

# UnitedHealthcare Oxford Policy Update Bulletin: July 2021

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

## Take Note

### InterQual® 2021 Clinical Criteria Release

Effective July 1, 2021, all applicable Clinical Policies have been updated to reflect the applicable InterQual® 2021 clinical criteria reference(s). For the list of impacted policies and corresponding details, click [here](#).

### Quarterly CPT® and HCPCS Code Updates

All applicable Clinical, Administrative, and Reimbursement Policies have been updated to reflect the quarterly Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code additions, revisions, and deletions. Refer to the following sources for information on the code updates:

- [American Medical Association. Current Procedural Terminology: CPT®](#)
- [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#)

For the list of impacted policies and corresponding details, click [here](#).

## Clinical Policy Updates

Policy Title	Status	Effective Date
<a href="#">Cardiac Event Monitoring</a>	Updated	Jul. 1, 2021
<a href="#">Carrier Testing for Genetic Diseases</a>	Updated	Jul. 1, 2021
<a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes</a>	Revised	Aug. 1, 2021
<a href="#">Cosmetic and Reconstructive Procedures</a>	Revised	Aug. 1, 2021
<a href="#">Denosumab (Prolia® &amp; Xgeva®)</a>	Revised	Oct. 1, 2021
<a href="#">Drug Coverage Criteria: New and Therapeutic Equivalent Medications</a>	Revised	Aug. 1, 2021
<a href="#">Drug Coverage Guidelines</a> <ul style="list-style-type: none"> <li>• Aldurazyme (Laronidase)</li> <li>• Amondys 45™ (Casimersen)</li> <li>• Cabenuva (Cabotegravir; Rilpivirine)</li> <li>• [CAR-T (Chimeric Antigen Receptor) Cell Therapy]</li> <li>• Elaprase (Idursulfase)</li> <li>• Evkeeza (Evinacumab-Dgnb)</li> <li>• Fabrazyme® (Agalsidase Beta)</li> <li>• Fensolvi (Leuprolide Acetate)</li> <li>• Kanuma (Sebelipase Alfa)</li> <li>• Lumizyme (Alglucosidase Alfa)</li> <li>• Mepsevii (Vestronidase Alfa-Vjbn)</li> <li>• Naglazyme (Galsulfase)</li> <li>• Nulibry (Fosdenopterin)</li> <li>• Oxlumio (Lumasiran)</li> <li>• Revcovi (Elapegedemase-Lvlr)</li> </ul>	Revised	Jul. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> <li>● Riabni (Rituximab-Arrx)</li> <li>● Vimizim (Elosulfase Alfa)</li> </ul>		
<p data-bbox="110 205 407 233"><a href="#">Drug Coverage Guidelines</a></p> <ul style="list-style-type: none"> <li>● Accrufer (Ferric Maltol)</li> <li>● Adapalene 0.1% Pad (Generic Differin)</li> <li>● Afinitor (Everolimus)</li> <li>● Afinitor (Everolimus) 2.5 mg, 5 mg, 7.5 mg Tablet (Brand Only)</li> <li>● Akynzeo (Netupitant/Palonosetron): Capsule</li> <li>● Akynzeo (Netupitant/Palonosetron): Injection</li> <li>● Alkindi Sprinkle (Hydrocortisone)</li> <li>● Allegra D (Fexofenadine &amp; Pseudoephedrine), Allegra Suspension/Allegra ODT</li> <li>● Aloxi (Palonosetron)</li> <li>● Arymo ER (Morphine Sulfate)</li> <li>● Avinza (Morphine Sulfate Controlled Release) (Brand Only)</li> <li>● Avinza (Morphine Sulfate Controlled Release) (Generic Only)</li> <li>● Beovu (Brolucizumab-Dbll)</li> <li>● Bronchitol (Mannitol)</li> <li>● Calquence (Acalabrutinib)</li> <li>● Carafate (Sucralfate)</li> <li>● [Car-T (Chimeric Antigen Receptor) Cell Therapy]</li> <li>● Chemotherapy (Injectable) Drugs</li> <li>● Cialis (Tadalafil)</li> <li>● Cinvanti (Aprepitant)</li> <li>● Colchicine Tablet (Manufacturer: Prasco)</li> <li>● Colcrys “Authorized Generic” (Colchicine)</li> <li>● Diclofenac 1% Topical Gel (Generic Voltaren)</li> <li>● Dolophine (Methadone) (Generic)</li> <li>● Drizalma (Duloxetine)</li> <li>● Duragesic (Brand Only) (Fentanyl) (12, 25, 50, 75, 100 mcg/hr Strengths Only)</li> <li>● Duragesic (Generic) (Fentanyl) (12, 25, 50, 75, 100 mcg/hr Strengths Only)</li> <li>● Emend (Fosaprepitant)</li> <li>● Epaned (Enalapril)</li> <li>● Epclusa (Sofosbuvir/Velpatasfir)</li> <li>● Exalgo (Hydromorphone) (Brand Only)</li> <li>● Exalgo (Hydromorphone) (Generic Only)</li> <li>● Exservan (Riluzole)</li> <li>● Eylea (Aflibercept)</li> <li>● Ezallor Sprinkle (Rosuvastatin)</li> <li>● Fentanyl Transdermal Patch (37.5, 62.5 And 87.5 mcg/hr Strengths Only)</li> <li>● Focalin XR (Dexmethylphenidate hcl [Extended Release])</li> <li>● Fotivda (Tivozanib)</li> <li>● Fulphila (Pegfilgrastim-Jmdb)</li> <li>● Gloperba (Colchicine)</li> <li>● Granix (Tbo-Filgrastiim)</li> <li>● Harvoni™ (Ledipasvir/Sofosbuvir)</li> <li>● Herceptin (Trastuzumab)</li> <li>● Hetlioz (Tasimelteon)</li> <li>● Hetlioz LQ (Tasimelteon): Capsule</li> <li>● Humatin (Paromomycin)</li> <li>● Hysingla ER (Hydrocodone Bitartrate)</li> <li>● Indocin (Indomethacin) Suppository</li> <li>● Indocin (Indomethacin) Suspension</li> <li>● Intron-A (Interferon Alfa-2b)</li> </ul>	Revised	Aug. 1, 2021

