LifeWise
Health Plan of Washington

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

- Pemfexy™ (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® Zydis (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/1.73m2 or greater to initiate therapy

- Farxiga® (dapagliflozin)

Requires an eGFR of 20 mL/min/1.73m2 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™ (abrpcotomob) 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 Tzield

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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