

MEDICAL POLICY UPDATE



August 2023



IN THIS ISSUE

Coverage Criteria Established for (Somatrogon-ghla) Ngenla.....	4
Coverage Criteria Established for Epcoritamab-bysp (Epkinly)	4
Coverage Criteria Established for Glofitamab-gxbm (Columvi)	4
Reminder: Radiation Oncology Coverage Guideline Update	5
Medicare Advantage	10
Coverage Criteria Established for Epcoritamab-bysp (Epkinly)	10
Coverage Criteria Established for Glofitamab-gxbm (Columvi)	10



Policy

Policy Title	Anticipated Issue Date	30 Day Notification Information
eviCore Radiation Oncology Guideline	10/01/2023	eviCore has issued an update regarding their Radiation Oncology guidelines which will go into effect October 1, 2023.
G-44 - Extracorporeal Membrane Oxygenation [ECMO] for Adult Conditions	10/09/2023	This policy is scheduled for annual review. The policy will publish on October 9, 2023.
G-46 - Inhaled Nitric Oxide	10/09/2023	This policy is scheduled for annual review. The policy will publish on October 9, 2023.
I-117 - Panitumumab (Vectibix®)	10/09/2023	This policy was scheduled for annual review. The denial statement was updated. The policy will publish on October 9, 2023.
I-118 - Alemtuzumab (Lemtrada™)	10/16/2023	This policy is scheduled for annual review. Policy updates include minor language revisions. Policy will publish October 16, 2023.
I-12 - Human Growth Hormone	09/04/2023	This policy is being updated with new to market therapy somatrogon-ghla (Ngenla) indicated for growth hormone deficiency. Policy will publish September 4, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-123 - Fulvestrant (Faslodex®)	10/09/2023	This policy was scheduled for annual review. Denial statement updated to not medically necessary. Policy will publish on October 9, 2023.
I-127 - Blinatumomab (Blincyto™)	10/09/2023	This policy was scheduled for annual review. Denial statement updated to not medically necessary. Policy will publish on October 9, 2023.
I-133 - Ixabepilone (Ixempra®)	10/09/2023	This policy was scheduled for annual review. Criteria language was updated. Denial statement updated to not medically necessary. Policy will publish on October 9, 2023.
I-136 - Brentuximab Vedotin (Adcetris®)	10/09/2023	This policy was scheduled for annual review. Criteria and denial statement was updated. Policy will publish on October 9, 2023.
I-150 - Daratumumab (Darzalex™)	10/09/2023	This policy was scheduled for annual review. Denial statement and diagnosis codes were updated. Policy will publish on October 9, 2023.
I-169 - Yondelis	10/09/2023	This policy was scheduled for annual review. Denial statement was updated. Policy will publish on October 9, 2023.
I-171 - Ocrelizumab (Ocrevus®)	09/18/2023	This policy is scheduled for annual review. There is no indication for change in coverage. Policy updates include minor language changes. Policy will publish October 16, 2023.
I-173 - Radicava (edaravone)	10/23/2023	This policy is scheduled for annual review. There are no indications for change in coverage. Policy updates include minor language changes. Policy will publish October 23, 2023.
I-200 - erenumab (Aimovig)	10/23/2023	This policy is scheduled for annual review. This policy is recommended for archival. Policy will publish October 23, 2023.
I-213 - Brexanolone (Zulresso)	10/09/2023	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 not medically necessary. Policy will publish on October 9, 2023.
I-220 - Teprotumumab-trbw (Tepezza)	10/16/2023	The policy was revised to remove the criteria regarding disease severity due to updated Food and Drug Administration labelling as of July 2023. Denial statement is being updated to not medically necessary. Policy will publish on October 16, 2023.
I-224 - Delaware Step Therapy Override Exception	09/18/2023	This policy is scheduled for annual review. Minor language updates were made to the policy. Policy will publish September 18, 2023.
I-250 - Inclisiran (Leqvio)	10/23/2023	This policy is being updated with new indication of primary hyperlipidemia. Policy will publish October 23, 2023.
I-259 - Entranacogene dezaparvovec (EntranaDez)	10/16/2023	Disease severity and anti-AAV5 antibody criteria were revised. Denial statement updated to not medically necessary. Policy will publish on October 16, 2023.

