

### Rituximab Non-Oncologic and Miscellaneous Uses, 5.01.556

#### Medical necessity criteria updated

- Rituxan® (rituximab) and Ruxience™ (rituximab-pvvr)

- Treatment of neuromyelitis optica spectrum disorders (NMOSD) must include a confirmed diagnosis by at least one of the following: optic neuritis; acute myelitis; area postrema syndrome; acute brainstem syndrome; symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions. An alternative diagnosis (eg, multiple sclerosis) must also be ruled out. The requirement for a trial of a standard immunosuppressive drug (eg, azathioprine or mycophenolate mofetil) has been removed.

## Archived policies

No updates this month

## Deleted policies

No updates this month

## Coding updates

### Added codes Effective October 2, 2020

#### Miscellaneous Oncology Drugs, 5.01.540

Now requires review for medical necessity and prior authorization.

J9041, J9047

#### Pharmacologic Treatment of Infertility, 5.01.610

Now requires review for medical necessity and prior authorization.

J0725, J3355

#### Prostate Cancer Targeted Therapies, 5.01.544

Now requires review for medical necessity and prior authorization.

A9606, J9043

## Effective October 1, 2020

### Amniotic Membrane and Amniotic Fluid, 7.01.583

Now requires review for investigative.

Q4249, Q4250, Q4254, Q4255

### CGRP Inhibitors for Migraine Prophylaxis, 5.01.584

Now requires review for medical necessity and prior authorization.

J3032

### Drugs for Rare Diseases, 5.01.576

Now requires review for medical necessity and prior authorization.

J3241

### Lipid Apheresis, 8.02.04

Now requires review for investigative and prior authorization.

0342T

### Miscellaneous Oncology Drugs, 5.01.540

Now requires review for medical necessity and prior authorization.

J9227

### Molecular Genetic Testing: Services Reviewed by AIM®, 10.01.526

Now reviewed by AIM® Specialty Health and requires prior authorization.

0015M, 0203U, 0204U, 0205U, 0208U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U

### Non-covered Services and Procedures, 10.01.527

No longer covered.

T2047

**Pharmacologic Treatment of Postpartum Depression, 5.01.608**

Now requires review for medical necessity and prior authorization.

J1632

**Powered Exoskeleton for Ambulation in Patients With Lower-Limb Disabilities, 1.03.04**

Now requires review for investigative.

K1007

## **Effective September 1, 2020**

**SARS-CoV-2 Serology (Antibody) Testing, 2.04.518**

Now requires review for medical necessity.

86413

## **Revised codes Effective October 2, 2020**

**Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563**

Now requires review for site of service administration. Currently requires review for medical necessity and prior authorization.

Q5121

**Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563**

Now requires review for site of service administration. Currently requires review for medical necessity and prior authorization.

Q5119