

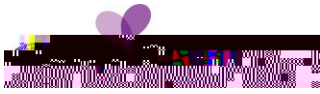
MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Inhaled Nitric Oxide-MP-MM-1321	05/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

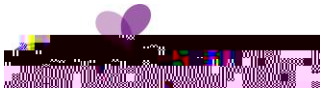
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concluded iNO does not lead to reduced ECMO use and Putnam, et al (2016) concluded iNO use in CDH may be associated with increased mortality.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

Inhaled Nitric Oxide-

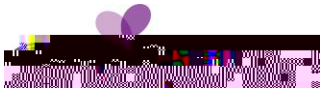


An American Academy of Pediatrics clinical report on the use of iNO in preterm infants (Kumar, et al, 2014) concluded the following:

1. The results of randomized controlled trials, traditional meta-analyses, and an individualized patient data meta-analysis study indicate that neither rescue nor routine use of iNO improves survival in preterm infants with respiratory failure (Evidence quality, A; Grade of recommendation, strong).
2. The preponderance of evidence does not support treating preterm infants who have respiratory failure with iNO for the purpose of preventing/ameliorating BPD, severe intraventricular hemorrhage, or other neonatal morbidities (Evidence quality, A; Grade of recommendation, strong).
3. The incidence of cerebral palsy, neurodevelopmental impairment, or cognitive impairment in preterm infants treated with iNO is similar to that of control infants (Evidence quality, A).
- 4.

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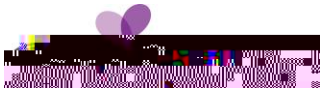
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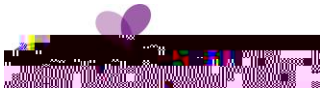
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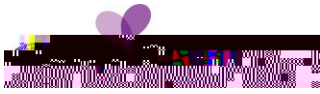


	01/31/2023	Annual review. No changes to content. Updated references. Approved at Committee.

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- disease. *Cochrane Database Syst Rev.* 2014;(7):CD005055.
doi:10.1002/14651858.CD005055.pub3
14. British Cardiac Society Guidelines and Medical Practice Committee; British Thoracic Society; British Society of Rheumatology. Recommendations on the management of pulmonary hypertension in clinical practice. *Heart.* 2001;86(Suppl 1):i1-i13. Accessed January 18, 2024. www.ncbi.nlm.nih.gov
 15. Brunner N, de Jesus Perez VA, Richter A, et al. Perioperative pharmacological management of pulmonary hypertensive crisis during congenital heart surgery. *Pulm Circ.* 2014;4(1):10-24. doi:10.1086/674885
 16. Canadian Congenital Diaphragmatic Hernia Collaborative; Puligandla PS, Skarsgard ED, Offringa M, et al. Diagnosis and management of congenital diaphragmatic hernia: a clinical practice guideline. *CMAJ.* 2018;190(4):E103-E112. doi:10.1503/cmaj.170206
 17. Carey WA, Weaver AL, Mara KC, Clark RH. Inhaled nitric oxide in extremely premature neonates with respiratory distress syndrome. *Pediatrics.* 2018;141(3):e20173108. doi:10.1542/peds.2017-3108
 - 18.



Review with trial sequential analysis. *Anaesthesia*. 2017;72(1):106-117.
doi:10.1111/anae.13628
29. Kato G.144 Tm0 g0 reW0.00000912 0 612 792 reW*n2 792 reW*nBT/F1 11.04 Tf1 0 0 1 368.23 709

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