MASSACHUSETTS

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PEDIATRICS, ENDOCRINOLOGY, GENETICS, AND EMERGENCY MEDICINE
MEDICAL POLICY GROUP

Co-chairs
Ben Kruskal, MD, PhD, FAAP, FIDSA Medical Director for Clinical Operations
Vivian (Besem) Tambe-Ebot, PharmD, MBA, Clinical Pharmacy Director

May 28th 2024	12-2pm	Conference call only. Please email ebr@bcbsma.com for more information.

Invited: Benjamin Kruskal, MD, PhD, FAAP, FIDSA, co-chair (Medical Director, Clinical Operations); Vivian (Besem) Tambe-Ebot, PharmD., MBA, co-chair (Director, Clinical Pharmacy); Ashley Yeats, MD (Vice President, Medical Operations); Satya Dondapati, MD (Senior Medical Director, Medical Operations); Theresa Rines, CPC (Director, Medical Policy Administration); Adam Licurse, MD (Senior Medical Director, Medical Operations); Grace Baker, MSW, LCSW (Medical Policy Administration); Peter Lakin, R.Ph, (Pharmacy Operations); Joanna Farrell, RN, CPC (Medical Policy Administration); Bernadette Baker (Medical Policy Administration);

Invited Physician Guest(s): Representatives from the Massachusetts Society of Pediatrics and Endocrinology

Policies with Upcoming Coverage Updates	
Medical and Surgical Management of Obesity including Anorexiants (379)	**Effective 9/1/2024:** Annual policy review. Policy updated with literature review through March 7, 2024. References added. Evidence review extensively pruned for clarity. • Policy statements and evidence review indications revised to align with current obesity classification terminology and clinical practice guidelines. • New medically necessary statement added for bariatric surgery in adults with Class 2 obesity and at least 1 obesity-related comorbid condition. • Medically necessary statement on revision surgery clarified to include GERD as an indication for revision surgery. Effective 9/1/2024. **Effective 5/1/2024** Policy revised to include Bariatric Surgery in Adolescents (ages 12-18, who may not yet have completed bone growth) is considered medically necessary according to similar weight-based criteria used for adults. Bariatric Surgery Selection Criteria clarified to include: The individual has a BMI >30kg/m2 and has type 2 diabetes. One anastomosis gastric bypass added under investigational bariatric surgical procedures for the treatment of class III (BMI >40 kg/m2 or >35 kg/m2 with any of the comorbidities listed) obesity in adults who have failed weight loss by conservative measures. Effective 5/1/2024.

Policies with Coverage Updates in the Past 12 Months	
Antihyperlipidemics (013)	**Effective 10/1/2023:** Reformatted Policy and updated IC to align with 118E MGL § 51A. Updated indication for Leqvio to include primary hyperlipidemia.
Asthma and Chronic Obstructive Pulmonary	**Effective 4/1/2024:** Require Diagnosis for Trelegy and Breztri to align with rest of the Policy.

