

## Clinical guideline updates are available on anthem.com

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The following new and revised medical policies were endorsed at the June 6, 2019 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem clinical guidelines, are available at [anthem.com/provider](http://anthem.com/provider) > scroll down and select 'Find Resources for [state]' > [Medical Policies and Clinical UM Guidelines](#).

If you do not have access to the internet, you may request a hard copy of any updated policy by contacting the [Provider Call Center](#).

### Transitioned clinical guidelines effective June 10, 2019

(The following adopted guidelines have been transitioned to Pharmacy and Therapeutics (P&T) Clinical Criteria.)

- CG-DRUG-38 - Pemetrexed Disodium (Alimta®) [transitioned to ING-CC-0094 Alimta (pemetrexed)]
- CG-DRUG-42 - Asparagine Specific Enzymes (Asparaginase) [transitioned to ING-CC-0096 Asparagine Specific Enzymes]
- CG-DRUG-63 - Levoleucovorin Products [transitioned to ING-CC-0104 Levoleucovorin Agents]
- CG-DRUG-66 - Panitumumab (Vectibix®) [transitioned to ING-CC-0105 Vectibix (panitumumab)]
- CG-DRUG-72 - Pertuzumab (Perjeta®) [transitioned to ING-CC-0110 Perjeta (pertuzumab)]
- CG-DRUG-96 - Ado-trastuzumab emtansine (Kadcyla®) [transitioned to ING-CC-0115 Kadcyla (ado-trastuzumab)]
- CG-DRUG-98 - Bendamustine Hydrochloride [transitioned to ING-CC-0116 Bendamustine agents]
- CG-DRUG-106 - Brentuximab Vedotin (Adcetris®) [transitioned to ING-CC-0092 Adcetris (brentuximab)]

### Revised clinical guideline effective July 10, 2019

(The following adopted guideline was revised to expand medical necessity indications or criteria.)

- CG-MED-59 - Upper Gastrointestinal Endoscopy in Adults

### **Revised clinical guidelines effective July 10, 2019**

(The following adopted guidelines were reviewed and had no significant changes to the policy position or criteria.)

- CG-DME-45 - Ultrasound Bone Growth Stimulation
- CG-GENE-02 - Analysis of KRAS Status
- CG-MED-64 - Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)
- CG-MED-74 - Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry
- CG-MED-75 - Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome
- CG-MED-76 - Magnetic Source Imaging and Magnetoencephalography
- CG-MED-77 - SPECT/CT Fusion Imaging
- CG-MED-83 - Level of Care: Specialty Pharmaceuticals
- CG-REHAB-11 - Cognitive Rehabilitation
- CG-SURG-05 - Maze Procedure
- CG-SURG-08 - Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury
- CG-SURG-12 - Penile Prosthesis Implantation
- CG-SURG-49 - Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities
- CG-SURG-81 - Cochlear Implants and Auditory Brainstem Implants
- CG-SURG-82 - Bone-Anchored and Bone Conduction Hearing Aids
- CG-SURG-84 - Mandibular/ Maxillary (Orthognathic) Surgery
- CG-SURG-85 - Hip Resurfacing
- CG-SURG-86 - Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection
- CG-SURG-87 - Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring
- CG-SURG-88 - Mastectomy for Gynecomastia
- CG-SURG-89 - Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia

- CG-TRANS-03 - Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation

### **Transitioned clinical guideline effective August 1, 2019**

(The following adopted guideline has been transitioned to Pharmacy and Therapeutics (P&T) Clinical Criteria.)

- CG-DRUG-76 - Plerixafor Injection (Mozobil™) [Transitioned to ING-CC-0089 Mozobil (plerixafor)]

### **Transitioned clinical guidelines effective September 1, 2019**

(The following adopted guidelines have been transitioned to Pharmacy and Therapeutics (P&T) Clinical Criteria.)

