

Coverage Guidelines and Clinical Utilization Management Guidelines update

The *Coverage Guidelines* and *Clinical Utilization Management (UM) Guidelines* below, which are applicable to Anthem HealthKeepers Plus members, were developed or revised to support clinical coding edits. Note, several 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 November 1, 2018, MCG Health Care Guidelines[®] will be used for reviews, to include the use of customizations to certain guidelines and Behavioral Health Care Guidelines (NEW).
- Additionally, effective November 1, 2018, AIM Specialty Health[®] Proton Beam Therapy will be used for clinical reviews.

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

To search for specific guidelines, visit

<https://mediproviders.anthem.com/va/Pages/medical.aspx>.

Coverage Guidelines

On May 3, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Coverage Guidelines* applicable to HealthKeepers, Inc.

| Publish date | Coverage Guidelines number | Coverage Guidelines 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 (Blincyto [®]) | Revised |
| 6/6/2018 | DRUG.00111 | Monoclonal Antibodies to Interleukin-23 | Revised |
| 5/10/2018 | SURG.00026 | Deep Brain, Cortical and Cerebellar Stimulation | Revised |

Clinical UM Guidelines

On May 3, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to HealthKeepers, Inc. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on April 19, 2018.

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

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| Publish date | Clinical UM Guideline number | Clinical UM Guideline title | New or revised |
|---------------------|-------------------------------------|--|-----------------------|
| 6/6/2018 | CG-LAB-12 | Testing for Oral and Esophageal Cancer | New |
| 6/6/2018 | CG-MED-71 | Wound Care in the Home Setting | New |
| 6/28/2018 | CG-DME-44 | Electric Tumor Treatment Field (TTF) | New |
| 6/28/2018 | CG-DRUG-67 | Cetuximab (Erbix [®]) | New |
| 6/28/2018 | CG-DRUG-94 | Rituximab (Rituxan [®]) for Nononcologic Indications | New |
| 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 | Riloncept (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 |
| 6/28/2018 | CG-MED-72 | Hyperthermia for Cancer Therapy | New |
| 6/28/2018 | CG-SURG-76 | Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty | New |
| 6/28/2018 | CG-SURG-77 | Refractive Surgery | New |
| 6/28/2018 | CG-SURG-78 | Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies | New |
| 6/28/2018 | CG-SURG-79 | Implantable Infusion Pumps | New |
| 6/28/2018 | CG-SURG-80 | Transcatheter Arterial Chemoembolization and Transcatheter Arterial Embolization for Treating Primary or Metastatic Liver Tumors | 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 |