HIGHMARK

December 2024

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
I-18 - Pharmacologic Treatment of Pulmonary Arterial Hypertension	02/10/2025	This is an annual review, there are no indications for a change in coverage.
I-21 - Trastuzumab (Herceptin®)	03/24/2025	The preferred product language has been updated. A medical policy update (MPU) newsletter is required.
I-38 - Rituximab (Rituxan®)	03/04/2025	This policy is being updated as the preferred product strategy is being updated to require a trial and failure of both preferred products to qualify for a non-preferred product.
MA I-56 - Granulocyte Colony-Stimulating Factors	01/01/2025	This policy is being updated with the addition of new to market therapy filgrastim-txid (Nypozi), a Neupogen biosimilar. Also adding

		procedure code for Nypozi per HCPCS update.
MA I-75 - Bevacizumab (Avastin)	03/24/2025	This policy is being updated with revised preferred product language.
I-86 - Bevacizumab (Avastin®)	03/24/2025	This policy is being updated with revised preferred product language.
I-88 - Granulocyte Colony-Stimulating Factors	01/01/2025	This policy is being updated with the addition of new to market therapy filgrastim-txid (Nypozi), a Neupogen biosimilar. Also adding procedure code for Nypozi per HCPCS Update.
I-94 – Intravitreal Injections	1/1/2025	Policy is being updated with the addition of new to market therapy aflibercept-ayyh (Pavblu), a biosimilar to Eylea.
MA I-94- Intravitreal Injections	1/1/2025	Policy is being updated with the addition of new to market therapy aflibercept-ayyh (Pavblu), a biosimilar to Eylea.
I-121 - Repository Corticotropin Intramuscular Injection (Acthar Gel)	02/10/2025	This policy is up for annual review, there are no indications for a change in coverage.
MA I-121 - Repository Corticotropin Intramuscular Injection (Acthar Gel)	02/10/2025	This policy is up for annual review, there are no indications for a change in coverage.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	01/06/2025	This policy is being updated with the addition of new to market CAR-T therapy Obecabtagene autoleucel (Aucatzyl).
MA I-186 - Ibalizumab-uiyk (Trogarzo)	02/10/2025	This policy is up for annual review. There are no indications for a change in coverage at this time.
I-186 - Ibalizumab-uiyk (Trogarzo)	02/10/2025	This policy is up for annual review. Criteria has been updated to coincide with the package insert and updated guideline recommendations.
I-294 - Zanidatamab (Ziihera)	01/06/2025	Criteria established for new to market, Zanidatamab (Ziihera).
I-295 - Zolbetuximab-clzb (Vyloy)	01/06/2025	Criteria established for new to market, Zolbetuximab-clzb (Vyloy).
MA I-305 - Zanidatamab (Ziihera)	01/06/2025	Policy established for new to market, Zanidatamab (Ziihera).
MA I-306 - Zolbetuximab-clzb (Vyloy)	01/06/2025	Policy established for new to market, Zanidatamab (Ziihera).
L-102 - Drug Testing	01/27/2025	This is an annual review. There are no revisions to the policy.

MA L-153 - Frequency of Laboratory Tests	12/30/2024	Annual review due to expanded benefits as well as CMS compliance updates.
L-267 NavDx	01/27/2025	This policy is scheduled for annual review, Diagnosis codes have been added.
MA N-45 - Lipid Testing - NCD 190.23	12/30/2024	Annual review due to expanded benefits as well as CMS compliance updates.
O-11 Wigs (Scalp Hair Prostheses)	01/27/2025	This policy is scheduled for annual review. Criteria has been updated to the policy to include coverage for wigs in PA and WV.
S-28 - Cosmetic Surgery vs. Reconstructive Surgery	01/27/2025	This policy is Scheduled for annual review. There are no changes to criteria. There are updates to the language. A mandate was added to the New York version.
S-106 - Treatment of Urinary Incontinence/Periurethral	01/27/2025	This is an annual review. There are no recommended changes.
S-279 - Vertebral Body Tethering	01/27/2025	Policy is up for annual review. Administrative changes made.
Z-75 - Posterior Tibial Nerve Stimulation	01/27/2025	This policy is scheduled for annual review. There have been updates to policy criteria and the operational guidelines. The number of anti-cholinergic drugs needing to be trialed prior to PTNS has changed from two to one.

