Meeting #242 | September 26th, 2017 | 12–2 PM | 101 Huntington Avenue | Boston, MA 02115 | Conference Center : 12-I

Invited Physician Guest(s): Representatives from the Massachusetts Society of Urology, Representatives from the Massachusetts Society of Obstetrics and Gynecology

RSVP to EBR@BCBSMA.com
Network physicians who plan to attend the meeting must confirm and provide their contact information by email to EBR@bcbsma.com at least 48 hours before the meeting. It is important that Blue Cross Blue Shield have the contact information for any physician who will be attending this meeting, since we need to mail confidentiality and conflict-of-interest forms. Attending physicians may either take part in the meeting in person or via conference call. If a physician would like to call in to the meeting, a conference number will be provided by BCBSMA prior to the meeting date. Note: Please be aware that this meeting may end early if there are no attending providers.

To view each medical policy on the agenda
The policies are hyperlinked to each entry on the list and can be opened by clicking on the policy number following the policy title.

12-2PM Urology Medical Policies with Coverage Updates

1. Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds (175)

2. Gene Expression Analysis for Prostate Cancer Management (670)
   - BCBSA National medical policy review. Corrections made to study description in and Section Summary of Prolaris section. References added. 9/1/2016

3. Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer (333)

4. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide (Prostascint®) for Prostate Cancer (639)
   - BCBSA National medical policy review. Imaging and ProstaScint® removed from the policy title. 11/1/2016

5. Saturation Biopsy for Diagnosis and Staging of Prostate Cancer (307)
   - BCBSA National medical policy review. Policy title changed to Saturation Biopsy for Diagnosis, Staging, and Management of Prostate Cancer. References added. 9/1/2016

6. Sexual Dysfunction - Diagnosis and Therapy (078)
   - Policy clarified that Revatio™ (Sildenafil 20mg) and Sildenafil 20mg are not covered as they are not FDA-approved for erectile dysfunction. 11/1/2016.

12-2PM Urology Medical Policies with no Coverage Updates

7. Biofeedback as a Treatment of Urinary Incontinence (173)
8. Cellular Immunotherapy for Prostate Cancer (268)
9. Computerized Tomography (CT) Scans (009)
10. Computed Tomography (CT) Pelvis (791)
11. Cryosurgical ablation of the Prostate (149)
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<th>Focal Treatments for Prostate Cancer (733)</th>
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<td>Incontinence Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence (471)</td>
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<td>Intensity Modulated Radiation Therapy (IMRT) of the Prostate (090)</td>
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<td>Magnetic Resonance: MRI, MRA, MRV, MRS; Positional MRI; Functional MRI (106)</td>
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<td>Nerve Graft in Association with Radical Prostatectomy (590)</td>
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<td>Sacral Nerve Neuromodulation/Stimulation (153)</td>
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<td>Tumor Markers for Diagnosis and Management of Cancer (167)</td>
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<td>Urinary Tumor Markers for Bladder Cancer (502)</td>
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### 12 - 2PM Urology Pharmacy Policies with Coverage Updates

29. Oncology Drugs (409)  
   - Updated address for Pharmacy Operations and added Kisqali® & Kisqali® Femara. 7/2017  
   - Updated to add new Opdivo indication (mUC). 5/2017  
   - Moved 114 (Erbitux & Vectibix) into this policy and new indication for Opdivo. 11/2016  
   - Updated to include Venclexta® & update Opdivo® Indications. 10/2016

30. Overactive Bladder Medications: Detrol/LA (tolterodine); Ditropan/XL (oxybutynin); Enablex (darifenacin); oxybutynin/ER; Sanctura/XR (trospium); Toviaz (fesoterodine); VESIcare (solifenacin) (170)  
   - Added Darifenacin ER to step 1 and removed gender reference. 10/2016

### 12 - 2PM Urology Pharmacy Policies with no Coverage Updates

31. Benign Prostatic Hyperplasia (BPH) - Prescription Drug Step Therapy: Avodart (Dutasteride) Finasteride; Proscar (Finasteride) (040)

### 12 - 2PM Obstetrics/Gynecology Medical Policies with Coverage Updates

32. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer (055)  
   - BCBSA National medical policy review. Policy statement added that EndoPredict, the Breast Cancer Index, and Prosigna are medically necessary for same indication as Oncotype. Other statements revised to reflect these tests investigational for other indications. Summary section corrected for MammaPrint use in early-stage node-negative Invasive breast cancer. New references added. Clarified coding information. Effective 4/1/2017.