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> <li>● Invokana (Canagliflozin)</li> <li>● Kadian (Morphine Sulfate Extended Release) (Brand Only)</li> <li>● Kadian (Morphine Sulfate Extended Release) (Generic Only)</li> <li>● Kytril (Granisetron Hydrochloride): Injection</li> <li>● Kytril (Granisetron Hydrochloride): Tablet, Oral Solution</li> <li>● Lemtrada (Alemtuzumab)</li> <li>● Leukine (Sargramostim)</li> <li>● Licart (Diclofenac Epolalmine)</li> <li>● Lucentis (Ranibizumab)</li> <li>● Lupkynis (Voclosporin)</li> <li>● Lupron, Lupron Depot, Lupron Depot Pediatric Lupron Implant (Leuprolide Acetate)</li> <li>● Macugen (Pegaptanib Sodium)</li> <li>● Mavyret (Glecaprevir and Pibrentasvir)</li> <li>● Morphabond ER (Morphine Sulfate)</li> <li>● MS Contin (Morphine Sulfate Controlled-Release) (Brand and Generic)</li> <li>● Myfembree (Relugolix)</li> <li>● Naprosyn (Naproxen) Suspension</li> <li>● Neulasta (Pegfilgrastim)</li> <li>● Neupogen (Filgrastim)</li> <li>● Nexium Suspension (Esomeprazole)</li> <li>● Nitisinone Capsules (Generic Orfadin)</li> <li>● Nivestym (Filgrastim-Aafi)</li> <li>● Nucynta ER (Tapentadol Extended Release)</li> <li>● Nyvepria (Pegfilgrastim-Apgf)</li> <li>● Orfadin Capsules and Suspension (Nitisinone) (Brand Only)</li> <li>● Oxycodone ER 12hr Tablet</li> <li>● Oxycontin (Oxycodone Extended Release) (Brand and Generic) (Includes Authorized Generic)</li> <li>● Oxymorphone Extended Release</li> <li>● Ozobax (Baclofen)</li> <li>● Pataday (Olopatadine)</li> <li>● Patanol (Olopatadine HCL)</li> <li>● Pazeo (Olopatadine Hydrochloride)</li> <li>● Pennsaid 1.5% Drops (Diclofenac Sodium)</li> <li>● Pennsaid 2% (Diclofenac Sodium)</li> <li>● Phexxi Vaginal Gel (Lactic Acid, Citric Acid and Potassium Bitartrate)</li> <li>● Pomalyst (Pomalidomide)</li> <li>● Prevacid (Lansoprazole) Solutab Lansoprazole Generic</li> <li>● Prilosec (Omeprazole)</li> <li>● Prograf Granules for Suspension (Tacrolimus)</li> <li>● Prolia, Xgeva (Denosumab)</li> <li>● Purixan 20mg/ml (Mercaptopurine)</li> <li>● Qbrelis (Lisinopril)</li> <li>● Qdolo (Tramadol Hydrochloride)</li> <li>● Revlimid (Lenalidomide)</li> <li>● Rituxan (Rituximab)</li> <li>● Rituxan Hycela (Rituximab and Hyaluronidase Human)</li> <li>● Rozerem (Ramelteon) (Brand and Generic)</li> <li>● Ruxience (Rituximab-Pvvr)</li> <li>● Seebri Neohaler (Glycopyrrolate)</li> <li>● Siliq (Brodalumab)</li> <li>● Sotylize (Sotalol Hydrochloride)</li> <li>● Sovaldi (Sofosbuvir)</li> <li>● Sustol® (Granisetron Extended Release)</li> <li>● Syndros (Dronabinol)</li> </ul>		