Disease Medication Management (011)	**Effective 2/1/2024:** Updated to add Fluticasone/Salmeterol to COPD part of Breo Ellipta's Criteria and to other drugs where it was missing. **Effective 1/1/2024:** Updated to move Symbicort to Non-formulary Non-Covered in the policy. **Effective 10/1/2023:** Reformatted Policy and updated IC to align with 118E MGL § 51A. Updated to include summary of COPD, Asthma, and drugs with no coverage requirements. Added Breyna to the policy with UM criteria like Symbicort.
Botulinum Toxin Injections SP (006)	**Effective 4/1/2024:** Updated to remove Pregnancy as a reason for denial. **Effective 9/1/2023:** Reformatted policy. Updated IC to align with 118E MGL § 51A. Updated criteria for treatment of severe hyperhidrosis for clarity. Updated to include new FDA-approved toxin - Daxxify **Effective 6/1/2023:** Updated template. Updated approved indications to include blepharospasms and examples of strabismus. Removed age criteria of 5 years and older for treatment of urinary incontinence
Continuous or Intermittent Glucose Monitoring in Interstitial Fluid (107)	**Effective 12/1/2023:** Prior authorization for A4238, A4239 and A9277 removed for type 1 diabetes. Medically necessary statement added for coverage of Continuous glucose monitoring for gestational diabetes. Policy criteria reformatted and clarified. 12/2023.
Plastic Surgery (068)	**Effective 12/1/2023:** Policy clarified. New medically necessary statement added for hair removal to prevent pilonidal cyst recurrence.
Diagnostic Laboratory Services (139)	**Effective 10/1/2023:** Policy revised to include the following note under complete blood count: Children ages 0-4 are covered for anemia screening when billed with 85027. Effective 10/1//2023.
CNS Stimulants and Psychotherapeutic Agents (019)	**Effective 4/1/2024:** Update criteria for armodafinil and modafinil. **Effective 1/1/2024:** Clarified coding for Wakix and Sunosi.
Diabetes Step Therapy (041)	**Effective 3/1/2024:** Updated to add Zituvio ® (sitagliptin) to Step 3 in the DPP-4 table and added AG of Farxiga and Xigduo to Step 3 of the SGLT2 table. **Effective 1/1/2024:** Updated to add saxagliptin/metformin to Step 2 in the DPP-4 table **Effective 10/1/2023:** Updated to add saxagliptin to Step 2 in the DPP-4 table and Brenzavvy ™ to step 3 in the SGLT2 table.

Drugs for Cystic Fibrosis (408)	**Effective 7/1/2023:** Updated Age for Trikafta.
Growth Hormone and Insulin-like Growth Factor (257)	**Effective 9/1/2023:** Updated to add Sogroya ® to the policy and updated IC to align with 118E MGL § 51A. **Effective 7/1/2023** Updated to add Saizenprep ® to the policy and remove Tev-Tropin ® and Zorbtive ® due to market withdrawal.
Immune Modulating Drugs (004)	**Effective 4/1/2024:** Updated to make Remicade and Amjevita non preferred and clarified age requirements for non-preferred drugs and covered indications of CAPs. **Effective 3/1/2024:** Updated Dose and Frequency requirements to coincide with Medical claim edits and to add Omvoh, Bimzelx, and Velsipity to the policy as non-preferred. **Effective 1/1/2024:** Updated to add Humira (adalimumab) biosimilars to the policy and to add new indication for Cosentyx. **Effective 12/1/2023:** Reformatted policy. Updated IC to align with 118E MGL § 51A. Updated criteria for Ulcerative Colitis and Crohn's Disease. Updated policy format **Effective 9/1/2023:** Updated to add new Rinvoq UC indication to the policy and updated IC to align with 118E MGL § 51A.
Intraoperative Neurophysiologic Monitoring (Sensory Evoked Potentials: Somatosensory, Motor Evoked Potentials, EEG Monitoring) (211)	**Effective 2/1/2024:** Policy clarified. Added cross-reference to related policy #701 regarding electromyography (EMG), and coding clarification regarding need for both EMG CPT code and intraoperative monitoring code if EMG is being used for intraoperative monitoring. **Effective 6/1/2023:** Policy updated with literature review through March 6, 2023; references added. New indication for spinal instrumentation requiring screws or distraction added. No changes to policy statement as the new indication would be covered within the existing medically necessary policy statement on intraoperative neurophysiologic monitoring during spinal, intracranial, or vascular procedures. Minor editorial refinements to policy statements; intent unchanged.
Manual and Power Operated Wheelchairs (365)	**Effective 8/1/2023:** Policy updated to remove E2300 from noncovered. Effective 5.16.23 seat elevation equipment is covered for all products.
Neuropsychological and Psychological Testing (151)	**Effective 3/1/2024:** Policy clarified to specify that a typical course of neuropsychological testing can be completed in 10 hours. 3/1/2024. **Effective 1/1/2024:**

