LifeWise
Health Plan of Washington

December 7, 2023 – Provider News – LifeWise Washington

Medical Policy and Coding Updates
December 7, 2023

Special notices

Effective March 17, 2024

Carelon Medical Benefits Management Clinical Appropriateness Guidelines
(formerly AIM Specialty Health) added services for review.

Effective for dates of service on and after March 7, 2024, the Plan will utilize Carelon Medical Benefits Management, Inc. Genetic Testing Clinical Appropriateness Guidelines.

Updates by section

Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer

- Replaced "contraindicated" with "unsafe or infeasible" for clarification of tissue biopsy

Prenatal Testing using Cell Free DNA

- Clarified required components of genetic counseling
- For viable singleton or twin pregnancy, clarified sex prediction for pregnancies at risk for an X-linked disorder

Somatic Tumor Testing

- Clarification for Food and Drug Administration approved test moved to umbrella criteria
- Expanded BRAF V600E criteria to include RAS variant in localized colorectal cancer
- Removed Afirma standalone assay for testing indeterminate thyroid nodules
- Restricted testing to 50 genes or less for bladder, colorectal, ovarian, acute lymphoblastic leukemia (ALL), acute myelogenous leukemia (AML), chronic myelogenous leukemia, myeloproliferative neoplasms, and myelodyplastic syndromes (MDS)
- Expanded specimen type in tissue-based testing for ALL, AML, and MDS. For ALL, specimen-type, measurable residual disease and BCR-ABL1 monitoring

Effective March 7, 2024

Carelon Medical Benefits Management Clinical Appropriateness Guidelines (formerly AIM Specialty Health) added services for review.

Effective for dates of service on and after March 7, 2024, the Plan will utilize **Carelon Medical Benefits Management to apply clinical appropriateness guidelines and cancer treatment pathways**.

Additions by section

Therapeutic Radiopharmaceuticals

- Updated Azedra (iobenguane I 131)
  - For the treatment of iobenguane scan-positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma in individuals who require systemic anticancer therapy
  - Removed from policy Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
- Updated Xofigo (radium Ra 223 dichloride)
  - For the treatment of castration-resistant prostate cancer with symptomatic bone metastases
  - Removed from Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
- Added Zevalin (Ibritumomab tiuxetan)
  - For the treatment of certain types of B-cell non-Hodgkin lymphoma

Gene Therapies for Thalassemia, 5.01.42

Medical necessity criteria updated

- Updated Zynteglo (betibeglogene autotemcel) criteria including:
  - Requirement that the individual does not have an uncorrected bleeding disorder or history of advanced liver disease
  - Individual must be 50 years of age or younger
  - Individuals 5 years of age or younger must weigh a minimum of 6 kilograms
  - Individual must be clinically stable and eligible to undergo a hematopoietic stem cell transplant

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Medical necessity criteria updated

- Eligard's (leuprolide acetate) removed from coverage for the palliative treatment of advanced prostate cancer and added coverage for the treatment of advanced prostate cancer
- Updated initial gender dysphoria criteria to require documentation that the individual has no comorbid psychiatric disorders and that potential adverse effects have been discussed including specifically possible effects on fertility
- Updated initial gender dysphoria criteria to clarify that an individual must be ≥ 14 years of age, Tanner stage 2 or higher puberty onset based on physical examination,

or Tanner stage 2 or higher puberty onset based on serum testosterone level in addition to being less than 23 years of age
- Updated initial gender dysphoria criteria to clarify that the individual has not undergone a gonadectomy
- Added a note that for individuals assigned female at birth, total testosterone of at least 11 ng/dL or 0.36 nmol/L is required to confirm Tanner stage 2
- Added a note that use of these products is also investigational for the treatment of gender dysphoria for individuals who have completed puberty
- Updated gender dysphoria re-authorization criteria to require documented specific rationale for why the individual has not undergone a gonadectomy if the individual ≥ 22 years of age, that suppression of secondary sex characteristics is based on physical examination, and documentation of annual testing of bone age or bone density

Growth Hormone Therapy, 5.01.500

Drug added

- Ngenla (somatrogon-ghla) added as a second-line agent for the treatment of growth hormone deficiency

