

Coverage guidelines informational notice

Published: Aug 17, 2018 - **Guideline Updates** / Coverage and Clinical Guidelines

Archived coverage guideline numbers effective June 28, 2018

The following coverage guideline numbers have been archived.

DME.00035 *Electric Tumor Treatment Field (TTF)* [Note: Content of DME.00035 has been transferred to new clinical UM guideline **CG-DME-44.**]

DRUG.00036 *Cetuximab (Erbix[®])* [Note: Content of DRUG.00036 has been transferred to clinical UM guideline **CG-DRUG-67.**]

DRUG.00041 *Rituximab (Rituxan[®]) for Non-Oncologic Indications* [Note: Content of DRUG.00041 has been transferred to new clinical UM guideline **CG-DRUG-94.**]

DRUG.00049 *Belatacept (Nulojix[®])* [Note: Content of DRUG.00049 has been transferred to clinical UM guideline **CG-DRUG-95.**]

DRUG.00056 *Ado-trastuzumab emtansine (Kadcyla[®])* [Note: Content of DRUG.00056 has been transferred to new clinical UM guideline **CG-DRUG-96.**]

DRUG.00073 *Rilonacept (Arcalyst[®])* [Note: Content of DRUG.00073 has been transferred to new clinical UM guideline **CG-DRUG-97.**]

DRUG.00079 *Bendamustine Hydrochloride* [Note: Content of DRUG.00079 has been transferred to new clinical UM guideline **CG-DRUG-98.**]

DRUG.00083 *Elotuzumab (Empliciti[™])* [Note: Content of DRUG.00083 has been transferred to new clinical UM guideline **CG-DRUG-99.**]

DRUG.00084 *Interferon gamma-1b (Actimmune[®])* [Note: Content of DRUG.00084 has been transferred to new clinical UM guideline **CG-DRUG-100.**]

DRUG.00085 *Ixabepilone (Ixempra®)* [Note: Content of DRUG.00085 has been transferred to new clinical UM guideline **CG-DRUG-101.**]

DRUG.00097 *Olaratumab (Lartruvo™)* [Note: Content of DRUG.00097 has been transferred to new clinical UM guideline **CG-DRUG-102.**]

MED.00026 *Hyperthermia for Cancer Therapy* [Note: Content of MED.00026 has been transferred to new clinical UM guideline **CG-MED-72.**]

SURG.00001 *Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty* [Note: Content of SURG.00001 has been transferred to new clinical UM guideline **CG-SURG-76.**]

SURG.00009 *Refractive Surgery* [Note: Content of SURG.00009 has been transferred to new clinical UM guideline **CG-SURG-77.**]

SURG.00065 *Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies* [Note: Content of SURG.00065 has been transferred to new clinical UM guideline **CG-SURG-78.**]

SURG.00068 *Implantable Infusion Pumps* [Note: Content of SURG.00068 has been transferred to new clinical UM guideline **CG-SURG-79.**]

RAD.00011 *Transcatheter Arterial Chemoembolization (TACE) and Transcatheter Arterial Embolization (TAE) for Treating Primary or Metastatic Liver Tumors* [Note: Content of RAD.00011 has been transferred to new clinical UM guideline **CG-SURG-80.**]

Archived coverage guideline effective November 1, 2018

Anthem's coverage guideline, THER-RAD.000002 Proton Beam Radiation Therapy will be archived effective November 1, 2018. This policy will be applied as a part of AIM Clinical Guidelines beginning **November 1, 2018.**

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-informational-notice>

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