

## Clinical Guideline Updates -- September 2019\*

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The following Anthem Blue Cross and Blue Shield clinical guideline was reviewed on June 6, 2019 for Indiana, Kentucky, Missouri, Ohio and Wisconsin.

### New Clinical Guideline

Title	Information	Effective Date
CG-GENE-11 Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status	<ul style="list-style-type: none"> <li>Created this new clinical UM guideline with non-panel components (which include single polymorphisms of metabolizing enzymes for specific drugs) leaving the drug metabolizing panels to remain in GENE.00010</li> <li>Added Genotype testing to determine the presence of CYP2C9 genotype before administration of siponimod (Mayzent®) as MN.</li> </ul> <p>Moved codes 81225, 81226, 81227, 81230, 81231, 81232, 81346; 81350; 81355, 81381, G9143; 0031U, 0032U, 0033U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U from GENE.00010 to this document; existing CPT code 81227 for CYP2C9 will change from deny to pend for review of MN criteria for diagnosis of MS (ICD-10-CM G35)</p>	9/4/2019

\* Notice of Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements.

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