Highmark Delaware HEALTH OPTIONS

January 15, 2018

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

Updated Policy Notices for 2/15/18 Effective Date

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Brineura™ (cerliponase alfa)

CLINICAL MEDICATION POLICY	
Policy Name:	Brineura™ (cerliponase alfa)
Policy Number:	MP-064-MD-DE
Approved By:	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Delaware Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company's Medicaid products for the the medically necessary administration via intracerebroventricular infusion of Brineura (cerliponase alfa) in patients diagnosed with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

*The full version of this medical policy is available on the Highmark Health Options provider website at:
https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

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Lupron Depot® and Lupron Depot-PED® (leuprolide acetate)

CLINICAL MEDICATION POLICY	
Policy Name:	Lupron Depot® and Lupron Depot-PED® (leuprolide acetate)
Policy Number:	MP-046-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Original Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company's Medicaid products for medically necessary intramuscular injection of Lupron depot and Lupron depot-PED (leuprolide acetate).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Velcade® (bortezomib)

CLINICAL MEDICATION POLICY	
Policy Name:	Velcade® (bortezomib)
Policy Number:	MP-047-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company's Medicaid products for medically necessary intravenous or subcutaneous administrations of VELCADE (bortezomib).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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BRAF Mutation Analysis

CLINICAL MEDICAL POLICY	
Policy Name:	BRAF Mutation Analysis
Policy Number:	MP-062-MD-DE
Approved By:	Medical Management
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Delaware Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical benefits of the Company's Medicaid products for medically necessary BRAF testing for melanoma and colorectal cancer.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Gender Transition Services

CLINICAL MEDICAL POLICY	
Policy Name:	Gender Transition Services
Policy Number:	MP-033-MD-PA
Responsible Department(s):	Medical Management
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	09/01/2017 (Reactivated)
Inactive Date:	06/14/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
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POLICY SUMMARY

Highmark Health Options provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary gender transition services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records

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Genetic Testing for Warfarin Therapy

CLINICAL MEDICAL POLICY	
Policy Name:	Genetic Testing for Warfarin Therapy
Policy Number:	MP-063-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
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POLICY SUMMARY

Highmark Health Options does not provide coverage for genetic testing for warfarin therapy initiation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Home Oxygen Therapy (HOT)

CLINICAL MEDICAL POLICY	
Policy Name:	Home Oxygen Therapy (HOT)
Policy Number:	MP-069-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
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POLICY SUMMARY

Highmark Health Options may provide coverage under the Durable Medical Equipment (DME) benefits of the Company's Medicaid products for medically necessary oxygen therapy in the home. This policy addresses documentation and clinical requirements necessary for use of oxygen gas cylinders, liquid oxygen, and oxygen concentrators.

*The full version of this medical policy is available on the Highmark Health Options provider website at:

https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

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Molecular Markers for Fine Needle Aspirates of Thyroid Nodules

CLINICAL MEDICAL POLICY	
Policy Name:	Molecular Markers for Fine Needle Aspirates of Thyroid Nodules
Policy Number:	MP-065-MD-DE
Responsible Department(s):	Medical Management
Provider Notice Date:	01/15/2018
Issue Date:	02/15/2018
Original Effective Date:	02/15/2018
Annual Approval Date:	12/15/2018
Revision Date:	N/A
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
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POLICY SUMMARY

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary gene expression classifier for molecular marker evaluation of fine-needle aspirates of thyroid nodules.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Alimta® (Pemetrexed)

CLINICAL MEDICATION POLICY	
Policy Name:	Alimta® (Pemetrexed)
Policy Number:	MP-027-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 11/15/2016
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 12/15/2016
Annual Approval Date:	12/15/2018
Revision Date:	10/06/2016; 03/16/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for the intravenous administration of Alimta® (Pemetrexed)) under the medical benefits of the Company's Medicaid products when medically necessary.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrants individual consideration, based upon review of applicable medical records.

