

# Medical Policy and Coding Updates

## May 4, 2023

### Special notices

#### Effective August 4, 2023

##### Miscellaneous Oncology Drugs, 5.01.540

###### *Miscellaneous Intramuscular/Intravenous/Subcutaneous Agents*

###### Drug added

- Xgeva® (denosumab)
  - For the prevention of skeletal-related events in individuals with bone metastases from solid tumors
  - For the prevention of skeletal-related events in individuals with multiple myeloma

#### Effective July 6, 2023

##### Pharmacologic Treatment of Clostridium Difficile, 5.01.631

###### New policy

###### Drugs added

- Rebyota™ (fecal microbiota, live-jslm)
- Zinplava™ (bezlotoxumab)
  - Treatment of Clostridioides difficile infection in people aged 18 years and older

### Medical policies

#### New medical policies

##### Effective May 1, 2023

##### Cochlear Implant, 7.01.586

###### Policy renumbered

This policy replaces Cochlear Implant, 7.01.105

##### Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.132

###### Policy renumbered

This policy replaces Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.585

## **Revised medical policies Effective May 1, 2023**

### **Bariatric Surgery, 7.01.516**

*Individual selection criteria for adults with T2 diabetes and class I obesity*

#### **Medical necessity criteria updated**

Added new subsection for individuals who are T2 diabetic and have class I obesity

*Covered bariatric (weight loss) surgeries*

#### **Medical necessity criteria updated**

Added inclusion criteria for class III obesity, class II obesity with one obesity related co-morbid condition, or T2 diabetes with class I obesity in adults who have failed weight loss by conservative measures

#### **Term updated**

“Morbid obesity” replaced with CDC Classification of Obesity throughout the policy

### **Cosmetic and Reconstructive Services, 10.01.514**

*Cosmetic Services*

#### **Drugs added**

- Daxxify® (daxibotulinumtoxinA-lanm) for the treatment of wrinkles
- Olumiant® (baricitinib) for the treatment of alopecia
- Opzelura™ (ruxolitinib) cream for the treatment of vitiligo

### **Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas, 8.01.529**

*Hepatosplenic T-cell (HCT) lymphoma*

#### **Medical necessity criteria added**

- Allogeneic HCT to consolidate a first complete remission or partial response
- Autologous HCT to consolidate a first response if a suitable donor is not available or for individuals who are ineligible for allogeneic HCT

*Hepatosplenic T-cell (HCT) lymphoma*

#### **Investigational criteria added**

Autologous or allogeneic HCT as initial therapy

### **Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy in Adults, 7.01.551**

*Annular defect repair with annular closure device (ACD) following lumbar discectomy*

#### **Investigational criteria added**

Use of bone anchored ACD (i.e., Barricaid®) to repair annular defect following lumbar discectomy

## Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders, 2.01.526

### Contraindications

#### Medical necessity criteria updated

- Clarified that a seizure history is not a contraindication if seizures were due to adverse drug side effects or interactions
- Added a contraindication of any type of medical clearance (e.g., cardiac) until documentation of such clearance is obtained

### Accelerated intensive TMS

#### Medical necessity criteria updated

Clarified that hardship for an extended period of time may allow for daily treatment allowance

### Continuation of TMS that was started under a non-Company plan

#### Medical necessity criteria added

Added new subsection and criteria for continuation of TMS that was started under a non-Company plan

## Pharmacy policies

### New pharmacy policies Effective May 1, 2023

No updates this month

### Revised pharmacy policies Effective May 1, 2023

#### Amyloid Antibodies for the Treatment of Alzheimer's Disease, 5.01.626

##### Drug added

Leqembi™ (lecanemab-irmb)

- Considered investigational for all indications, including for treatment of Alzheimer's disease

#### Botulinum Toxins, 5.01.512

##### Drug added

Daxxify® (daxibotulinumtoxinA-lanm)

- Considered cosmetic for treatment of wrinkles and not covered
- Considered investigational for all other indications

#### **Medical necessity criteria updated**

Added coverage for adults with hemifacial spasms

- Botox® (onabotulinumtoxinA)
- Dysport® (abobotulinumtoxinA)
- Myobloc® (rimabotulinumtoxinB)
- Xeomin® (incobotulinumtoxinA)

#### **Investigational criteria updated**

Added exception as noted in medical necessity section for prevention of chronic migraine headache

- Botox® (onabotulinumtoxinA)

### **Drugs for Rare Diseases, 5.01.576**

*Alpha-mannosidosis*

#### **Drug added**

Lamzede® (velmanase alfa) IV

- Added criteria for treatment of non-central nervous system manifestations for the initial approval of 1 year