Policy Title	Anticipated Issue Date	30 Day Notification Information
I-272 - Rozanolixizumab-noli (Rystiggo)	09/04/2023	Coverage criteria was established for the recently Food and Drug administration approved medication Rozanolixizumab-noli (Rystiggo) for treatment of generalized Mysathenia Gravis. Policy will publish on September 4, 2023.
I-274- Glofitamab-gxbm (Columvi)	09/04/2023	This is a new policy that establishes criteria for new to market therapy glofitamab-gxbm (Columvi) indicated for relapsed or refractory diffuse large B-cell lymphoma. Policy will publish September 4, 2023.
I-28 - Infliximab and Infliximab Biosimilars	10/09/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to not medically necessary. Policy will publish on October 9, 2023.
I-37 - Ustekinumab (Stelara®)	10/09/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statement is being updated to not medically necessary. Policy will publish on October 9, 2023.
I-53 - Omalizumab (Xolair®)	10/09/2023	This policy is up for annual review. Minor administrative changes were made to the policy. Denial statement was updated to not medically necessary. Policy will publish on October 9, 2023.
I-78 - Intravitreal Implants	10/16/2023	This policy is up for annual review. There are no indications for a change in coverage at this time. Denial statements are being updated to not medically necessary. Policy will publish on October 16, 2023.
M-70 - Ambulatory Blood Pressure Monitoring (ABPM)	10/09/2023	This policy is scheduled for annual review. Policy criteria and coding updates have been made. This policy will publish on October 9, 2023.
M-84 - Rhinomanometry	09/11/2023	This policy is scheduled for annual review. Due to low spend, minimal supportive literature and lack of coverage by other insurers, it is recommended to archive the policy. The policy will be archived on October 16, 2023.
R-101 - Hepatobiliary System Imaging	10/16/2023	This policy is being archived. This policy will archive effective October 16, 2023.
S-194 - Subtalar Arthroereisis	10/09/2023	This policy is scheduled for annual review. No change to coverage criteria. This policy will publish on October 9, 2023.
S-197 - Manipulation Under Anesthesia (MUA)	10/10/2023	This policy is scheduled for annual review. Current coverage criteria will be maintained. This policy is scheduled to publish on October 9, 2023.
S-282 - Surgery for Groin Pain in Athletes	10/09/2023	This is a new policy scheduled to be published on October 09, 2023.
S-89 - Bone Growth Stimulation	10/09/2023	This policy is scheduled for annual review. Administrative changes made. This policy will publish on October 9, 2023.



Coverage Criteria Established for (Somatrogon-ghla) Ngenla



Highmark West Virginia has established new criteria for I-12 Human Growth Hormone. This policy is updated with coverage criteria for new to market therapy (somatrogon-ghla) Ngenla, a human growth hormone indicated for pediatric individuals ages 3 years or older with growth hormone deficiency.

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

Place of Service: Outpatient

Please refer to Medical Policy I-12, Human Growth Hormone, for additional information.

Coverage Criteria Established for Epcoritamab-bysp (Epkinly)



Highmark West Virginia has established new criteria for I-270 epcoritamab-bysp (Epkinly). This a new policy creating coverage criteria for epcoritamab-bysp (Epkinly) which is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, and high-grade B-cell lymphoma after two or more lines of systemic therapy.

This new 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-270, Epcoritamab-bysp (Epkinly), for additional information.

Coverage Criteria Established for Glofitamab-gxbm (Columvi)



Highmark West Virginia has established new criteria for I-270 Glofitamab-gxbm (Columvi). This a new policy creating coverage criteria for glofitamab-gxbm (Columvi) which is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, and high-grade B-cell lymphoma after two or more lines of systemic therapy.

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

Place of Service: Outpatient

Please refer to Medical Policy I-274, Glofitamab-gxbm (Columvi), for additional information.

Reminder: Radiation Oncology Coverage Guideline Update



Highmark West Virginia is providing a reminder to all providers.

The Radiation Oncology coverage guidelines will be updated and take effect October 1, 2023. This applies to both professional provider and facility claims.

The updates are as follows:

Section Name	Version/ Release Number	Section Number/Policy Number	Summary of change
Preface to the Radiation Oncology Guidelines	v1.0.2023	RO.AD.100.A	Minor editorial updates
Abbreviations for Radiation Oncology Guidelines	v1.0.2023	RO.AD.101.A	Added abbreviation and definition for RFS (relapse-free survival)
Brachytherapy of the Coronary Arteries	v1.0.2023	RO.RST.102.A	Discussion and References updated
Hyperthermia	v1.0.2023	RO.RST.103.A	Discussion and references updated
Image-Guided Radiation Therapy (IGRT)	v1.0.2023	RO.RST.104.A	Minor editorial change in Policy section
Image-Guided Radiation Therapy (IGRT)	v1.0.2023	RO.RST.104.A	Discussion and references updated
Neutron Beam Therapy	v1.0.2023	RO.RST.105.A	Discussion and references updated
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Added indication for proton beam coverage for head and neck cancer invading orbit, skull base, or cavernous sinus
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Added "curative" in front of CSI for clarity- no change in policy as it was already at the header
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Changed "and" to "or" for clarity in Policy: Group 1: I. and V. and Group 2: V. and X.
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Discussion and References updated
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Added 1 reference
Proton Beam Therapy	v1.0.2023	RO.RST.106.A	Removed 1 reference

