LifeWise
Health Plan of Washington

August 1, 2024 – Provider News – LifeWise Washington

Medical Policy and Coding Updates
August 1, 2024

Special notices
Effective November 1, 2024

Alpha-1 Proteinase Inhibitors, 5.01.624
Medical necessity criteria updated

- Aralast NP, Glassia, Prolastin-C, and Zemaira will be reviewed for site of service

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

- Aralast NP, Glassia, Prolastin-C, and Zemaira will be reviewed for site of service

Effective October 20, 2024

Updates to **Carelon Medical Benefits Management Clinical Appropriateness Guidelines** (formerly AIM Specialty Health).

Effective for dates of service on and after October 20, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Radiology Clinical Appropriateness Guidelines**. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Brain Imaging

- Added indications for Magnetic Resonance Imaging and amyloid beta positron emission tomography imaging in Alzheimer disease to address patients considering or receiving lecanemab

Spine Imaging

- Changed “Perioperative and Periprocedural Imaging” to “Postoperative and Postprocedural Imaging;” pre-procedure requests should be reviewed based on more specific indication

Extremity Imaging

- Separated criteria for osteomyelitis and septic arthritis into separate indications
- Ultrasound or arthrocentesis as preliminary tests were placed only in the “septic arthritis” indication

Vascular Imaging

- Computed tomography angiography (CTA) and magnetic resonance angiography (MRA) Head addition for chronic posterior circulation stroke/transient ischemic attack presentations (CTA/MRA neck already allowed, intracranial eval needed for full extent of anatomy)
- Lower Extremity peripheral artery disease: Updated physiologic testing parameters and added allowance for ischemic signs/symptoms at presentation, in alignment with American College of Radiology Appropriateness Criteria
- Suboptimal imaging option downgrades/removals in Brain, Head and Neck and Abdomen/Pelvis

Effective for dates of service on and after October 20, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Cardiology Clinical Appropriateness Guidelines**. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Imaging of the Heart

- Resting Transthoracic Echocardiography
    - Expanded frequency of echocardiographic evaluation in patients on mavacamten for treatment of hypertrophic obstructive cardiomyopathy
    - Expanded criteria for echocardiographic evaluation to allow a single screening for cardiac disease in patients undergoing evaluation for solid organ or hematopoietic cell transplant

Effective for dates of service on and after October 20, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Genetic Testing Clinical Appropriateness Guidelines**. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Chromosomal Microarray Analysis

- Clarified recommendations for Genetic Counseling
- Clarified requirements for postnatal evaluation of individuals with:

        - Congenital or early onset epilepsy (before age 3 years) without suspected environmental causes
        - Autism spectrum disorder, developmental delay, or intellectual disability with no identifiable cause (idiopathic)
    - Clarified prenatal evaluation of a fetus with a structural fetal anomaly noted on ultrasound

Pharmacogenomic Testing

- Added Apolipoprotein E testing

Polygenic Risk Scores renamed Predictive and Prognostic Polygenic Testing

- Broadened guideline scope to include polygenic expression prognostic testing and multivariable prognostic genetic testing (essentially clarifications)
    - Moved these tests to exclusions as they are considered not medically necessary
- Retitled guideline to Predictive and Prognostic Polygenic Testing to address the change in scope

Somatic Testing of Solid Tumors

- Clarified gene expression profiling is to guide adjuvant therapy for localized Breast Cancer

Whole Exome and Whole Genome Sequencing

- Expanded whole exome sequencing (WES) criteria to include congenital or early onset epilepsy (before age 3) without suspected environmental etiology and added other clarifications
- Clarified well-delineated genetic syndrome in criterion for multiple anomalies
- Clarified Genetic Counseling details for WES

Effective for dates of service on and after October 20, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Radiation Oncology Clinical Appropriateness Guidelines**. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Radiation Therapy (excludes Proton)

- Removed criteria for hyperthermia
- Clarified inclusion criteria of the RTOG 1112 protocol

Effective for dates of service on and after October 20, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc., Sleep Clinical Appropriateness Guidelines**. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Sleep Disorder Management

- Expanded definitions and terminology
- Expanded documentation of hypoventilation
- Expanded criteria for home and in-lab sleep studies
- Added contraindication to automatic positive airway pressure titration for use of supplemental oxygen
- Removed home sleep apnea testing as an option in medical necessity of multiple sleep latency test/maintenance of wakefulness test for suspected narcolepsy
- Management of obstructive sleep apnea (OSA) using Implanted Hypoglossal Nerve Stimulators (HNS):
    - Narrowed age range (raised lower limit to 13) for HNS in individuals with Down syndrome and OSA to align with age range suggested by Food and Drug Administration
- Miscellaneous Devices section added:
    - Electronic positional therapy and neuromuscular electrical training of the tongue musculature are considered not medically necessary due to lack of high-quality evidence

For questions related to guidelines, please contact Carelon via email at **MedicalBenefitsManagement.guidelines@Carelon.com**. Additionally, you may **access and download a copy of the current and upcoming guidelines.**

Effective October 8, 2024

Surgical Treatment of Femoral Acetabular Impingement, 7.01.592
New policy

- Surgical treatment of femoral acetabular impingement is considered medically necessary when criteria are met.

