

MEDICAL POLICY UPDATE



July 2023



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Policy Title	Anticipated Issue Date	30 Day Notification Information
G-49 - Beremagene geperpavec-svdt (Vyjuvek)	07/31/2023	This is a new policy establishing coverage criteria for Beremagene geperpavec (Vyjuvek) which was recently FDA approved for the treatment of dystrophic epidermolysis bullosa. Policy will be published on July 31, 2023.
I-14 - Immune Globulin Therapy	09/04/2023	This policy was scheduled for annual review. The denial statement was updated too not medically necessary. Policy will publish on September 4, 2023.
I-27 Certolizumab (Cimzia)	09/11/2023	This policy is up for an annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to NMN. Policy will publish on September 11, 2023.
I-33 Belimumab (Benlysta)	09/11/2023	This policy was up for annual review. There are no indications for a change in coverage at this time. Denial statement was updated too not medically necessary. Policy will publish on September 11, 2023.
I-58 - Enzyme Replacement Therapies	09/7/2023	This policy is scheduled for annual review. Policy updates include addition of new to market therapy pegunigalsidase alfa-lwxj (Elfabrio). Policy will publish September 7, 2023.
I-90 Abatacept (Orencia)	09/11/2023	This policy was up for an annual review. There are no indications for a change in coverage at this time. Denial statement was updated too not medically necessary. Policy will publish on September 11, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-92 Naltrexone for Treatment of Alcohol and Opioid Dependence	09/18/2023	This policy is up for an annual review. There are no indications for a change in coverage at this time. Policy will publish on September 18, 2023.
I-109 - Irinotecan (Camptosar®)	09/04/2023	This policy was scheduled for annual review. Diagnosis codes updated. Policy will publish on September 4, 2023.
I-112 - Ziv-aflibercept (Zaltrap®)	09/04/2023	This policy was scheduled for annual review. The denial statement was updated too not medically necessary. The policy will publish on September 4, 2023.
I-152 - Exondys 51 (Eteplirsen)	09/04/2023	This policy was scheduled for annual review. There is no change in coverage. Policy will publish on September 4, 2023.
I-198 - Burosumab (Crysvita)	09/04/2023	This policy was scheduled for annual review. Denial statement update too not medically necessary. Policy will publish on September 4, 2023.
I-233 Lumasiran (Oxlumo)	09/11/2023	This policy was up for an annual review. There are no indications for a change in coverage at this time. Denial statement was updated too not medically necessary. Policy will publish on September 18, 2023.
I-247 - Efgartigmod alfa-fcab (Vyvgart)	08/7/2023	The policy was revised to include coverage criteria for Vyvgart Hytrulo, the subcutaneous version of Vyvgart which was recently approved by the FDA. Policy will publish on August 7, 2023.
I-270 - Epcoritamab-bysp (Epkinly)	08/31/2023	This is a new policy established for epcoritamab-bysp (Epkinly) indicated for the treatment of diffuse large B-cell lymphoma.
I-271 - Valoctocogene roxaparvovec (Roctavian)	07/24/2023	This is a new policy establishing coverage criteria for Valoctocogene Roxaparvovec (Roctavian) which was recently FDA approved for the treatment of Hemophilia A. Policy will publish on July 24, 2023.
M-78 Confocal Laser Endomicroscopy	09/11/2023	This policy is scheduled for annual review. There is no change in coverage. Minor revisions to the Operational Guidelines statements were made. This policy is scheduled to publish on September 11th, 2023.
S-248 - Nerve Ablation and Injection	09/04/2023	This policy is scheduled for annual review. Administrative changes have been made. This policy will publish on September 4, 2023.



Policy Established for Risankizumab-rzaa (Skyrizi ®)



NEWS FOR ALL
PROVIDER TYPES

Highmark Blue Cross Blue Shield has established new guidelines for Medical Policy I-199 Interleukin-23 Antagonists. This policy now includes new to market Risankizumab-rzaa (Skyrizi) for intravenous use.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 29, 2022

Place of Service:

Please refer to Medical Policy I-199, Interleukin-23 Antagonists, for additional information.

Coverage Criteria Established for Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)



NEWS FOR ALL
PROVIDER TYPES

Highmark Blue Cross Blue Shield has established new guidelines for Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 7, 2023.

Place of Service: Outpatient

Please refer to Medical Policy I-247, Efgartigimod alfa-fcab (Vyvgart) and Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo), for additional information.

Z-8 Diagnosis and Treatment of Obstructive Sleep Apnea in Adults



NEWS FOR ALL
PROVIDER TYPES

Highmark Blue Cross Blue Shield has revised criteria/established new criteria for Z-8 Diagnosis and Treatment of Obstructive Sleep Apnea in Adults. Clarification was made to policy language and information regarding Cardiorespiratory Daytime Sleep Study (PAP-NAP)

This revised Medical Policy will apply to (professional providers and/or facility claims). The effective date is September 25, 2023.

Place of Service:

Please refer to Medical Policy Z-8, Diagnosis and Treatment of Obstructive Sleep Apnea in Adults 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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