	Reorganized and clarified InterQual criteria into policy #151. Medically necessary criteria reformatted and updated. Policy references updated. 1/2024
Proton Pump Inhibitors (030)	**Effective 1/1/2024:** Updated to add Voquezna ® to the policy.
Special Foods (304)	**Effective 6/1/2023:** Clarified this is both a Medical and Pharmacy policy and which sections are State mandated.
Zolgensma (onasemnogene abeparvovec-xioi) for the Treatment of Spinal Muscular Atrophy (008)	**Effective 3/1/2024:** Updated to add a note for Outcomes-based contracts. **Effective 8/1/2023:** Policy revised. • Updated number of SMN2 copies requirement from no more than 3 to 4. Effective 8/9/2023. • Updated to match BCBSA updates - removed the weight requirement of ≤13.5kg at time of infusion; added new criteria requirement for baseline liver function. Policy updated for with literature review. Policy statement updated. References updated. Effective 8/9/2023.

Policies with No Coverage Updates
1. Applied Behavior Analysis (091) 2. Auditory Brainstem Implant (481) 3. Biofeedback for the Treatment of Headache (152) 4. Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover (549) 5. Chelation Therapy (122) 6. Cochlear Implant (478) 7. Endothelial Keratoplasty (180) 8. Hematopoietic Stem cell Transplantation for CNS Embryonal Tumors and Ependymoma (205) 9. Human Anti-hemophilic Factor (360) 10. Implantable Bone-Conduction and Bone-Anchored Hearing Aids (479) 11. Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates (100) 12. Insulin Delivery Devices (332) 13. Insulin Potentiation Therapy (532) 14. Methadone treatment for Opioid Use Disorder (274) 15. Mineral Density Studies (450) 16. Non-Invasive Vascular Studies – Duplex Scans (691) 17. Optical Coherence Tomography of the Anterior Eye Segment (084) 18. Ophthalmologic Techniques to Evaluate the Retinal Nerve Fiber Layer (053) 19. Outpatient Pediatric Pain Rehabilitation Centers (158) 20. Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders (120) 21. Phototherapy: PUVA, UV-B and Targeted Phototherapy (059) 22. Retinal Telescreening for Diabetic Retinopathy (065) 23. Routine Foot Care and Debridement of Toenails (385) 24. RSV Immunoprophylaxis (422) 25. Semi-Implantable and Fully Implantable Middle Ear Hearing Aid (480) 26. Sensory Integration Therapy (659) 27. Spinal Muscular Atrophy Medications SP (044) 28. Vertebral Fracture Assessment with Densitometry (449) 29. Vertical Expandable Prosthetic Titanium Rib (305) 30. Viscocanalostomy and Canaloplasty (372)

31. Vitamin D Assay Testing (746)
32. Whole Body Dual X-Ray Absorptiometry (DEXA) to Determine Body Composition (577)
33. Medical Technology Assessment Investigational (Non-Covered) Services List (400)

Reference Policies	
Outpatient Prior Authorization Code List (072)	New policy outlining procedure codes that require prior authorization when performed in the outpatient setting.
Compound Drug List (704)	Pharmacy Compound Inclusion List for MP 579 Compounded Medications
Compound Exclusion List (705)	Compounded Exclusion List of Bulk Chemicals for MP 579 Compounded Medications
MED UM Drug List (034)	Medications requiring Prior Authorization when covered under the member's medical benefits and administered in the outpatient setting.
Medicare Advantage Management (132)	BCBSMA is required to make coverage determinations for services that each Medicare Administrative Contractor (MAC)* publishes as the Local Coverage Determination. The LCDs utilized for coverage determinations are based on the jurisdiction of the member's residency (unless otherwise specified by CMS). **When there is no LCD or benefit statement that addresses the service/procedure, BCBSMA Commercial medical policies are followed for Medicare Advantage members.**
Carelon Medical Benefits Management Clinical Appropriateness Guidelines (formerly AIM Specialty Health)	• Carelon (formerly AIM) Advanced Imaging/Radiology (968) • Carelon (formerly AIM) Sleep Disorder Management (969) • Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect (923) • Carelon (formerly AIM) Genetic Testing Management Program (954) • Carelon (formerly AIM) Quality Care Cancer Program (Radiation Oncology) (937) • Quality Care Cancer Program (Medical Oncology) (099) • Supportive Care Treatments for Patients with Cancer (105) •

For questions: ebr@bcbsma.com