

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

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

Medical Policies

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem).

Publish date	Medical Policy #	Medical Policy title	New or revised
1/31/2019	DRUG.00088	Atezolizumab (Tecentriq [®])	Revised
1/31/2019	DRUG.00071	Pembrolizumab (Keytruda [®])	Revised

Clinical UM Guidelines

On January 24, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Anthem members on March, 28, 2019.

Publish date	Clinical UM Guideline #	Clinical UM Guideline title	New or revised
1/31/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane [®])	Revised
1/31/2019	CG-DRUG-99	Elotuzumab (Empliciti [™])	Revised
2/27/2019	CG-DRUG-106	Brentuximab Vedotin (Adcetris [®])	Revised



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

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