Adrenocortical Carcinoma	v1.0.2023	RO.TXS.107.A	Discussion section and NCCN reference updated
Anal Canal Cancer	v1.0.2023	RO.TXS.108.A	References updated
Bladder Cancer	v1.0.2023	RO.TXS.109.A	Discussion and References updated
Brain Metastases	v1.0.2023	RO.TXS.111.A	Allow HA-IMRT for individuals with SCLC with brain metastases
Brain Metastases	v1.0.2023	RO.TXS.111.A	Reduced number of fractions allowed for whole brain radiation therapy from 15 to 10
Brain Metastases	v1.0.2023	RO.TXS.111.A	Discussion and References updated
Brain Metastases	v1.0.2023	RO.TXS.111.A	Added 1 reference
Bone Metastases	v1.0.2023	RO.TXS.110.A	Added hepatocellular carcinoma as indication for SBRT
Bone Metastases	v1.0.2023	RO.TXS.110.A	Discussion and References updated
Bone Metastases	v1.0.2023	RO.TXS.110.A	Added 3 references
Breast Cancer	v1.0.2023	RO.TXS.112.A	Provided indications for when IMRT would be approved for breast cancer
Breast Cancer	v1.0.2023	RO.TXS.112.A	Discussion and References updated
Breast Cancer	v1.0.2023	RO.TXS.112.A	Added 1 reference
Cervical Cancer	v1.0.2023	RO.TXS.113.A	References updated
Endometrial Cancer	v1.0.2023	RO.TXS.114.A	References updated
Esophageal Cancer	v1.0.2023	RO.TXS.115.A	References updated
Gastric Cancer	v1.0.2023	RO.TXS.116.A	Discussion and references updated
Head and Neck Cancer	v1.0.2023	RO.TXS.117.A	Policy language updated to be definitive for clarity
Head and Neck Cancer	v1.0.2023	RO.TXS.117.A	NCCN quote in Policy section updated to reflect current language
Head and Neck Cancer	v1.0.2023	RO.TXS.117.A	References updated

Hepatobiliary Cancer	v1.0.2023	RO.TXS.118.A	References updated
Hepatobiliary Cancer	v1.0.2023	RO.TXS.118.A	Added 2 references due to NCCN changing the Hepatobiliary Cancers guideline into two new guidelines
Hodgkin Lymphoma	v1.0.2023	RO.TXS.119.A	Policy language updated to be definitive for clarity
Hodgkin Lymphoma	v1.0.2023	RO.TXS.119.A	References updated
Kidney Cancer	v1.0.2023	RO.TXS.120.A	References updated
Multiple Myeloma and Solitary Plasmacytomas	v1.0.2023	RO.TXS.121.A	References updated
Non-Hodgkin Lymphoma	v1.0.2023	RO.TXS.122.A	References updated
Non-Malignant Disorders	v1.0.2023	RO.TXS.123.A	Discussion and references updated
Non-Small Cell Lung Cancer	v1.0.2023	RO.TXS.124.A	Provided indications for when IMRT would be approved for NSCLC
Non-Small Cell Lung Cancer	v1.0.2023	RO.TXS.124.A	Discussion and References updated
Non-Small Cell Lung Cancer	v1.0.2023	RO.TXS.124.A	Added 1 reference
Oligometastases	v1.0.2023	RO.TXS.125.A	Added an indication for prostate cancer as histology indicated for oligometastases
Oligometastases	v1.0.2023	RO.TXS.125.A	Discussion and References updated
Oligometastases	v1.0.2023	RO.TXS.125.A	Updated Discussion formatting in section I.
Oligometastases	v1.0.2023	RO.TXS.125.A	Added 1 reference
Pancreatic Cancer	v1.0.2023	RO.TXS.127.A	Discussion and references updated
Primary Craniospinal Tumors and Neurologic Conditions	v1.0.2023	RO.TXS.128.A	Added meaning of 3DCRT, IMRT, and FSRT at first use in the Policy section
Primary Craniospinal Tumors and	v1.0.2023	RO.TXS.128.A	Minor editorial updates in Policy section