Pharmacologic Treatment of Hemophilia, 5.01.581

Medical necessity criteria updated

- Hemgenix to require:
  - Factor IX prophylaxis to be discontinued following administration of Hemgenix
  - Assessment by hepatologist if the individual has radiological liver abnormalities or sustained liver enzyme elevations
- Roctavian to require:
  - Factor VIII prophylaxis to be discontinued following administration of Roctavian
  - Documentation demonstrating that the individual received education relating to alcohol abstinence and the use of concomitant medications

Effective February 7, 2024

Botulinum Toxins, 5.01.512

Medical necessity criteria updated

- Botox, Dysport, Myobloc, and Xeomin for the treatment of cervical dystonia requiring individual does not have acute cervical dystonia caused by exposure to dopamine receptor-blocking drugs

Effective January 1, 2024

Herceptin (trastuzumab) and Other HER2 Inhibitors, 5.01.514

Medical necessity criteria updated

- Trazimera (trastuzumab-qyyp)
    - Updated to second-line agent

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Medical necessity criteria updated

- Ruxience (rituximab-pvvr)
    - Updated to a second-line product

Pharmacotherapy of Arthropathies, 5.01.550

Medical necessity criteria updated

- Simponi Aria (golimumab) IV
    - Updated to a first-line product for all indications
- Avsola (IV)
    - Updated to a first-line product for all indications
    - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
    - Updated to a second-line product for all indications
    - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
    - Updated to a first-line product for all indications
    - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
    - Updated to a second-line product for all indications
    - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
    - Updated to a first-line product for the treatment of pyoderma gangrenosum
    - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
    - Updated to a second-line product for the treatment of pyoderma gangrenosum
    - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

Pharmacologic Treatment of Psoriasis, 5.01.629

Medical necessity criteria updated

- Avsola (infliximab-axxq) IV
  - Updated to a first-line product
  - Added to a list of preferred infliximab products to be tried and failed prior to trying non-preferred infliximab products
- Inflectra (infliximab-dyyb) IV
  - Updated to a second-line product
  - Removed from the list of preferred products to be tried and failed prior to trying non-preferred infliximab products

Rituximab: Non-oncologic and Miscellaneous Uses, 5.01.556

Medical necessity criteria updated

- Ruxience (rituximab-pvvr)
  - Updated to a second-line product

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

Medical necessity criteria updated

- Fulphila (pegfilgrastim-jmbd) and Nyvepria (pegfilgrastim-apgf)
  - Updated to a first-line product for individuals less than 18 years of age
  - Updated to a second-line product for individuals 18 years and older
- Udenyca (pegfilgrastim-cbqv) and Ziextenzo (pegfilgrastim-bmez)
  - Updated to a second-line product for individuals less than 18 years of age
  - Updated to a third-line product for individuals 18 years and older

Effective December 7, 2023

Dry Needling of Myofascial Trigger Points, 2.01.100

New policy

- Reinstating previously archived policy
  - Dry needling of trigger points for the treatment of myofascial pain is considered investigational

Miscellaneous Oncology Drugs, 5.01.540

Drugs added

- Temodar (temozolomide) IV
  - For the treatment of newly diagnosed glioblastoma concomitantly with radiotherapy and then as maintenance treatment, or for refractory anaplastic astrocytoma in adult individuals who have experienced disease progression on a drug regimen containing nitrosourea and procarbazine
- Unituxin (dinutuximab) IV

- For use in combination with granulocyte-macrophage colony-stimulating factor, interleukin-2, and 13-cis-retinoic acid, for the treatment of high-risk neuroblastoma in pediatric individuals who achieve at least a partial response to prior first-line multiagent, multimodality therapy

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Medical necessity criteria updated

- Monoclonal antibodies for the treatment of lymphoma and Rituximab may be delivered in the inpatient setting when medical necessity criteria for site of service are met

Medical policies

New medical policies

No updates this month.