Effective August 2, 2024

C3 and C5 Complement Inhibitors, 5.01.571
Medical necessity criteria added

- Confirmed granulocyte clone size updated to ≥ 15% for Soliris (eculizumab), Ultomiris (ravulizumab-cwvz), and Empaveli (pegcetacoplan) for the treatment of paroxysmal nocturnal hemoglobinuria

Evaluation of Biomarkers for Alzheimer Disease, 2.04.521

Investigative criteria added

- Measurement of biochemical markers of Alzheimer's disease is considered investigational

Medical policies

New medical policies

No updates this month.

Revised medical policies Effective August 1, 2024

Spravato (esketimine) Nasal Spray, 5.01.609

Additional information updated

- Medication trial and failure requirements clarified to allow for independent or concomitant medication use; separate trials are no longer required.

Transcranial Magnetic Stimulation as a Treatment of Depression and other Psychiatric and Neurologic Disorders, 2.01.526

Medical necessity criteria updated

- Clarified that the medical necessity criteria for transcranial magnetic stimulation (TMS) to treat bipolar disorder, OCD, and major depressive disorder apply only to the first course of treatment.
- Medication trial and failure requirements clarified to allow for independent or concomitant medication use; separate trials are no longer required.

Medical necessity criteria added

- TMS may be considered medically necessary as a maintenance therapy while the individual awaits vagus nerve stimulation treatment to take effect.

Vagus Nerve Stimulation, 7.01.20

Medical necessity criteria updated

- Clarified application to refractory seizures

Medical necessity criteria added

- Vagus nerve stimulation (VNS) may be considered medically necessary to treat major depressive disorder in individuals aged 18 years and older when criteria are met.

- VNS may be considered medically necessary to treat major depressive disorder, in conjunction with TMS, for up to 3 months while VNS takes full effect, with the potential for up to 12 months if results are gained from VNS treatment during this time frame.
- All other concomitant uses of VNS are considered not medically necessary.

Contraindications added

- A history of left vagotomy or bilateral vagotomy
- Current or planned therapeutic shortwave diathermy, microwave diathermy, or therapeutic ultrasound diathermy

Investigational criteria added

- All concomitant uses of VNS with ketamines or other psychedelic drugs are investigational

Investigational indications updated

- Depression removed
- Psychiatric conditions (other than major depressive disorder) added
- Substance use disorders added

Pharmacy policies

New pharmacy policies Effective August 1, 2024

Gene Therapies for Rare Diseases, 5.01.642

Drug added

Medical necessity criteria added

- Lenmeldy may be considered medically necessary to treat metachromatic leukodystrophy when criteria are met

Revised pharmacy policies Effective August 1, 2024

Advanced Therapies for Pharmacological Treatment of Pulmonary Arterial Hypertension, 5.01.522

Drugs added

Opsynvi (macitentan-tadalafil)

- Opsynvi may be considered medically necessary for treatment of adults with pulmonary arterial hypertension WHO group 1 with signs and symptoms of WHO functional class II and III.

Winrevair (sotatercept-csrk)

- Winrevair may be considered medically necessary for treatment of adults with pulmonary arterial hypertension WHO group 1 with signs and symptoms of WHO functional class II and III when criteria are met

ALK Tyrosine Kinase Inhibitors, 5.01.538

Medical necessity criteria added

- Coverage of Alecensa (alectinib) expanded to include individuals with non-small cell lung cancer who require adjuvant treatment following tumor resection with tumors ≥ 4 cm or node positive

Drugs for Rare Diseases, 5.01.576

Drug added

Medical necessity criteria added

- Voydeya (danicopan oral) may be considered medically necessary to treat extravascular hemolysis in individuals with paroxysmal nocturnal hemoglobinuria who are aged 18 tears and over when criteria are met
- Xolremdi may be considered medically necessary to increase the number of circulating neutrophils and lymphocytes in individuals aged 12 years and older with warts, hypogammaglobulinemia, infections, and myelokathexis when criteria are met

