

Medical Policies and Clinical Utilization Management Guidelines

Attached is a list of the ***Clinical UM Guidelines and/or Medical Policies*** the health plan has adopted.

Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

InterQual[®] Criteria are used for medical necessity review (both medical and behavioral health) except for substance use services, which use criteria from the American Society of Addiction Medicine (ASAM). If InterQual Criteria does not cover a behavioral health service, the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System[®] (LOCUS)
- Children and adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young children: Early Childhood Service Intensity Instrument (ECSII)

Medicaid state contracts, regulatory guidance and CMS requirements supersede InterQual Criteria and our *Medical Policy* criteria.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity.

If the request doesn't meet established criteria guidelines, it will be referred to the licensed physician reviewer with the appropriate clinical expertise.

Clinical Utilization Management Guidelines

The new *Clinical Utilization Management (UM) Guideline* below was adopted by the medical operations committee for Anthem Blue Cross and Blue Shield Medicaid members on May 7, 2019. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit <https://www11.anthem.com/search.html>.

Medical Policy or Clinical UM Guidelines number	Medical Policy or Clinical UM Guidelines title	New item
CG-DRUG-01	Off-Label Drug and Approved Orphan Drug Use	
CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra [®]), and Direct Thrombin Inhibitors in the Outpatient Setting	
CG-DRUG-18	Nesiritide (Natrecro [®])	
CG-DRUG-34	Docetaxel (Docefrez [™] , Taxotere [®])	
CG-DRUG-38	Pemetrexed Disodium (Alimta [®])	
CG-DRUG-40	Bortezomib (Velcade [®])	
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)	
CG-DRUG-48	Azacitidine (Vidaza [®])	
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection	
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane [®])	
CG-DRUG-51	Romidepsin (Istodax [®])	
CG-DRUG-52	Temsirolimus (Torisel [®])	
CG-DRUG-53	Drug Dosage, Frequency, and Route of Administration	
CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	
CG-DRUG-62	Fulvestrant (FASLODEX [®])	
CG-DRUG-63	Levoleucovorin Products	
CG-DRUG-66	Panitumumab (Vectibix [®])	
CG-DRUG-67	Cetuximab (Erbix [®])	
CG-DRUG-68	Bevacizumab (Avastin [®]) for Non-Ophthalmologic Indications	
CG-DRUG-70	Eribulin mesylate (Halaven [®])	
CG-DRUG-71	Ziv-aflibercept (Zaltrap [®])	
CG-DRUG-72	Pertuzumab (Perjeta [®])	
CG-DRUG-75	Romiplostim (Nplate [®])	



<https://medproviders.anthem.com/ky>

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Medical Policy or Clinical UM Guidelines number	Medical Policy or Clinical UM Guidelines title	New item
CG-DRUG-76	Plerixafor Injection (Mozobil™)	
CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)	
CG-DRUG-79	Siltuximab (Sylvant®)	
CG-DRUG-80	Cabazitaxel (Jevtana®)	
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla®)	
CG-DRUG-98	Bendamustine Hydrochloride	
CG-DRUG-99	Elotuzumab (Empliciti™)	
CG-DRUG-100	Interferon gamma-1b (Actimmune®)	
CG-DRUG-101	Ixabepilone (Ixempra®)	
CG-DRUG-102	Olaratumab (Lartruvo™)	
CG-DRUG-106	Brentuximab Vedotin (Adcetris®)	
CG-DRUG-113	Inotuzumab ozogamicin (Besponsa®)	NEW
CG-MED-69	Inhaled Nitric Oxide	