

June 2019 Medical Policies and Clinical Utilization Management Guidelines Update

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The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

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

To view a guideline, visit <https://www11.anthem.com/search.html>.

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Anthem Blue Cross and Blue Shield Medicaid (Anthem).

Publish date	Medical Policy number	Medical Policy title	New or revised
6/27/2019	DRUG.00046	Ipilimumab (Yervoy®)	Revised
6/27/2019	DRUG.00053	Carfilzomib (Kyprolis®)	Revised
6/27/2019	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
6/27/2019	DRUG.00067	Ramucirumab (Cyramza®)	Revised
6/27/2019	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
6/27/2019	DRUG.00075	Nivolumab (Opdivo®)	Revised
6/27/2019	DRUG.00107	Avelumab (Bavencio®)	Revised

Clinical UM Guidelines

On June 6, 2019, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem. These guidelines were adopted by the medical operations committee for Anthem Blue Cross and Blue Shield Medicaid members on July 5, 2019.

Publish date	<i>Clinical UM Guideline number</i>	<i>Clinical UM Guideline title</i>	New or revised
6/27/2019	CG-DRUG-48	Azacitidine (Vidaza®)	Revised
6/27/2019	CG-DRUG-62	Fulvestrant (FASLODEX®)	Revised
6/27/2019	CG-DRUG-106	Brentuximab Vedotin (Adcetris)	Revised
6/27/2019	CG-DRUG-98	Bendamustine Hydrochloride	Revised

URL: <https://providernews.anthem.com/kentucky/article/june-2019-medical-policies-and-clinical-utilization-management-guidelines-update-7>

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