Neurologic Conditions			
Primary Craniospinal Tumors and Neurologic Conditions	v1.0.2023	RO.TXS.128.A	References updated
Prostate Cancer	v1.0.2023	RO.TXS.129.A	Minor editorial updates to Policy section
Prostate Cancer	v1.0.2023	RO.TXS.129.A	Discussion and references updated
Rectal Cancer	v1.0.2023	RO.TXS.130.A	Minor editorial update to Policy section
Rectal Cancer	v1.0.2023	RO.TXS.130.A	Discussion and NCCN reference updated
Skin Cancer - Melanoma	v1.0.2023	RO.TXS.131.A	Discussion and NCCN references updated
Skin Cancer - Non-Melanoma	v1.0.2023	RO.TXS.132.A	Minor editorial updates to Policy section
Skin Cancer - Non-Melanoma	v1.0.2023	RO.TXS.132.A	Discussion and references updated
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Added indications throughout policy for when IMRT is medically necessary and specified modality in section "II" of the policy
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Added "3DCRT" abbreviation
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Reworded and restructured "II" for clarity
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Restructured "III" for clarity
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Discussion and References updated
Small Cell Lung Cancer	v1.0.2023	RO.TXS.133.A	Added 1 reference
Soft Tissue Sarcomas	v1.0.2023	RO.TXS.134.A	References updated
Testicular Cancer	v1.0.2023	RO.TXS.135.A	References updated
Thymoma and Thymic Cancer	v1.0.2023	RO.TXS.136.A	Provided indications for when IMRT would be approved for thymoma and thymic carcinoma
Thymoma and Thymic Cancer	v1.0.2023	RO.TXS.136.A	NCCN reference updated

Thymoma and Thymic Cancer	v1.0.2023	RO.TXS.136.A	Added 1 reference
Urethral Cancer and Cancers of the Ureter and Renal Pelvis	v1.0.2023	RO.TXS.137.A	NCCN reference updated
Vulvar Cancer	v1.0.2023	RO.TXS.138.A	References updated
Other Cancers	v1.0.2023	RO.TXS.126.A	ASTRO reference updated
Azedra® (iobenguane I-131)	v1.0.2023	RO.RX.139.A	NCCN reference updated
Azedra® (iobenguane I-131)	v1.0.2023	RO.RX.139.A	Added URL to reference #2 and removed access date
¹⁷⁷ Lu-dotatate (Lutathera®)	v1.0.2023	RO.RX.140.A	References updated
Pluvicto® (lutetium Lu 177 vipivotide tetraxetan)	v1.0.2023	RO.RX.144.A	NCCN reference updated
Selective Internal Radiation Therapy (SIRT)	v1.0.2023	RO.RX.141.A	Discussion and references updated
Selective Internal Radiation Therapy (SIRT)	v1.0.2023	RO.RX.141.A	Added 2 references due to NCCN changing the Hepatobiliary Cancers guideline into two new guidelines
Xofigo® (Radium-223)	v1.0.2023	RO.RX.142.A	Discussion and references updated
Zevalin®	v1.0.2023	RO.RX.143.A	Discussion and references updated

At that time, coverage guidelines can be accessed utilizing the live link from the medical policy website.

If you wish to see the updates prior to the implementation date, please go to eviCore website under the Future tab for Radiation Oncology utilizing the following pathway:

- Provider Resource Center→Medical Policy Search→Medical Policies→EVICORE CLINICAL GUIDELINES (top blue bar)→EVICORE CLINICAL GUIDELINES (body of page)→Access Guidelines→Radiation Oncology→*Search Health Plan* by typing in Highmark→Click on Highmark and then click on magnifying glass→Click on FUTURE→ Click on the Radiation Oncology Guideline



Coverage Criteria Established for Epcoritamab-bysp (Epkinly)



NEWS FOR ALL
PROVIDER TYPES

Highmark's Medicare Advantage product has established new criteria for I-279 epcoritamab-bysp (Epkinly). This a new policy creating coverage criteria for epcoritamab-bysp (Epkinly) which is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, and high-grade B-cell lymphoma after two or more lines of systemic therapy.



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

Please refer to Medical Policy I-279, Epcoritamab-bysp (Epkinly), for additional information.

Coverage Criteria Established for Glofitamab-gxbm (Columvi)



NEWS FOR ALL
PROVIDER TYPES

Highmark's Medicare Advantage product has established new criteria for I-283 glofitamab-gxbm (Columvi). This a new policy creating coverage criteria for glofitamab-gxbm (Columvi) which is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, and high-grade B-cell lymphoma after two or more lines of systemic therapy.



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

Please refer to Medical Policy I-283, Glofitamab-gxbm (Columvi), 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



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 hwvbcbs.highmarkprc.com.

Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross and Blue Shield Association.

Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Inc. (or changes thereto) as well as interpretations of certain administrative requirements, policies and procedures (hereinafter collectively "requirements") which are binding upon Highmark Inc. and its contracted providers. Therefore, the requirements in this publication supplement the Provider Manual. Pursuant to their contract, Highmark Inc. and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.