

# MEDICAL POLICY UPDATE



July 2023



## IN THIS ISSUE

Policy Established for Risankizumab-rzaa (Skyrizi ®).....	3
Coverage Criteria Established for Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo) .....	3
Diagnosis and Treatment of Obstructive Sleep Apnea in Adults.....	3



## Policy

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

Policy Title	Anticipated Issue Date	30 Day Notification Information
		statement was updated too not medically necessary. Policy will publish on September 11, 2023.
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.
Z-106 - Medically Fragile Children	09/01/2023	This is a new policy. This policy was created in order to comply with a NY State specific mandate for coverage

Policy Title	Anticipated Issue Date	30 Day Notification Information
		for medically fragile children effective 9/1/2023. This policy is scheduled to publish on September 1, 2023.



## Policy

### Policy Established for Risankizumab-rzaa (Skyrizi ®)



Highmark Blue Cross Blue Shield of Western New York 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)



Highmark Blue Cross Blue Shield of Western New York 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



Highmark Blue Cross Blue Shield of Western New York 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](mailto:medicalpolicy@highmark.com)



[eSubscribe](#)



## About this Newsletter

*Medical Policy Update* is a monthly newsletter for the health care providers who participate in our networks and submit claims to Highmark using the appropriate HIPAA transactions or claim forms as required by Highmark. This publication focuses only on medical policy and claims administration updates, including coding guidelines and procedure code revisions, and is the sole source for this information. For all other news, information and updates, be sure to read [Provider News](#), available on the Provider Resource Center at [hwnybcbs.highmarkprc.com](http://hwnybcbs.highmarkprc.com).

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

*Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Blue Cross Blue Shield of Western New York (or changes thereto) as well as interpretations of certain administrative requirements, policies, and procedures (hereinafter collectively "requirements") which are binding upon Highmark BCBSWNY contracted providers. Therefore, the requirements in this publication supplement the Provider Manual. Pursuant to their contract with Highmark BCBSWNY, Highmark BCBSWNY contracted providers must comply with any requirements included herein, as part of the Program Requirements under such contract, unless and until such item(s) are subsequently modified in whole or in part, except that for so long as Highmark BCBSWNY patients remain on the "Legacy System" (not yet moved to Highmark's system), certain legacy medical protocols (found at [bcbswny.com](http://bcbswny.com)) shall apply and control until the earlier of such time as such patient is no longer on the Legacy System or Highmark BCBSWNY communicates otherwise to you.*