*Friedreich's ataxia*

#### **Drug added**

Skyclarys™ (omaveloxolone) oral

- Added criteria for individuals aged 16 years or older for the initial approval of 1 year

*Rett syndrome*

#### **Drug added**

Daybue™ (trofinetide) oral solution

- Added criteria for individuals aged 2 years or older for the initial approval of 3 months

*Alagille syndrome (ALGS)*

#### **Medical necessity criteria updated**

Expanded criteria to include individuals 3 months of age or older when treating pruritus

- Livmarli™ (maralixibat) oral

*Primary hyperoxaluria type 1*

#### **Medical necessity criteria updated**

Added criteria to include lowering of plasma oxalate levels in pediatric and adult individuals

- Oxlumo™ (lumasiran) SC

### *Thyroid disease*

#### **Medical necessity criteria updated**

Removed the criterion “with expertise in TED treatment” within the prescriber requirements

- Tepezza™ (teprotumumab-trbw) IV

### **Folate Antimetabolites, 5.01.617**

#### **Drug added**

Jylamvo® (methotrexate) oral solution

- Added medical necessity criteria for individuals who have tried and failed generic methotrexate tablets

#### **Medical necessity criteria updated**

Added additional criterion for combination therapy with Keytruda® and platinum chemotherapy for initial treatment of metastatic non-squamous non-small lung cell cancer

- Pempfexy™ (pemetrexed) IV

### **Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625**

#### **Drugs added**

Brand leuprolide depot

- Added medical necessity criteria for treatment of endometriosis, prostate cancer, and uterine fibroids

### *Gender dysphoria*

Added medical necessity criteria, including criterion for documentation of discussion about adverse side effects

- Brand leuprolide depot
- Zoladex® (goserelin)

### *Ovulation suppression*

Generic leuprolide

- Added indication for treatment of ovulation suppression for purposes of a frozen embryo transfer (FET)

#### **Investigational criteria updated**

Clarified that all other drugs for treatment of gender dysphoria not explicitly listed in the policy are considered investigational

### **Hemlibra® (emicizumab-kxwh), 5.01.581**

#### **Policy title changed**

From Hemlibra® (emicizumab-kxwh) to Pharmacologic Treatment of Hemophilia

### **Drug added**

Hemgenix® (etranacogene dezaparvovec-drlb)

- For treatment of severe or moderately severe hemophilia B in adult individuals 18 years or older who were assigned male at birth
- Considered investigational for other conditions not outlined in the policy and for repeat treatment

### **Miscellaneous Oncology Drugs, 5.01.540**

*Oral Drugs*

#### **Medical necessity criteria updated**

Indication clarified as applicable to maintenance treatment of adult individuals with deleterious or suspected deleterious germline BRCA-mutated recurrent cancers as listed in the policy

- Zejula® (niraparib)

Removed requirement of Ki-67 score of 20 or greater when used in combination with endocrine therapy for the adjuvant treatment of adult individuals with HR-positive, HER2-negative, node-positive early breast cancer at elevated risk of recurrence

- Verzenio™ (abemaciclib) oral

### **Medical Necessity Criteria for Pharmacy Edits, 5.01.605**

#### **Drug added**

*Antifungals*

Emverm® (mebendazole)

- For treatment of hookworm, roundworm, tapeworm, whipworm
- For treatment of pinworm when an individual has a history of intolerance to over-the-counter pyrantel pamoate
- Initial approval is for 3 months

#### **Drug added**

*Brand Intranasal Histamine Products*

Patanase®

- For treatment of allergic rhinitis when the individual has tried and failed at least two generic intranasal corticosteroids or antihistamine products

#### **Drugs added**

*Brand Ophthalmic Corticosteroids*

Indicated when trial and failure of generic

- TobraDex (tobramycin-dexamethasone)
- Tobramycin-dexamethasone

#### **Drugs added**

*Brand Second Generation Antipsychotics*

- Abilify® (aripiprazole)
- Brand clozapine ODT
- Geodon® (ziprasidone)
- Invega® (paliperidone)
- Risperdal® (risperidone)
- Seroquel® (quetiapine)
- Vraylar® (cariprazine)
- Zyprexa® (olanzapine)
- Zyprexa® Zydys (olanzapine)

### **Drug added**

#### *Chelating Agents*

Chemet® (succimer)

- For treatment of acute lead poisoning in individuals aged 12 months to 18 years
- For treatment of acute intoxication or poisoning by arsenic or mercury

