

# MEDICAL POLICY UPDATE

## IN THIS ISSUE

Coverage Criteria Established for Tocilizumab Biosimilar Tyenne ..... 7

Tocilizumab-bavi (Tofidence) added to Site of Care..... 8

Coverage Guidelines Established for Tislelizumab-isgr (Tevimbra) ..... 8

Injectable Drugs Added to Site of Care ..... 8

Policy Established for Risankizumab-rzaa (Skyrizi ®)..... 9

Coverage Criteria Established for Atidarsagene Autotemcel (Lenmeldy) ..... 9

MCG v. 28 to be Released August 01, 2024 ..... 9

**MEDICARE ADVANTAGE** ..... 11

Policy Established for Risankizumab-rzaa (Skyrizi ®) ..... 11



## Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0534 - Familial Adenomatous Polyposis-APC Fene	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0585 - Cowden Syndrome - PTEN Gene	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0590 - Alzheimer Disease (Early Onset) - APP, PSEN1, and PSEN2 Genes	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0594 - Brugada Syndrome Channelopathy Genes	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0595 - Canavan Disease Genetic Testing	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0597 - Cyclic Fibrosis-CFTR Gene and Mutation Panel	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.

A-0774 - Colorectal Cancer(Hereditary) - Gene Panel	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0793 - Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping	06/03/2024	This is a new policy for NY and will publish on June 3, 2024
A-0797 - Pancreatic Cancer (Hereditary) - Gene Panel	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0799 - Peutz-Jeghers Syndrome - STK11 Gene	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
A-0808 - Alpha Thalassemia - HBA1 and HBA2 Genes	06/03/2024	This is a new policy for NY and will publish on June 3, 2024.
E-49 - Seat Lift Mechanisms	05/27/2024	This policy is scheduled for annual review. A procedure code was removed. The policy will publish on May 27, 2024.
E-089 - Transanal Irrigation	05/27/2024	This is a new policy. It was approved by the NTAC committee to make a new policy with medically necessary criteria to cover the Peristeen Anal Irrigation System. The policy will publish on May 27, 2024.
G-17 - Outpatient Pulmonary Rehabilitation	05/27/2024	The Operational Guidelines have been revised. The current coverage criteria have been maintained. This policy will publish on May 27, 2024.
G-16 - Chemotherapy Services	06/03/2024	This policy is up for annual review. There are no indications for a change in policy language at this time. Minor administrative changes were made to the policy. Policy will publish on June 3, 2024.
I-6 - Approved Drugs and Biologicals	06/03/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 3, 2024.
I-30 - Denosumab (Prolia®, Xgeva®)	05/27/2024	This policy is being updated with language revisions for Prolia. Policy will publish May 27, 2024.
I-31 - Tocilizumab (Actemra®)	04/29/2024	This policy was revised to establish criteria for the new to market biosimilar tocilizumab-aazg (Tyenne). Policy will publish on April 29, 2024.
I-31 – Site of Care Tocilizumab (Actemra®)	08/01/2024	This policy is being revised to add Tofidance to the site of care program. Policy will publish on August 1, 2024.
I-42 - Zoledronic Acid (Reclast®, Zometa®)	06/10/2024	This policy is scheduled for annual review. Policy updates include language and coding

		revisions. This policy will publish June 10, 2024.
I-58 - Enzyme Replacement Therapies	08/01/2024	This policy is being updated with addition of Pombiliti to site of care program. Policy will publish August 1, 2024.
I-107 - Injectable Collagenase Clostridium Histolyticum	06/17/2024	Policy is scheduled for annual review. Policy updates include change in language revisions. Policy will publish June 17, 2024.
I-109 - Irinotecan (Camptosar)	06/17/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on June 17, 2024.
I-112 - Ziv-aflibercept (Zaltrap)	06/17/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 17, 2024.
I-117 - Panitumumab (Vectibix)	06/17/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 17, 2024.
I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	05/06/2024	This policy is up for annual review. Criteria was established for the new to market therapy Tevimbra and the FDA expanded indication for Opdivo. Coding was updated to NCCN recommendations. Policy will publish on May 6, 2024.
I-123 - Fulvestrant (Faslodex)	06/10/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 10, 2024.
I-130 - Complement Inhibitors (Soliris, Ultomiris, Empaveli)	05/06/2024	This policy is being updated with an expanded indication for Ultomiris. Policy will publish May 6, 2024.
I-133 - Ixabepilone (Ixempra)	06/17/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 17, 2024
I-147 - Talimogene Laherparepvec (Imlygic)	06/17/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish June 17, 2024.
I-151 - Site of Care	08/01/2024	This policy was revised to add Tofidance to the site of care program. Policy will publish on August 1, 2024.
I-180 - Chimeric Antigen Receptor T-Cell Therapy	05/06/2024	This policy is being updated with an expanded indication for Breyanzi. Policy will publish May 6, 2024.

