

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 *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for the Government Business Division effective May 24, 2018. Highlighted sections indicate a new guideline.

To view a full list of guidelines, visit insert http://www.anthem.com/cptsearch_shared.html.

Guideline number	<i>Clinical UM Guideline name/title</i>
CG-DRUG-01	Off-Label Drug and Approved Orphan Drug Use
CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis
CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra [®]) and Direct Thrombin Inhibitors in the Outpatient Setting
CG-DRUG-05	Recombinant Erythropoietin Products
CG-DRUG-08	Enzyme Replacement Therapy for Gaucher Disease
CG-DRUG-09	Immune Globulin Therapy
CG-DRUG-11	Infertility Drugs
CG-DRUG-14	Dihydroergotamine Mesylate Injection for the Treatment of Migraine or Cluster Headaches in Adults
CG-DRUG-16	White Blood Cell Growth Factors
CG-DRUG-18	Nesiritide (Natreco [®])
CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women
CG-DRUG-20	Enfuviritide (Fuzeon)
CG-DRUG-21	Naltrexone (Vivitrol [®]) Injections for the Treatment of Alcohol and Opioid Dependence
CG-DRUG-24	Repository Corticotropin Injection (H.P. Acthar [®] Gel)
CG-DRUG-25	Intravenous versus Oral Drug Administration in the Outpatient and Home Setting
CG-DRUG-27	Clostridial Collagenase Histolyticum Injection
CG-DRUG-28	Alglucosidase alfa (Lumizyme [®] , Myozyme [®])
CG-DRUG-29	Hyaluronan Injections
CG-DRUG-31	Oncology Drug Treatment Regimens for Adults Note: At this time, this guideline is not implemented for medical benefit determinations
CG-DRUG-33	Palonosetron (Aloxi [®])
CG-DRUG-34	Docetaxel (Docefrez [™] , Taxotere [®])
CG-DRUG-38	Pemetrexed Disodium (Alimta [®])
CG-DRUG-40	Bortezomib (Velcade [®])
CG-DRUG-41	Zoledronic acid
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)
CG-DRUG-43	Natalizumab (Tysabri [®])
CG-DRUG-44	Pegloticase (Krystexxa [®])
CG-DRUG-45	Octreotide acetate (Sandostatin [®] ; Sandostatin [®] LAR Depot)
CG-DRUG-46	Fosaprepitant (Emend [®])
CG-DRUG-47	Level of Care: Specialty Pharmaceuticals
CG-DRUG-48	Azacitidine (Vidaza [®])
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection

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

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Guideline number	Clinical UM Guideline name/title
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-54	Agalsidase beta (Fabrazyme [®])
CG-DRUG-55	Elosulfase alfa (Vimizim [®])
CG-DRUG-56	Galsulfase (Naglazyme [®])
CG-DRUG-57	Idurasufase (Elaprase [®])
CG-DRUG-58	Laronidase (Aldurazyme [®])
CG-DRUG-59	Testosterone, Injectable
CG-DRUG-60	Gonadotropin-Releasing Hormone Analogs for the Treatment of Oncologic Indications
CG-DRUG-61	Gonadotropin-Releasing Hormone Analogs for the Treatment of Nononcologic Indications
CG-DRUG-62	Fulvestrant (FASLODEX [®])
CG-DRUG-63	Levoleucovorin Calcium (Fusilev [®])
CG-DRUG-64	FDA-Approved Biosimilar Products
CG-DRUG-65	Tumor Necrosis Factor Antagonists
CG-DRUG-66	Panitumumab (Vectibix [®])
CG-DRUG-67	Cetuximab (Erbix[®])
CG-DRUG-68	Bevacizumab (Avastin [®]) for Non-Ophthalmologic Indications
CG-DRUG-69	Ustekinumab (Stelera [®])
CG-DRUG-70	Eribulin mesylate (Halaven [®])
CG-DRUG-71	Ziv-aflibercept (Zaltrap [®])
CG-DRUG-72	Pertuzumab (Perjeta [®])
CG-DRUG-73	Denosumab (Prolia [®] , Xgeva [®])
CG-DRUG-74	Canakinumab (Ilaris [®])
CG-DRUG-75	Romiplostim (Nplate [®])
CG-DRUG-76	Plerixafor Injection (Mozobil [™])
CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo [®])
CG-DRUG-78	Antihemophilic Factors and Clotting Factors
CG-DRUG-79	Siltuximab (Sylvant [®])
CG-DRUG-80	Cabazitaxel (Jevtana [®])
CG-DRUG-81	Tocilizumab (Actemra [®])
CG-DRUG-82	Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension
CG-DRUG-83	Growth Hormone
CG-DRUG-84	Belimumab (Benlysta [®])
CG-DRUG-85	Tesamorelin (Egrifta [®])
CG-DRUG-86	Ocriplasmin (Jetrea [®]) Intravitreal Injection Treatment
CG-DRUG-87	Vedolizumab (Entyvio [®])
CG-DRUG-88	Dupilumab (Dupixent [®])
CG-DRUG-89	Implantable and Extended-Release Buprenorphine-Containing Products
CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions
CG-DRUG-91	Intravitreal Corticosteroid Implants
CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy
CG-DRUG-93	Sarilumab (Kevzara [®])

Guideline number	Clinical UM Guideline name/title
CG-DRUG-94	Rituximab (Rituxan [®]) for Non-Oncologic Indications
CG-DRUG-95	Belatacept (Nulojix [®])
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla [®])
CG-DRUG-97	Rilonacept (Arcalyst [®])
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-MED-69	Inhaled Nitric Oxide