Herceptin (trastuzumab) and other HER2 Inhibitors, 5.01.514

Drug added

- Added second-line agent Hercessi (trastuzumab strf)

Medical necessity criteria added

- Enhertu may be considered medically necessary for treatment of HER2 positive solid tumors in adults when criteria are met

Immune Globulin Therapy, 8.01.503

Medical necessity criteria updated

- Updated IgG levels from less than 400 to less than 500 for the initial criteria in the policy
- Clarified that coverage for Guillain-Barre syndrome applies to those aged 18 years and older

Medical necessity criteria added

- Treatment of myelin oligodendrocyte glycoprotein antibody-associated disease may be considered medically necessary in individuals who failed to respond to one previous therapy

Reauthorization criteria updated

- Added the requirement of an IgG level of 300 mg/dL at the time of reauthorization

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Drugs added

Medical necessity criteria added

- Eohilia (budesonide oral suspension) may be considered medically necessary for treatment of eosinophilic esophagitis in individuals aged 11 years and older when criteria are met

- Generic mirabergron may be considered medically necessary for treatment of overactive bladder when generic oxybutynin chloride, generic solfenacen, or generic trisodium have been tried and failed

Drugs added

- Brand oxybutynin, Vesicare, and Vesicare L5 added to the list of medically necessary agents for treatment of overactive bladder
- Generic bismith subcitrate potassium-metronidazole tetracycline added to the list of medically necessary agents for treatment of H Pylori

Drugs removed

- Removed Beconase AQ, Nasonex, and Veramyst from Intranasal Brand Corticosteroid Products as they have been withdrawn from the market.

Cosmetic indication updated

- Removed statement that Scenesse (afamelanotide) for the treatment of vitiligo is not medically necessary as treatment of vitiligo, it is considered a cosmetic exclusion

Medical necessity criteria added

- Expand coverage of Rezdiffra to include treatment of stage F2 liver fibrosis (expanding from only F3) as medically necessary when criteria are met
- Update alcoholic drink limits per week as follows: male, from 21 to 15; and female, from 14 to 10

Migraine and Cluster Headache Medications, 5.01.503

Drug added/removed

Brand name triptans

- Maxalt MLT (rizatriptan oral) added
- Zolmatriptan nasal spray removed (no longer on the market)

Generic triptans

- Ergomar (ergotamine oral) added
- Trudhesa (dyhydroergotamine nasal spray) added
- Must include trial and failure of two generic triptan products

Miscellaneous Oncology Drugs, 5.01.540

Miscellaneous Intramuscular/Subcutaneous Agents

Drug added

- Brand paciltaxel protein bound particles Teva unbranded added to the list of medically necessary agents

Drug added

Medical necessity criteria added

- Amtagvi (lilifluecel) may be considered medically necessary for treatment of unresectable or metastatic melanoma when criteria are met

Medical necessity criteria updated

Gazyva

- Added coverage for combination therapy in adults with relapsed or refractory follicular lymphoma who have received two or more lines of therapy

Pharmacotherapy of Arthropathies, 5.01.550

First-line Janus Kinase Inhibitors

Drugs added

- Rinvoq and Rinvoq LQ may be considered medically necessary for treatment of polyarticular juvenile idiopathic arthritis
- Rinvoq LQ may be considered medically necessary for treatment of active psoriatic arthritis when individual has had an inadequate response to TNF blockers

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

Drug added

Medical necessity criteria added

- Duvyzat may be considered medically necessary for treatment of Duchenne muscular dystrophy when individual is aged 6 years or older and criteria are met

Xolair (omalizumab), 5.01.513

Medical necessity criteria added

- May be considered medically necessary to reduce reactions to Type 1 allergic reactions for individuals with an IgE mediated food allergy when aged 1 year or older and criteria are met

Archived policies

Effective August 1, 2024

Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis, 2.02.16

Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia, 2.02.18

Deleted policies

No updates this month.

Coding updates

Added codes
Effective August 1, 2024

Evaluation of Biomarkers for Alzheimer Disease, 2.04.521

Now requires review for investigational.

0346U, 0361U, 0412U, 0393U, 0443U

Revised codes
Effective July 1, 2024

No updates this month.

Removed codes
Effective August 1, 2024

Lumbar Spinal Fusion in Adults, 7.01.542
No longer requires review.

C1831

Services Reviewed Using InterQual Criteria, 10.01.530
No longer requires review.

77061, 77062, 77063, 77065, 77066, 77067, G0279