MEDICAL POLICY UPDATE



September 2023



IN THIS ISSUE



Policy

| | Anticipated | |
|---------------------------------------|-------------|---|
| Policy Title | Issue Date | 30 Day Notification Information |
| 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. 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-94 - Intravitreal Injections | 10/16/2023 | This policy is being updated with new to market therapies Eylea HD and Izervay. Policy will publish October 16, 2023 |
| I-181 - Pralatrexate (Folotyn) | 10/30/2023 | This policy was scheduled for annual review. Denial statement was updated to not medically necessary. Policy will publish on October 30, 2023. |
| I-209 - Emapalumab-lzsg (Gamifant) | 11/20/2023 | This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish November 20, 2023. |
| I-214 - Luspatercept (Reblozyl) | 11/06/2023 | This policy was revised to include criteria for the recently Federal Drug Administration approved indication of treatment of anemia of ESA naive individuals with MDS. Denial statement was also updated to not medically necessary. Policy will publish on November 6, 2023. |

| Policy Title | Anticipated Issue Date | 30 Day Notification Information |
|--|------------------------|---|
| I-218 - Crizanlizumab (Adakveo) | 10/30/2023 | 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 30, 2023. |
| I-238 - Evinacumab-dgnb (Evkeeza) | 11/06/2023 | This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on November 6, 2023. |
| I-241 - Amivantamab-vmjw (Rybrevant) | 10/30/2023 | 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 30, 2023. |
| I-255 - Tenecteplase (TNKase) | 10/30/2023 | 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 30, 2023. |
| I-260 - Imjudo (tremelimumab) | 10/30/2023 | This policy was scheduled for annual review. There is no change in coverage. Policy will publish on October 30, 2023. |
| I-262 - Teclistamab (TECVAYLI) | 10/30/2023 | This policy was scheduled for annual review. No change in coverage. Policy will publish on October 30, 2023. |
| M-86 – Digital Diagnostics | 10/30/2023 | This is a new policy on digital diagnostics and is scheduled to publish October 30, 2023. |
| S-144 - Islet Cell Transplantation | 10/30/2023 | This policy is scheduled for annual review. Coverage criteria was added. Policy will publish on October 30, 2023. |
| Z-105 - Prescription Digital Therapeutics | 10/30/2023 | The policy criteria are being updated. Administrative changes were made. Specific currently approved digital therapeutic product names and diagnosis codes being removed. Operational guidelines being updated to post-pay. This policy will publish on October 30, 2023. |



Coverage Criteria Established for Donislecel-jujn (Lantidra)



Highmark West Virginia has established new criteria for S-144 Islet Cell Transplantation. This policy is updated with coverage criteria for Donislecel-jujn (Lantidra), an allogeneic pancreatic islet cellular therapy for the treatment of adults with type 1 diabetes-related severe hypoglycemia who cannot attain target blood glucose levels despite intervention.

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

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy S-144, Islet Cell Transplantation, 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.

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