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https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

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Granulocyte Colony Stimulating Factors (G-CSFs)

CLINICAL MEDICATION POLICY	
Policy Name:	Granulocyte Colony Stimulating Factors (G-CSFs)
Policy Number:	MP-016-MD-DE
Approved By:	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 08/01/2017
Issue date:	02/15/2018
Original Effective Date:	02/15/2018; 09/01/2017
Annual Approval Date:	12/01/2018
Revision Date:	11/08/2017
Products:	Delaware Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company's Medicaid products for medically necessary Granulocyte Colony Stimulating Factor (G-CSF) such as Neupogen, Granix.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

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Interleukin-5 Inhibitors

CLINICAL MEDICATION POLICY	
Policy Name:	Interleukin-5 Inhibitors
Policy Number:	MP-025-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 01/01/2017
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 02/01/2017
Annual Approval Date:	12/15/2018
Revision Date:	11/08/2017; 08/09/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company's Medicaid products for medically necessary intravenous administration of Interleukin-5 Inhibitors.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Keytruda (pembrolizumab)

CLINICAL MEDICATION POLICY	
Policy Name:	Keytruda (pembrolizumab)
Policy Number:	MP-014-MD-DE
Approved By:	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 08/01/2017; 06/01/2016
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 09/01/2017; 07/01/2016
Annual Approval Date:	12/15/2018
Revision Date:	11/13/2017; 12/13/2016
Products:	Delaware Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical benefits of the Company's Medicaid products for medically necessary Keytruda (Pembrolizumab) administration.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy

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Opdivo (nivolumab)

CLINICAL MEDICATION POLICY	
Policy Name:	Opdivo (nivolumab)
Policy Number:	MP-015-MD-DE
Approved By:	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 08/01/2017; 11/01/2016
Issue Date:	02/15/2018
Original Effective Date:	02/15/2018; 09/01/2017; 12/01/2016
Annual Approval Date:	12/15/2018
Revision Date:	11/14/2017; 12/13/2016
Products:	Delaware Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical and specialty pharmacy benefits of the Company's Medicaid products for medically necessary Opdivo (nivolumab) intravenous administration.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

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Remicade® (Infliximab)

CLINICAL MEDICATION POLICY	
Policy Name:	Remicade® (Infliximab)
Policy Number:	MP-026-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 11/01/2016
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 12/01/2016
Annual Approval Date:	12/15/2018
Revision Date:	10/06/2017; 03/16/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for Remicade under the medical benefits for medically necessary therapy with Remicade. Covered conditions include: Adult and Pediatric Crohn's disease, Ulcerative Colitis, both adult and pediatric, Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriatic Arthritis, and Plaque Psoriasis.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrants individual consideration, based upon review of applicable medical records.

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Soliris® (eculizumab)

CLINICAL MEDICATION POLICY	
Policy Name:	Soliris® (eculizumab)
Policy Number:	MP-019-MD-DE
Responsible Department(s):	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 11/01/2016
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 12/01/2016
Annual Approval Date:	12/15/2018
Revision Date:	09/19/2017; 08/09/2017; 07/25/2017
Products:	Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage for Soliris under the medical benefit for its Medicaid products. Covered indications for Soliris are: paroxysmal nocturnal hemoglobinuria (PNH) and atypical uremic syndrome (aHUS).

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrants individual consideration, based on review of applicable medical records.

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Yervoy (Ipilimumab)

CLINICAL MEDICATION POLICY	
Policy Name:	Yervoy (Ipilimumab)
Policy Number:	MP-008-MD-DE
Approved By:	Medical Management; Clinical Pharmacy
Provider Notice Date:	01/15/2018; 08/01/2017; 04/23/2016
Issue Date:	02/15/2018
Effective Date:	02/15/2018; 09/01/2017; 05/23/2016
Annual Approval Date:	12/15/2018
Revision Date:	11/02/2017; 08/09/2017; 07/25/2017; 12/13/2016
Products:	Delaware Highmark Health Options Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Highmark Health Options provides coverage under the medical surgical and specialty pharmacy benefits of the Company's Medicaid and Medicare products for medically necessary administration of Yervoy (ipilimumab).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrants individual consideration, based upon review of applicable medical records

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