I-185 - Inotuzumab Ozogamicin (Besponsa)	04/29/2024	This policy is being updated with expanded indication for Besponsa and evaluated for annual review. Policy will publish April 29, 2024.
I-223 - sacituzumab govitecan-hziy (Trodelvy)	06/10/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 10, 2024.
I-234 - Naxitamab (Danyelza)	06/10/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 10, 2024.
I-241 - Amivantamab-vmjw (Rybrevant)	04/29/2024	This policy is being updated with an expanded indication for Rybrevant and evaluated for annual review. Policy will publish April 29, 2024.
I-249 - Pennsylvania Cancer Treatment Mandate	06/03/2024	This policy is up for annual review. There are no indications for a revision of policy language at this time. Policy will publish on June 3, 2024.
I-260 - Imjudo (tremelimumab)	06/24/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Coding was updated to NCCN recommendations. Policy will publish on June 24, 2024.
I-261 - Teplizumab-mzwv (TZield)	06/10/2024	This policy is scheduled for annual review. Policy updates include language revisions and coding updates. Policy will publish June 10, 2024.
I-263 - Mirvetuximab soravtansine-gynx (Elahere)	06/24/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 24, 2024.
I-265 - Mosunetuzumab-axgb (Lunsumio)	06/17/2024	This policy is scheduled for annual review. There are no indications for change in coverage. Policy will publish June 17, 2024.
I-284 - Atidarsagene autotemcel (Lenmeldy)	04/29/2024	"This is a new policy to establish coverage criteria for new to market. cell-based gene therapy Lenmeldy (atidarsagene autotemcel). Policy will publish April 29, 2024.
MA I-24 - Irinotecan (Camptosar)	06/10/2024	This policy is up for annual review. The policy was revised to the standardized Medicare compendia language. Coding was updated to NCCN recommendations. Policy will publish on June 17, 2024.

MA I-42 - Zoledronic Acid (Reclast®, Zometa)	06/10/2024	This policy is scheduled for annual review. Policy updates include language and coding revisions. This policy will publish June 10, 2024.
MA I-107 - Injectable Collagenase Clostridium Histolyticum (Xiaflex)	06/17/2024	This policy is scheduled for annual review. There is no indication to change in coverage. Policy will publish June 17, 2024.
MA I-112 - Ziv-aflibercept (Zaltrap)	06/17/2024	This policy is up for annual review. The policy was revised to the standardized Medicare compendia language. Policy will publish on June 17, 2024.
MA I-117 - Panitumumab (Vectibix)	06/17/2024	This policy is up for annual review. Policy was revised to standardized Medicare compendia language. Policy will publish on June 17, 2024.
MA I-120 - Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies	05/06/2024	Criteria was established for the new to market therapy Tevimbra and the FDA expanded indication for Opdivo. Coding was updated to NCCN recommendations. Policy will publish on May 6, 2024.
MA I-123 - Fulvestrant (Faslodex)	06/10/2024	This policy is up for annual review. The policy was revised to the standardized Medicare compendia language. Policy will publish on June 10, 2024.
MA I-133 - Ixabepilone (IXEMPRA)	06/17/2024	This policy is up for annual review. Policy was updated to the standardized Medicare compendia language. Policy will publish on June 17, 2024.
MA I-147 - Talimogene Laherparepvec (Imlygic)	06/17/2024	This policy is scheduled for annual review. There is no indication for change in coverage. Policy will publish June 17, 2024.
MA I-185 - Inotuzumab Ozogamicin (Besponsa)	06/10/2024	This policy is being updated with language revisions and evaluated for annual review. Policy will publish April 29, 2024.
MA I-194 - Tocilizumab (Actemra)	04/29/2024	This policy was revised to add the new to market biosimilar Tyenne. Policy will publish on April 29, 2024.
MA I-229 - sacituzumab govitecan-hziy (Trodelvy)	06/10/2024	This policy is up for annual review. The policy was revised to the standardized Medicare compendia language. Policy will publish on June 10, 2024.

