

MEDICAID PROVIDER BULLETIN

August 2018

**Medical Policies and
Clinical Utilization Management Guidelines update**

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed 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.

Note:

- Effective July 30, 2018, InterQual® 2018 and 2018.1 releases will be used for inpatient and outpatient reviews.

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

To search for specific drug policies or guidelines, visit http://www.anthem.com/cptsearch_shared.html.

Medical Policies

On May 3, 2018, 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 number	Medical Policy title	New or revised
6/6/2018	DRUG.00098	Lutetium Lu 177 dotatate (Lutathera®)	New
6/6/2018	DRUG.00046	Ipilimumab (Yervoy®)	Revised
5/10/2018	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
5/10/2018	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
6/6/2018	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
6/6/2018	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/10/2018	DRUG.00076	Blinatumomab (Blinicyto®)	Revised
6/6/2018	DRUG.00111	Monoclonal Antibodies to Interleukin-23	Revised

Clinical UM Guidelines

On March 22, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2018	CG-DRUG-67	Cetuximab (Erbixux®)	New
6/28/2018	CG-DRUG-94	Rituximab (Rituxan®) for Nononcologic Indications	New

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



Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2018	CG-DRUG-95	Belatacept (Nulojix [®])	New
6/28/2018	CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla [®])	New
6/28/2018	CG-DRUG-97	Rilonacept (Arcalyst [®])	New
6/28/2018	CG-DRUG-98	Bendamustine Hydrochloride	New
6/28/2018	CG-DRUG-99	Elotuzumab (Empliciti [™])	New
6/28/2018	CG-DRUG-100	Interferon gamma-1b (Actimmune [®])	New
6/28/2018	CG-DRUG-101	Ixabepilone (Ixempra [®])	New
6/28/2018	CG-DRUG-102	Olaratumab (Lartruvo [™])	New
5/10/2018	CG-DRUG-50	Paclitaxel, protein bound (Abraxane [®])	Revised
6/6/2018	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/6/2018	CG-DRUG-62	Fulvestrant (FASLODEX [®])	Revised
6/6/2018	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	Revised