33. CT Angiography (CTA) and MR Angiography (MRA) Pelvis (765)  

34. Endometrial Ablation (331)  
   - BCBSA National medical policy review. Terminology in first policy statement updated to abnormal uterine bleeding from menorrhagia; intent of policy statement unchanged. 10/1/2016

35. Fetal MRI (770)  
   - Prior Authorization Information clarified. 5/1/2017

36. Genetic Testing for CHARGE Syndrome (540)  
   - BCBSA National medical policy review. Policy clarified. “Mutation testing” changed to “genetic testing” in investigational policy statement. 4/1/2017  
   - Non-coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000). 2/1/2017

37. Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer (204)
38. Assisted Reproductive Services (Infertility Services) (086)
   - Policy clarified that for all members, assisted reproductive technologies are covered for the time period that fertility is naturally expected. 6/2017
39. Invasive Prenatal (Fetal) Diagnostic Testing (708)
   - Non-coverage for Medicare Advantage members clarified based on Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000). 2/1/2017
40. Magnetic Resonance Imaging (MRI) Pelvis (781)
41. Mineral Density Studies (450)
   - BCBSA National medical policy review. New medically necessary and investigational indications described. Policy statements edited to clarify that central dual x-ray absorptiometry (DXA) is medically necessary and other methods of measurement are investigational. Clarified coding information. Effective 8/1/2017.
42. Obstetrical Ultrasound and Ultrasound for Family Planning (007)
43. Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Arteries (242)
44. Plastic Surgery: Reconstructive and Cosmetic Services (Reconstruction after Mastectomy) (068)
   - Policy updated to include mandated coverage for reconstructive services to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome. Effective 11/8/2016.
45. Reconstructive Breast Surgery/Management of Breast Implants (428)
   - Breast Reconstruction after Mastectomy statements transferred from retired policy 459. 9/1/2016
46. Scintimammography-Breast-Specific Gamma Imaging-Molecular Breast Imaging (494)
47. Medical Technology Assessment Investigational (Non-Covered) Services List (400)

12 - 2PM Obstetrics/Gynecology Medical Policies with no Coverage Updates
48. Acute and Maintenance Tocolysis (518)
49. Breast Duct Endoscopy (493)
50. Breast Ultrasound (688)
51. Carrier Screening for Genetic Diseases (666)
52. Cervicography (630)
55. Computerized Tomography (CT) Scans (009)
56. Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) (492)
57. Fetal RHD Genotyping Using Maternal Plasma (667)
58. Genetic Testing for CHEK2 Mutations for Breast Cancer (741)
59. Genetic Testing for Hereditary Breast and/or Ovarian Cancer (245)
60. Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery (546)
61. Home Uterine Activity Monitoring (043)
62. Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids (244)
63. Magnetic Resonance Imaging–Targeted Biopsy of the Prostate (747)
64. MRI-Guided Focused Ultrasound - MRgFUS (243)
65. Multimarker Serum Testing Related to Ovarian Cancer (249)
66. Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis (711)
67. Non-BRCA Breast Cancer Risk Assessment - e.g., OncoVue (188)
68. Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome (266)
69. Paternal/Fetal Immunotherapy for Recurrent Fetal Loss (387)
70. Preimplantation Genetic Testing (088)
71. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) Using In-111 Satumomab Pendetide (OncoScint) or Tc-99m Arcitumomab (IMMU-4, CEA-Scan) (638)
72. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) (640)
73. Reduction Mammaplasty for Breast-Related Symptoms (703)
74. Serum Biomarker Human Epididymis Protein 4 (HE4) (290)
75. Sequencing-based Tests to Determine Trisomy 21 from Maternal Plasma DNA (628)
76. Speculoscopy (568)
77. Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea (570)
78. Testing Serum Vitamin D Levels (746)
79. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence (523)
80. Use of Common Genetic Variants to Predict Risk of Nonfamilial Breast Cancer (252)
81. Vertebral Fracture Assessment with Densitometry (449)

12-2PM Obstetrics/Gynecology Pharmacy Policies with Coverage Updates
82. Intravenous Immunoglobulin (for recurrent fetal loss; recurrent spontaneous abortion) (310)
   - Updated to add AllCare to Pharmacy Specialty list.

12-2PM Obstetrics/Gynecology Pharmacy Policies with no Coverage Updates
83. Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies (552)

Topics for discussion
E-Blue Review (EBR) Comments
Emerging Medical Technologies

2017 Medical Policy Group Meeting Schedule

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For questions: EBR@bcbsma.com