### **Drugs added**

#### *Parkinson's Disease Agents*

For treatment of Parkinson's disease when the individual has tried and failed or is intolerant to other therapies

- Dhivy™ (carbidopa-levodopa)
- Duopa® (carbidopa-levodopa)
- Lodosyn® (carbidopa)
- Rytary® (carbidopa-levodopa)
- Sinemet® (carbidopa-levodopa)
- Stalevo (carbidopa-levodopa-entacapone)
- Xadago (safinamide)

### **Drug added**

#### *Tardive Dyskinesia & Huntington's Disease Medications*

Austedo XR (deutetrabenazine extended release)

- For treatment of DRBA (dopamine receptor blocking agents)-induced tardive dyskinesia or chorea associated with Huntington's disease

### **Drug added**

#### *Wound Therapy*

Nexobrid® (anacaulase-bcdb)

- For treatment of deep partial thickness or full thickness thermal burns in those aged 18 years or older

### **Medical necessity criteria updated**

#### *Antipsychotics, Second Generation*

Requires trial and failure with generic lurasidone

- Latura® (lurasidone HCL)

#### *Heart Failure Agents*

Requires previous therapy with the maximum tolerated dose of a beta blocker for adults. Added a prescriber requirement to adult and pediatric criteria.

- Corlanor® (ivabradine)

Requires an eGFR of 25 mL/min/1.73m<sup>2</sup> or greater to initiate therapy

- Farxiga® (dapagliflozin)

Requires an eGFR of 20 mL/min/1.73m<sup>2</sup> or greater to initiate therapy

- Jardiance® (empagliflozin)

#### **Nulojix® (belatacept) for Adults, 5.01.536**

*Prophylaxis of organ rejection in adult individuals receiving a kidney transplant*

##### **Medical necessity criteria updated**

- Clarified that when used for induction or maintenance therapy, requires combination with all listed agents
- Azathioprine can be used for individuals who have tried and did not tolerate mycophenolate mofetil (MMF) as a regimen for immunosuppressive post-induction or post-transplant therapy

#### **Pharmacologic Treatment of Atopic Dermatitis, 5.01.628**

*Janus Kinase (JAK) Inhibitors*

##### **Medical necessity criteria updated**

Updated age limit from 18 years and older to 12 years and older

- Cibinqo™ (abrpcomob) oral

##### **Cosmetic criteria updated**

Considered cosmetic for the treatment of vitiligo and not covered

- Opzelura™ (ruxolitinib) topical cream

#### **Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569**

*Long-Acting Insulin*

##### **Drugs added**

Added as non-preferred long-acting insulin agents

- Insulin Degludec (degludec)
- Rezvoglar™ (glargine-aglr)

##### **Authorization Updated**



Updated initial and re-authorization duration for all drugs listed in the policy for up to 3 years, with the exception of Tzielid

### **Spravato® (esketamine) Nasal Spray, 5.01.609**

#### **Medical necessity criteria updated**

- Clarified documentation of major depressive disorder without psychotic features (unipolar, not bipolar)
- Clarified requirement of no current substance use disorder unless in remission or confined 24/7 in a facility with no access to substances
- Clarified requirement of no concurrent use of any of the specified drugs in excess of prescribed doses
- Clarified requirement of no alcohol or marijuana use within 24 hours before and after each treatment
- Added additional information on major depressive disorder
- Clarified that continued approval must meet medical necessity criteria

#### **Documentation requirements updated**

Added requirement that the oral antidepressant used concomitantly must be specifically named

### **Xolair® (omalizumab), 5.01.513**

*Moderate to severe persistent asthma*

#### **Medical necessity criteria updated**

Updated definition of moderate to severe persistent asthma to include individuals with one or more asthma exacerbations in the previous 12 months requiring use of oral corticosteroids

## **Archived policies**

### **Effective May 1, 2023**

No updates this month

## **Deleted policies**

### **Effective May 1, 2023**

#### **Cochlear Implant, 7.01.105**

Content from this policy has been moved to Cochlear Implant, 7.01.586

## **Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.585**

Content from this policy has been moved to Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.132

## **Coding updates**

### **Added codes Effective May 1, 2023**

#### **General Anesthesia and Facility Services Related to Dental Treatment, 10.01.503**

Now requires review for medical necessity and prior authorization

G0330

#### **Non-covered Experimental/Investigational Services, 10.01.533**

Now requires review for investigational

K1024, K1025, K1031, K1032, K1033

### **Revised codes**

No updated this month

### **Removed codes Effective May 1, 2023**

#### **Miscellaneous Oncology Drugs, 5.01.540**

No longer requires review

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