

## Clinical Utilization Management Guidelines update - March 2018

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The *Clinical Utilization Management (UM) Guidelines* below 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.

On March 22, 2018, the Medical Policy and Technology Assessment Committee approved the following *Clinical UM Guidelines* applicable to Anthem Blue Cross and Blue Shield Medicaid. 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
6/22/2018	CG-DRUG-89	Implantable and Extended-Release Buprenorphine-Containing Products	New
6/28/2018	CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions	New
6/28/2018	CG-DRUG-91	Intravitreal Corticosteroid Implants	New
6/28/2018	CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy	New
6/28/2018	CG-DRUG-93	Sarilumab (Kevzara <sup>®</sup> )	New
6/28/2018	CG-MED-69	Inhaled Nitric Oxide	New

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To search for specific guidelines, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html).

**URL:** <https://providernews.anthem.com/kentucky/article/clinical-utilization-management-guidelines-update-march-2018>

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