Revised medical policies Effective December 1, 2023

Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses, 1.01.506

Medical necessity criteria updated

- Clarified that a cranial orthosis is considered medically necessary following cranial vault remodeling surgery for synostosis apart from any age criterion

Cosmetic and Reconstructive Services, 10.01.514

Medical necessity criteria added

- Use of a nonsurgical infant ear molding (i.e., EarWell) may be considered medically necessary to correct congenital auricular anomalies in infants 3 months of age or less

Cosmetic indication added

- Correction of inverted nipples is considered cosmetic

Psychiatric and Other Specified Evaluations in Inpatient and Residential Behavioral Health Treatment, 3.01.521

Medical necessity criteria updated

- Clarified requirement for documentation of daily consultation with non-psychiatric medical clinicians when an individual is on a medical unit or in an emergency department (ED)
- Clarified that the medical evaluations for inpatient mental health treatment, including eating disorder treatment and inpatient substance use disorder (SUD) treatment, must be done by a physician, nurse practitioner, or physician assistant, or done in an ED or hospital inpatient medical unit prior to direct transfer to inpatient facility

- Added that a medical history and physical examination that were done in an ED or an inpatient medical unit prior to direct transfer to the inpatient mental health or eating disorder or SUD unit or facility are acceptable in lieu of within one day after admission to the inpatient mental health or eating disorder or SUD unit
- Removed sections on psychosocial evaluations for SUD residential treatment and substance use evaluations for SUD residential treatment because reviews for psychosocial evaluations and substance use evaluations have been determined not to be necessary any longer due to consistent provider compliance

Sinus Surgery in Adults, 7.01.559

Medical necessity criteria added

- Silent sinus syndrome (aka chronic maxillary atelectasis) added to list of conditions for which functional endoscopic sinus surgery may be considered medically necessary

Whole Body Dual X-Ray Absorptiometry and Bioelectrical Impedance Analysis to Determine Body Composition, 6.01.528

Policy renumbered/Title Change

- This policy replaces Whole Body Dual X-Ray Absorptiometry to Determine Body Composition, 6.01.40, which is now deleted

Investigational criteria updated

- The use of whole-body dual energy X-ray absorptiometry or bioelectrical impedance analysis for body composition studies are considered investigational for all indications

Pharmacy policies

New pharmacy policies

No updates this month.

Revised pharmacy policies Effective December 1, 2023

BCR-ABL Kinase Inhibitors, 5.01.518

Medical necessity criteria updated

- Updated Bosulif (bosutinib) criteria to include coverage for individuals 1 year of age or older with chronic phase Philadelphia chromosome-positive chronic myelogenous leukemia in newly diagnosed individuals or individuals resistant or intolerant to prior therapy

C3 and C5 Complement Inhibitors, 5.01.571

Medical necessity criteria/drug added

- Zilbrysq (zilucoplan) for the treatment of generalized gMG in adult individuals who are anti-acetylcholine receptor antibody positive
- Izervay (avacincaptad pegol) for the treatment of geographic atrophy secondary to age-related macular degeneration in individuals 50 years of age or older

Drugs for Rare Diseases, 5.01.576

Drug added

- Yargesa (generic miglustat) added to generic miglustat criteria

Drugs added/Medical necessity criteria added

- Cystadane (betaine anhydrous) and generic betaine anhydrous for the treatment of homocystinuria

Drugs for Weight Management, 5.01.621

Drug added/Medical necessity criteria added

- Zepbound (tirzepatide) for the treatment of chronic weight management

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Drug added/Medical necessity criteria added

- Motpoly XR (lacosamide) added to anticonvulsants for the treatment of partial-onset seizures to anticonvulsants

Medical necessity criteria updated

- Updated molnupiravir in the policy to Lagevrio (molnupiravir)

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Drug added/Medical necessity criteria added

- Rystiggo (rozanolixizumab-noli) for the treatment of gMG in adult individuals

Archived policies

No updates this month.

Deleted policies

Effective December 1, 2023

Whole Body Dual X-Ray Absorptiometry to Determine Body Composition, 6.01.40

- This policy is replaced with Whole Body Dual X-Ray Absorptiometry and Bioelectrical Impedance Analysis to Determine Body Composition, 6.01.528

Coding updates

Added codes

Effective December 1, 2023

Dry Needling of Trigger Points for Myofascial Pain, 2.01.100

Now requires review for investigational.

20560, 20561

Whole Body Dual X-Ray Absorptiometry to Determine Body Composition, 6.01.528

Now requires review for investigational.

0358T

Revised codes
Effective December 1, 2023

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

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

Q5123

Removed codes

No updates this month.