To: IPA Administrators and Medical Directors
From: IEHP – Provider Relations
Date: May 19, 2020
Subject: New/Revised/Retired UM Authorization Guideline

IEHP's Utilization Management Subcommittee has approved the following authorization guideline updates/changes, **effective May 13, 2020**:

Guideline #	Guideline Title	Degree of Change	Updates/Changes
UM_OTH 21	Chimeric Antigen Receptor T Cell Therapy (CAR-T Therapy)	New	• CAR-T therapy: Chimeric Antigen Receptor T-cells (CAR-T) are T-cells that have been genetically altered in order to improve their ability to fight cancer. • **Kymriah** (tisagenlecleucel) and **Yescarta** (axicabtagene ciloleucel) are CAR T-cell therapies targeting CD19, an antigen prevalent in the cells of many B-cell malignancies. • Both products are available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • **Kymriah** is indicated for: o Pre B-cell Acute Lymphoblastic Leukemia (ALL), Refractory or in second or later relapse o Diffuse Large B-cell Lymphoma (DLBCL), relapsed or refractory, following 2 or more lines of systemic therapy • **Yescarta** is indicated for: o Diffuse Large B-cell Lymphoma (DLBCL), relapsed or refractory, following 2 or more lines of systemic therapy

			• Pre-treatment and post-treatment are required for both products.
UM_OTH 22	Biosimilar Products	New	• Per FDA, biosimilar has no clinically meaningful differences in terms of safety, purity and potency from reference product • Guideline contains preferred biosimilar drugs and corresponding reference drug grouped by indication • Recommend establishing new Biosimilar Policy to prefer Biosimilar Drug to Reference Drug
UM_OTH 14	Hepatitis C-Center of Excellence (COE) Admission Criteria	Moderate	• Update of DHCS Treatment Policy for the Management of Chronic Hepatitis C issued March 2020 o Genotype testing is no longer required prior to initiation of antiviral therapy o Increased emphasis on patient adherence to treatment protocols • CDC also updated Recommendations for HCV screening among adults April 2020 o All adults over 18 years should be screened at least once o Pregnant women (regardless of age) should be screened during each pregnancy
UM_DIA 07	Electroencephalogram (EEGs)	N/A	• Medicare has detailed criteria for EEG testing under LCD L34521. • Medi-Cal does not have criteria • MCG has two guidelines concerning non-video EEG. These guidelines allow for testing in a stepwise fashion. If a Non-invasive EEG is inconclusive then an Ambulatory EEG can be ordered. This mirrors IEHP's current EEG guideline • Recommend retiring the current UM Subcommittee Guideline and replacing with: o **Medicare: LCD 34521 Special EEG Tests** o **Medi-Cal:** ➢ **MCG A-0136 EEG, Noninvasive** ➢ **MCG A-0137 EEG, Continuous Ambulatory Monitoring**
UM_GYN 02	Fetal Echocardiogram	N/A	• Medicare does not have a guideline concerning this test • Medi-Cal approves selected diagnoses of DM/GDM, Maternal Care for a suspected fetal abnormality, or Maternal Care for abnormalities of the fetal heart/rhythm • MCG is silent on this topic

			• Apollo has an Echocardiogram guideline that mirrors IEHP's own UM Subcommittee Fetal Echocardiogram guideline criteria • Recommend retiring IEHP's guideline for both Medicare and Medi-Cal and replacing with: ○ **Apollo guideline CAR131 Echocardiography, Adult & Pediatric (Transthoracic/Transesophageal) guideline**
UM_DME 08	Home Use of Oxygen	N/A	• Medicare NCD 240.2 for Home Oxygen addresses limited situations • Medi-Cal Provider Manual is comparable to current UM guidelines, and addresses same clinical scenarios • MCG: Oxygen Therapy, Continuous and Noncontinuous: Home (A-0343) has clear guidelines and is comparable to current UM guidelines • Recommend retiring the current UM Subcommittee Guideline and replacing with: • **Medicare: MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home** • **Medi-Cal: Medi-Cal Provider Manual, Durable Medical Equipment (DME): Oxygen and Respiratory Equipment (dura oxy)**
UM_ENT 02	Obstructive Sleep Apnea OSA Treatment	N/A	• Medicare NCD 240.4: CPAP For Obstructive Sleep Apnea (no clear policy for OSA treatment in general) • Medi-Cal Provider Manual guideline is comparable to current UM Guidelines • MCG guideline is comparable to current UM guidelines. • Recommend retiring the current UM Subcommittee Guideline and replacing with: • **Medicare: MCG R-0117 Obstructive Sleep Apnea-Referral Management** • **Medi-Cal: Medi-Cal Provider Manual, Durable Medical Equipment (DME): Oxygen and Respiratory Equipment (dura oxy)**

You may access these and all other authorization guidelines through the Provider portal.
Location: www.iehp.org > For Providers > Utilization Management Criteria

As a reminder, all communications sent by IEHP can also be found on the Provider portal:
Location: www.iehp.org > For Providers > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.