

MEDICAID PROVIDER BULLETIN

October 2019

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.

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 March 21, 2019, the medical policy and technology assessment committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem) members.

Publish date	Medical Policy number	Medical Policy title	New or revised
3/28/2019	DRUG.00088	Atezolizumab (Tecentriq [®])	Revised
3/28/2019	DRUG.00053	Carfilzomib (Kyprolis [®])	Revised

Clinical UM Guidelines

On March 21, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for members on May 7, 2019.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
3/28/2019	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane [®])	Revised
3/28/2019	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla [®])	Revised
4/24/2019	CG-DRUG-68	Bevacizumab (Avastin [®]) for Non-Ophthalmologic Indications	Revised
5/9/2019	CG-DRUG-113	Inotuzumab ozogamicin (Besponsa [®])	New



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

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