MA I-242 - Naxitamab (Danyelza)	06/10/2024	This policy is up for annual review. There are no indications for a change in coverage at this time. Policy will publish on June 10, 2024.
MA I-271 - Imjudo (tremelimumab)	06/24/2024	This policy is up for annual review. Policy was updated to the Medicare standardized compendia language. Coding was updated to NCCN recommendations. Policy will publish on June 24, 2024.
MA I-273 - Mirvetuximab soravtansine-gynx (Elahere)	06/24/2024	This policy is up for an annual review. There are no indications for a change in coverage at this time. Policy will publish June 24, 2024.
MA I-275 - Mosunetuzumab-axgb (Lunsumio)	06/17/2024	This policy is scheduled for annual review. There are no indications for change in coverage. Policy will publish June 17, 2024.
MCG Summary of Changes Version 28	08/01/2024	The MCG version 28 will be in effect for August 1, 2024.
S-191 - Interspinous and Interlaminar Stabilization/Dis	06/10/2024	This policy is scheduled for annual review. Criteria updated to include an experimental/investigational procedure. Administrative changes made. Coding updated. Policy will publish on June 10, 2024.
S-269 - Per-Oral Endoscopic Myotomy (POEM)	05/27/2024	This policy has been revised to include medically necessary criteria for Gastric Per-Oral Endoscopic Myotomy (G-POEM) for medically refractory gastroparesis. This policy will publish on May 27, 2024.
S-285 - Spinal Cord and Dorsal Root Ganglion Stimulation	06/03/2024	This is a new policy for New York only. It will publish on June 3, 2024.
S-308 - Shoulder Surgery: Loose Body/Foreign Body Removal	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-309 - Shoulder Surgery: Debridement	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-311 - Shoulder Surgery: Labral Repair	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-312 - Shoulder Surgery: Biceps Tenodesis	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-313 - Shoulder Surgery: Shoulder Instability and/or Laxity	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.

S-314 - Shoulder Surgery: Coracoplasty/Subcoracoid Decompression	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-325 - Lysis of Epidural Adhesions	06/03/2024	This is a new policy for New York only. It will publish on June 3, 2024.
S-326 - Shoulder Surgery: Distal Clavicle Excision/Subacromial Decompression/Acromioplasty	06/03/2024	This is a new policy for New York only. This policy will publish on June 3, 2024.
S-556 - Ligation or Ablation, Incompetent Perforator Veins	05/27/2024	This policy has been revised to include medically necessary criteria for laser ablation of incompetent perforator veins. This policy will publish on May 27, 2024.
Y-20 - Biofeedback	06/03/2024	This policy is scheduled for annual review. This policy will publish on June 3, 2024.



## Policy

### Coverage Criteria Established for Tocilizumab Biosimilar Tyenne



Highmark Blue Shield has established new criteria for the new to market therapy tocilizumab-aazg (Tyenne).

This revised Medical Policy will apply to professional providers and facility claims. The effective date is April 29, 2024

**Place of Service: Outpatient**

Please refer to Medical Policy I-31, Tocilizumab (Actemra) and Tocilizumab Biosimilars, for additional information.

---

## Tocilizumab-bavi (Tofidence) added to Site of Care



Highmark Blue Shield has added tocilizumab-bavi (Tofidence) to the site of care program.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is August 1, 2024

### **Place of Service: Outpatient-Infusion**

Please refer to Medical Policy I-31, Tocilizumab (Actemra) and Tocilizumab Biosimilars and I-151, Site of Care, for additional information.