- CG-DRUG-01 - Off-Label Drug and Approved Orphan Drug Use [transitioned to ING-CC-0141 Off-Label Drug and Approved Orphan Drug Use]
- CG-DRUG-49 - Doxorubicin Hydrochloride Liposome Injection [transitioned to ING-CC-0098 Doxorubicin Hydrochloride Liposome]
- CG-DRUG-50 - Paclitaxel, protein-bound (Abraxane®) [transitioned to ING-CC-0099 Abraxane (paclitaxel protein-bound)]
- CG-DRUG-51 - Romidepsin (Istodax®) [transitioned to ING-CC-0100 Istodax (romidepsin)]
- CG-DRUG-53 - Drug Dosage, Frequency, and Route of Administration [transitioned to ING-CC-0136 Dose, frequency, and route of administration]
- CG-DRUG-62 - Fulvestrant (FASLODEX®) [transitioned to ING-CC-0103 Faslodex (fulvestrant)]
- CG-DRUG-67 - Cetuximab (Erbix®) [transitioned to ING-CC-0106 Erbitux (cetuximab)]
- CG-DRUG-68 - Bevacizumab (Avastin®) for Non-Ophthalmologic Indications [transitioned to ING-CC-0107 Bevacizumab for Non-ophthalmologic Indications (Avastin, Mvasi)]
- CG-DRUG-70 - Eribulin mesylate (Halaven®) [transitioned to ING-CC-0108 Halaven (eribulin)]
- CG-DRUG-71 - Ziv-aflibercept (Zaltrap®) [transitioned to ING-CC-0109 Zaltrap (ziv-aflibercept)]
- CG-DRUG-75 - Romiplostim (Nplate®) [transitioned to ING-CC-0111 Nplate (romiplostim)]
- CG-DRUG-77 - Radium Ra 223 Dichloride (Xofigo®) [transitioned to ING-CC-0112 Xofigo (Radium Ra 223 Dichloride)]

- CG-DRUG-80 - Cabazitaxel (Jevtana®) [transitioned to ING-CC-0114 Jevtana (cabazitaxel)]
- CG-DRUG-99 - Elotuzumab (Empliciti™) [transitioned to ING-CC-0117 Empliciti (elotuzumab)]
- CG-DRUG-100 - Interferon gamma-1b (Actimmune®) [transitioned to ING-CC-0085 Actimmune (interferon gamma-1B)]
- CG-DRUG-101 - Ixabepilone (Ixempra®) [transitioned to ING-CC-0090 Ixempra (ixabepilone)]
- CG-DRUG-102 - Olaratumab (Lartruvo™) [transitioned to ING-CC-0091 Lartruvo (olaratumab)]
- CG-DRUG-113 - Inotuzumab ozogamicin (Besponsa®) [transitioned to ING-CC-0131 Besponsa (inotuzumab ozogamicin)]
- CG-MED-67 - Melanoma Vaccines [transitioned to ING-CC-0135 Melanoma Vaccines]
- CG-THER-RAD-03 - Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy [transitioned to ING-CC-0118 Radioimmunotherapy: Zevalin; azedra; Lutathera]

#### **Adopted clinical guidelines effective September 4, 2019**

(The following guidelines were previously medical policies and have been adopted with no significant changes.)

- CG-GENE-10 - Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies (converted from GENE.00021)
- CG-GENE-11 - Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status (content previously addressed in GENE.00010)
- CG-SURG-101 - Ablative Techniques as a Treatment for Barrett's Esophagus (converted from SURG.00106)

#### **Revised clinical guideline effective November 1, 2019**

(The guideline listed below might result in services that were previously covered now being considered either not medically necessary and/or investigational.)

- CG-DME-42 - Non-implantable Insulin Infusion and Blood Glucose Monitoring Devices

#### **Transitioned clinical guideline effective November 1, 2019**

(The following adopted guideline has been transitioned to Pharmacy and Therapeutics (P&T) Clinical Criteria.)

- CG-DRUG-79 - Siltuximab (Sylvant®) [transitioned to ING-CC-0113 Sylvant (siltuximab)]

**URL:** <https://providernews.anthem.com/connecticut/article/clinical-guideline-updates-are-available-on-anthemcom-19>

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