MEDICAL POLICY UPDATE

October 2023

HIGHMARK. DELAWARE

IN THIS ISSUE

Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
G-27 – Clinical Trials	12/04/2023	There is no change in the policy, this policy will publish on December 4, 2023.
I-21 - Trastuzumab (Herceptin®)	01/01/2024	This policy was revised to include Hercpetin Hylecta as a non-preferred product. Policy will publish on January 1, 2024.
I-27 - Certolizumab (Cimzia®)	12/04/2023	This policy was revised to remove the references to the different dosage forms due to them having the same indications. Policy will publish on December 4, 2023.
I-28 - Infliximab and Infliximab Biosimilars	01/01/2024	Policy revised to include unbranded infliximab as a non-preferred product. Policy will publish on January 1, 2024.
I-30 – Denosumab (Proxlia, Xgeva)	12/18/2023	This policy is being updated with removal of preferred product language. Policy will publish December 18, 2023.
I-31 - Tocilizumab (Actemra®)	12/11/2023	This policy is scheduled for annual review. Policy updates include language revisions. Policy will publish December 11, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-35 - Golimumab (Simponi®, Simponi Aria®)	12/18/2023	Policy is being updated with revisions to preferred product language. Policy will publish December 18, 2023.
I-38 - Rituximab (Rituxan®)	01/01/2024	This policy is up for annual review. Preferred products were revised to remove Riabni as a preferred product and make Truxima preferred. Rituxan Hycela was also added as a non-preferred product. There are no additional indications for a change in coverage at this time. Minor administrative changes were made to the policy and the denial statement was revised to not medically necessary. Policy will publish on January 1, 2024.
I-90 - Abatacept (Orencia®) IV and SC	12/04/2023	This policy was updated to remove preferred product language in the SC product section. Policy will publish on December 4, 2023.
I-130 - Complement Inhibitors (Soliris, Ultomiris, Empaveli)	12/11/2023	This policy is scheduled for annual review. There are no indications for change in coverage. Policy will publish December 11, 2023.
I-159 - Oncologic Indications for Histone Deacetylase	12/11/2023	This policy is scheduled for annual review. There are no indications for change in coverage. Policy will publish December 11, 2023.
I-275 - Talquetamab-tgvs (Talvey)	10/30/2023	This is a new policy for a new to market drug. Policy will publish on 10/30/23.
I-276 - Elranatamab-bcmm (Elrexfio)	10/30/2023	This is a new to market drug policy. Policy will publish 10/30/23.
I-277 - Intra-arterial Melphalan (Hepzato)	10/30/2023	This is a new policy for the new to market drug Hepzato (Melphalan) for intra-arterial us. Policy will publish on October 30, 2023.
I-278 - Pozelimab-bbfg (Veopoz)	10/30/2023	This is a new policy to establish coverage criteria for new to market therapy Pozelimab-bbfg (Veopoz). Policy will publish October 30, 2023.
M-4 - Thermography (Thermogram)	12/04/2023	This policy is scheduled for annual review. There is no change in coverage. A standard 30-day notification is required. The policy will publish on December 4, 2023.
M-83 - Impedance Cardiography in Hypertension	12/04/2023	This policy is being archived. This policy will archive effective December 4, 2023.
S-152 - Transcatheter Closure Devices for congenital He	12/04/2023	This policy is scheduled for annual review. Administrative changes made. Coding was updated. This policy will publish on December 4, 2023.

Policy

Biosimilar Preferred Products Revised for Rituximab

Highmark Delaware has revised the preferred rituximab biosimilar products for all new starts for oncologic and rheumatoid arthritis indications. The revised preferred products are as follows:

- Rituximab-abbs (Truxima)
- Rtixuimab-pvvr (Ruxience)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2024.

Place of Service: Outpatient

Please refer to Medical Policy I-38, Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase (Rituxan Hycela), for additional information.

Coverage Criteria Established for Eylea HD® and Izervay™

Highmark Delaware has established new criteria for I-94 Intravitreal Injections. This is policy creating criteria for aflibercept (Eylea HD), the long-acting formulation of Eylea, and avacincaptad pegol (Izervay), an intravitreal solution indicated for Geographic atrophy.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is October 17, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-94, Intravitreal Injections, for additional information.

Coverage Criteria Established for Pozelimab-bbfg (Veopoz)

Highmark Delaware has established new criteria for I-278 Pozelimab-bbfg (Veopoz). This is a new policy creating criteria for Pozelimab-bbfg (Veopoz), a complement inhibitor indicated for the treatment of pediatric and adult individuals with CD55- deficient protein-losing enteropathy (CHAPLE) disease.

This new Medical Policy will apply to professional providers and facility claims. The effective date is October 30, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-278, Pozelimab-bbfg (Veopoz), for additional information.

Criteria Revised for Delandistrogene Moxeparvovec (Elevidys)

Highmark Delaware has revised the criteria for Delandistrogene moxeparvovec. The following criteria have been revised:

Individual has confirmed diagnosis of Duchenne muscular dystrophy (DMD) and has confirmed the following:

- A mutation in the DMD gene between exons 18-58; **or**
- If mutation in exon 1 to 17 and/or exons 59 to 71 provider attestation that patient with deletion in these regions may be at risk for a severe immune-mediated myositis reaction; **and**
- No deletion in exon 8 and/or exon 9 in the DMD gene; **and**

Individual is on a stable dose of corticosteroids and will continue prior to and following receipt of Elevidys unless contraindicated or medically inappropriate.

This new Medical Policy will apply to professional providers and facility claims. The effective date is December 4, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-269, Delandistrogene moxeparvovec (Elevidys), for additional information.

Biosimilar Preferred Products Revised for Rituximab

Highmark's Medicare Advantage product has revised the preferred rituximab biosimilar products for all new starts for oncologic and rheumatoid arthritis indications. The revised preferred products are as follows:

- Rituximab-abbs (Truxima)
- Rtixuimab-pvvr (Ruxience)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2024.

Please refer to Medical Policy I-38, Rituximab (Rituxan), Rituximab Biosimilars, and Rituximab and Hyaluronidase (Rituxan Hycela), for additional information.

Biosimilar Preferred Products Established for Filgrastim

Highmark's Medicare Advantage product has established preferred products for granulocyte colony stimulating factors (G-CSFs) filgrastim products. The preferred products are for oncologic indications when initiating therapy (no use in the previous 365 days) and are as follows:

- Filgrastim-sndz (Zarxio)
- Filgrastim-aafi (Nivestym)

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2024.

Place of Service: Outpatient
Please refer to Medical Policy I-56, White Cell Colony-Stimulating Factors and LCD L37176 for additional information.

Comments on These Medical Policies?

We want to know what you think about our new medical policy changes. Send us an email with any questions or comments that you may have on the new medical policies in this edition of Medical Policy Update.

Write to us at medicalpolicy@highmark.com

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