---

## Coverage Guidelines Established for Tislelizumab-isgr (Tevimbra)



Highmark Blue Shield has established new guidelines for the recently FDA approved tislelizumab-isgr (Tevimbra) for the treatment of esophageal squamous cell carcinoma in adult individuals.

This revised Medical Policy will apply to professional providers and facility claims. The effective date is May 6, 2024.

### **Place of Service: Outpatient**

Please refer to Medical Policy I-120, Programmed Death Receptor (PD-1)/ Programmed Death-Ligand (PD-L1) Blocking Antibodies, for additional information.

---

## Injectable Drugs Added to Site of Care



Highmark Blue Shield has added the following injectable drugs to site of care criteria:

- Tocilizumab-bavi (Tofidence)
- Cipaglucosidase alfa-atga (Pombiliti)

These revised Medical Policies will apply to both professional providers and facility claims. The effective date will be August 1, 2024.

### **Place of Service: Outpatient-Infusion**

Please refer to Medical Policies I-31 Tocilizumab and Tocilizumab Biosimilars and I-58 Enzyme Replacement 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 Atidarsagene Autotemcel (Lenmeldy)



Highmark Blue Shield established new criteria for I-284, Atidarsagene autotemcel (Lenmeldy). This is a new policy creating criteria for Lenmeldy, an autologous hematopoietic stem cell-based gene therapy indicated for the treatment of children with pre-symptomatic late infantile (PSLI), pre-symptomatic early juvenile (PSEJ) or early symptomatic early juvenile (ESEJ) metachromatic leukodystrophy (MLD).

This revised Medical Policy will apply to (professional providers and facility claims. The effective date is April 29, 2024.

### **Place of Service: Inpatient**

Please refer to Medical Policy I-284, Atidarsagene autotemcel (Lenmeldy), for additional information.

---

## MCG v. 28 to be Released August 01, 2024



Highmark Blue Shield will be adopting MCG Guidelines V. 28 beginning on August 1, 2024. The following areas will experience criteria updates, new guidelines, title, or goal length of stay changes:

- Inpatient & Surgical Care (ISC)
  - Observation care guidelines added
  - Extended stay standardized bullet added
  - Operative status criteria section updated
  - Inpatient & Surgical Care goal length of stay changes
  - Five new ISC guidelines
  - Sixteen guidelines have a title or change in scope updates
- General Recovery Care
  - Scope of two general recovery care guidelines updated

- Scope of Neonatology GRG clarified
- Operative status criteria section updated
- Benchmark length of stay clarified
- Ambulatory Care (AC)
  - New guideline in specialty medications
  - Genetic counseling indication within genetic medicine guidelines changed
  - Eleven guidelines have a title change
  - Eight guidelines have criteria added that were previously “current role remains uncertain”
  - Sixteen guidelines are being deleted
- Chronic Care
  - Table of contents updated
  - Ten guidelines were moved into the Chronic Care space
- Home Care
  - Visit data update
  - New guideline layout
  - New indication for extended visits
  - One guideline with a title change
- Behavioral Health
  - American Society of Addiction Medicine updates
  - Language updates to include “Whole Person Care”
  - Applied behavior analysis revised for mental health parity
  - New scoring tools added
  - Scoring Tool
  - Goal length of stay changes
- Recovery Facility Care
  - Clinical indications for admission changes
  - General treatment course changes
  - Statistical companion to Recovery Facility Care updated
  - One guideline deleted
- Transitions of Care
  - Table of Contents updated
  - Forty-five guidelines have been moved
- Patient Information
  - Eight discharge handouts have a title change
  - Fifteen inpatient care plan handouts have been deleted

These revised MCG guidelines will apply to professional providers and/or facility claims. The effective date is August 1, 2024.



## Medicare Advantage

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



NEWS FOR ALL  
PROVIDER TYPES

Highmark's Medicare Advantage product has established new guidelines for 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.

Please refer to Medical Policy I-199, Interleukin-23 Antagonists, 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

[Highmark Blue Shield \(NY\)](#)

[Highmark Blue Shield \(PA\)](#)



## 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.

---

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

*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.*