Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* 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**.

Notes/updates:
Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- ***TRANS.00035 - Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases**
  - Revised title
  - Expanded Position Statement to include non-hematopoietic adult stem cell therapy

Medical Policies
On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid.

Publish date	*Medical Policy* number	*Medical Policy* title	New or revised
8/29/2019	**DRUG.00071**	**Pembrolizumab (Keytruda®)**	Revised
8/29/2019	**DRUG.00082**	**Daratumumab (DARZALEX®)**	Revised

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