Policy

Preferred Product Update for Trastuzumab

NEWS FOR ALL PROVIDER TYPES

Highmark Blue Shield has revised criteria for I-21, Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta). The step criteria now requires both preferred products, Kanjinti and Trazimera, for new therapy for oncologic indications before a non-preferred product is received.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 24, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-21, Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta), for additional information.

Preferred Product Update for Bevacizumab

Highmark Blue Shield has revised criteria for I-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars. The step criteria now require trial of both preferred products, Mvasi and Zirabev, for individuals initiating new therapy for oncologic indications before a non-preferred product is received.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 24, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-86, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Coverage Criteria Established for Aflibercept-ayyh (Pavblu)

Highmark Blue Shield has established new criteria for policy I-94, Intravitreal Injections. This policy is being updated with the addition of new to market aflibercept-ayyh (Pavblu), a biosimilar to Eylea.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 1, 2025.

Place of Service: Outpatient

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

Coverage Criteria Established for Obecabtagene autoleucel (Aucatzyl)

Highmark Blue Shield has established new criteria for policy I-180, Chimeric Antigen Receptor T-Cell and T-Cell Receptor Therapies. This policy is being updated with the addition of new to market CAR-T therapy Obecabtagene autoleucel (Aucatzyl) indicated for adults with relapsed/refractory CD-19 positive B-cell precursor acute lymphoblastic leukemia.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 6, 2025.

Place of Service: Inpatient/Outpatient

Please refer to Medical Policy I-180, Chimeric Antigen Receptor T-Cell and T-Cell Receptor Therapies, for additional information.

Policy Established for Risankizumab-rzaa (Skyrizi ®)

Highmark 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 Zanidatamab-hrii (Ziihera)

Highmark Blue Shield has established new criteria for I-294, Zanidatamab-hrii (Ziihera). This is a new policy creating criteria for Ziihera, a new to market therapy indicated for adult patients with previously treated, unresectable or metastatic HER2-positive biliary tract cancer.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 6, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-294, Zanidatamab-hrii (Ziihera), for additional information.

Coverage Criteria Established for Zolbetuximab-clzb (Vyloy)

Highmark Blue Shield has established new criteria for I-295, Zolbetuximab-clzb (Vyloy). This is a new policy creating criteria for Vyloy, a new to market therapy indicated in combination with chemotherapy for first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is January 6, 2025.

Place of Service: Outpatient

Please refer to Medical Policy I-294, I-295, Zolbetuximab-clzb (Vyloy), for additional information.

Medicare Advantage

Preferred Product Update for Bevacizumab

Highmark's Medicare Advantage products have revised criteria for I-75, Bevacizumab (Avastin) and Bevacizumab Biosimilars. The step criteria now require trial of both preferred products, Mvasi and Zirabev, for individuals initiating new therapy for oncologic indications before a non-preferred product is received.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 24, 2025.

Please refer to Medical Policy I-75, Bevacizumab (Avastin) and Bevacizumab Biosimilars, for additional information.

Preferred Product Update for Trastuzumab

Highmark's Medicare Advantage products have revised criteria for I-84, Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta). The step criteria now requires both preferred products, Kanjinti and Trazimera, for new therapy for oncologic indications before a non-preferred product is received.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is March 24, 2025.

Please refer to Medical Policy I-21, Trastuzumab (Herceptin), Trastuzumab Biosimilars, and Trastuzumab and Hyaluronidase-oysk (Herceptin Hylecta), 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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