Policy Title	Status	Effective Date
<ul style="list-style-type: none"> <li>• Tepmetko (Tepotinib)</li> <li>• Thalomid (Thalidomide)</li> <li>• Tigelutik (Riluzole)</li> <li>• Tirosint-Sol Oral Solution (Levothyroxine Sodium)</li> <li>• Trisenox (Arsenic Trioxide)</li> <li>• Truseltiq (Infigratinib)</li> <li>• Truxima (Rituximab-Abbs)</li> <li>• Udenyca (Pegfilgrastim-Cbqv, Biosimilar)</li> <li>• Ukoniq (Umbralisib)</li> <li>• Vanatol LQ (Butalbital/Acetaminophen/Caffeine)</li> <li>• Vermox (Mebendazole)</li> <li>• Viekira Pak (Ombitasvir, Paritaprevir, and Ritonavir Tablets; Dasabuvir Tablets)</li> <li>• Vumerity (Diroximel Fumarate)</li> <li>• Xolair (Omalizumab) (Subcutaneous Injection)</li> <li>• Xolair (Omalizumab) (Prefilled Syringe)</li> <li>• Xtampza ER (Oxycodone)</li> <li>• Zarxio (Filgrastim-Sndz)</li> <li>• Zegerid Suspension (Omeprazole/Sodium Bicarbonate)</li> <li>• Zepatier (Elbasvir/Grazoprevir)</li> <li>• Ziextenzo (Pegfilgrastim-Bmez)</li> <li>• Zofran (Ondansetron Hydrochloride): Oral Solution</li> <li>• Zofran (Ondansetron Hydrochloride): Injection</li> <li>• Zofran and Zofran ODT (Ondansetron)</li> <li>• Zohydro ER (Hydrocodone Bitartrate Extended Release) (Brand and Generic)</li> <li>• Zytiga (Abiraterone Acetate) 250 mg (Generic Only)</li> <li>• Zytiga (Abiraterone Acetate) 250 mg (Brand Only)</li> <li>• Zytiga (Abiraterone Acetate) 500 mg</li> </ul>		
Evkeeza™ (Evinacumab-dgnb)	Revised	Oct. 1, 2021
Infertility Diagnosis and Treatment	Revised	Jul. 1, 2021
Intravenous Iron Replacement Therapy (Feraheme®, Injectafer®, & Monoferric®)	Revised	Aug. 1, 2021
Long-Acting Injectable Antiretroviral Agents for HIV	Revised	Oct. 1, 2021
Maximum Dosage and Frequency	Revised	Aug. 1, 2021
Medical Therapies for Enzyme Deficiencies	Revised	Jul. 1, 2021
Medical Therapies for Enzyme Deficiencies	Revised	Oct. 1, 2021
Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)	Revised	Aug. 1, 2021
Off-Label/Unproven Specialty Drug Treatment	Revised	Aug. 1, 2021
Oncology Medication Clinical Coverage	Revised	Aug. 1, 2021
Preventive Care Services	Revised	Sep. 1, 2021
Provider Administered Drugs – Site of Care	Revised	Jul. 1, 2021
Reblozyl® (Luspatercept-Aamt)	Revised	Aug. 1, 2021
Speech Generating Devices	Updated	Jul. 1, 2021
Transcatheter Heart Valve Procedure	Revised	Sep. 1, 2021
White Blood Cell Colony Stimulating Factors	Revised	Aug. 1, 2021
Xolair® (Omalizumab)	Revised	Aug. 1, 2021

## Administrative Policy Updates

Policy Title	Status	Effective Date
Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements	Updated	Jul. 1, 2021
Prior Authorization Exemptions for Outpatient Services	Revised	Aug. 1, 2021
Referrals	Revised	Jul. 1, 2021

## Reimbursement Policy Updates

Policy Title	Status	Effective Date
Laboratory Services (CES)	Revised	Aug. 1, 2021
Supply Policy	Revised	Aug. 1, 2021

## General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare Oxford® is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare Oxford® provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare Oxford® reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare Oxford® respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Oxford® Clinical, Administrative, and Reimbursement Policy updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare Oxford® follows such applicable federal and/or state law.

## Policy Update Classifications

### *New*

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

### *Updated*

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

### *Revised*

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

### *Replaced*

An existing policy has been replaced with a new or different policy

### *Retired*

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Oxford® Medical and Administrative Policies is available at [OxfordHealth.com](https://OxfordHealth.com) > Providers > Tools & Resources > Medical Information > [Medical and Administrative Policies](#) or at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Commercial Policies > [UnitedHealthcare Oxford Clinical, Administrative and Reimbursement Policies](#). Refer to the back of the member's health care ID card for the applicable website.