

Medical Policies and Clinical Utilization Management Guidelines

Attached is a list of the ***Clinical UM Guidelines and/or Medical Policies*** the health plan has adopted.

Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

InterQual[®] Criteria are used for medical necessity review (both medical and behavioral health) except for substance use services, which use criteria from the American Society of Addiction Medicine (ASAM). If InterQual Criteria does not cover a behavioral health service, the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System[®] (LOCUS)
- Children and adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young children: Early Childhood Service Intensity Instrument (ECSII)

Medicaid state contracts, regulatory guidance and CMS requirements supersede InterQual Criteria and our *Medical Policy* criteria.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity.

If the request doesn't meet established criteria guidelines, it will be referred to the licensed physician reviewer with the appropriate clinical expertise.

Clinical Utilization Management Guidelines

The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for Anthem Blue Cross and Blue Shield Medicaid members on March 28, 2019. For markets with carved-out pharmacy services, the applicable listings below are informational only.

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

<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	<i>New item</i>
CG-DRUG-01	Off-Label Drug and Approved Orphan Drug Use	
CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	
CG-DRUG-04	Use of Low Molecular Weight Heparin Therapy, Fondaparinux (Arixtra [®]), and Direct Thrombin Inhibitors in the Outpatient Setting	
CG-DRUG-05	Recombinant Erythropoietin Products	
CG-DRUG-08	Enzyme Replacement Therapy for Gaucher Disease	
CG-DRUG-09	Immune Globulin Therapy	
CG-DRUG-11	Infertility Drugs	
CG-DRUG-14	Dihydroergotamine Mesylate (DHE) Injection for the Treatment of Migraine or Cluster Headaches in Adults	
CG-DRUG-16	White Blood Cell Growth Factors	
CG-DRUG-18	Nesiritide (Natrecro [®])	
CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women	
CG-DRUG-20	Enfuvirtide (Fuzeon)	
CG-DRUG-21	Naltrexone (Vivitrol [®]) Injections for the Treatment of Alcohol and Opioid Dependence	
CG-DRUG-24	Repository Corticotropin Injection (H.P. Acthar [®] Gel)	
CG-DRUG-27	Clostridial Collagenase Histolyticum Injection	
CG-DRUG-28	Alglucosidase alfa (Lumizyme [®] , Myozyme [®])	
CG-DRUG-29	Hyaluronan Injections	
CG-DRUG-33	Palonosetron (Aloxi [®])	
CG-DRUG-34	Docetaxel (Docefrez [™] , Taxotere [®])	
CG-DRUG-38	Pemetrexed Disodium (Alimta [®])	
CG-DRUG-40	Bortezomib (Velcade [®])	
CG-DRUG-41	Zoledronic acid	
CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)	



<https://medproviders.anthem.com/ky>

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<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	<i>New item</i>
CG-DRUG-43	Natalizumab (Tysabri [®])	
CG-DRUG-44	Pegloticase (Krystexxa [®])	
CG-DRUG-45	Octreotide acetate (Sandostatin [®] ; Sandostatin [®] LAR Depot)	
CG-DRUG-46	Fosaprepitant (Emend [®])	
CG-DRUG-48	Azacitidine (Vidaza [®])	
CG-DRUG-49	Doxorubicin Hydrochloride Liposome Injection	
CG-DRUG-50	Paclitaxel, protein-bound (Abraxane [®])	
CG-DRUG-51	Romidepsin (Istodax [®])	
CG-DRUG-52	Temsirolimus (Torisel [®])	
CG-DRUG-53	Drug Dosage, Frequency, and Route of Administration	
CG-DRUG-54	Agalsidase beta (Fabrazyme [®])	
CG-DRUG-55	Elosulfase alfa (Vimizim [®])	
CG-DRUG-56	Galsulfase (Naglazyme [®])	
CG-DRUG-57	Idurasufase (Elaprase [®])	
CG-DRUG-58	Laronidase (Aldurazyme [®])	
CG-DRUG-59	Testosterone, Injectable	
CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	
CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Nononcologic Indications	
CG-DRUG-62	Fulvestrant (FASLODEX [®])	
CG-DRUG-63	Levoleucovorin Products	
CG-DRUG-64	FDA-Approved Biosimilar Products	
CG-DRUG-65	Tumor Necrosis Factor Antagonists	
CG-DRUG-66	Panitumumab (Vectibix [®])	
CG-DRUG-67	Cetuximab (Erbix [®])	
CG-DRUG-68	Bevacizumab (Avastin [®]) for Non-Ophthalmologic Indications	
CG-DRUG-69	Ustekinumab (Stelera [®])	
CG-DRUG-70	Eribulin mesylate (Halaven [®])	
CG-DRUG-71	Ziv-aflibercept (Zaltrap [®])	
CG-DRUG-72	Pertuzumab (Perjeta [®])	
CG-DRUG-73	Denosumab (Prolia [®] , Xgeva [®])	
CG-DRUG-74	Canakinumab (Ilaris [®])	
CG-DRUG-75	Romiplostim (Nplate [®])	
CG-DRUG-76	Plerixafor Injection (Mozobil [™])	
CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo [®])	
CG-DRUG-78	Antihemophilic Factors and Clotting Factors	
CG-DRUG-79	Siltuximab (Sylvant [®])	

<i>Clinical UM Guideline #</i>	<i>Clinical UM Guideline title</i>	<i>New item</i>
CG-DRUG-80	Cabazitaxel (Jevtana [®])	
CG-DRUG-81	Tocilizumab (Actemra [®])	
CG-DRUG-82	Prostacyclin Infusion Therapy and Inhalation Therapy for Treatment of Pulmonary Arterial Hypertension	
CG-DRUG-83	Growth Hormone	
CG-DRUG-84	Belimumab (Benlysta [®])	
CG-DRUG-85	Tesamorelin (Egrifta [®])	
CG-DRUG-86	Ocriplasmin (Jetrea [®]) Intravitreal Injection Treatment	
CG-DRUG-87	Vedolizumab (Entyvio [®])	
CG-DRUG-88	Dupilumab (Dupixent [®])	
CG-DRUG-89	Implantable and Extended-Release Buprenorphine-Containing Products	
CG-DRUG-90	Intravitreal Treatment for Retinal Vascular Conditions	
CG-DRUG-91	Intravitreal Corticosteroid Implants	
CG-DRUG-92	Alpha-1 Proteinase Inhibitor Therapy	
CG-DRUG-93	Sarilumab (Kevzara [®])	
CG-DRUG-94	Rituximab (Rituxan [®]) for Non-Oncologic Indications	
CG-DRUG-95	Belatacept (Nulojix [®])	
CG-DRUG-96	Ado-trastuzumab emtansine (Kadcyla [®])	
CG-DRUG-97	Riloncept (Arcalyst [®])	
CG-DRUG-98	Bendamustine Hydrochloride	
CG-DRUG-99	Elotuzumab (Empliciti [™])	
CG-DRUG-100	Interferon gamma-1b (Actimmune [®])	
CG-DRUG-101	Ixabepilone (Ixempra [®])	
CG-DRUG-102	Olaratumab (Lartruvo [™])	
CG-DRUG-103	Botulinum Toxin	
CG-DRUG-104	Omalizumab (Xolair [®])	
CG-DRUG-105	Abatacept (Orencia [®])	
CG-DRUG-106	Brentuximab Vedotin (Adcetris [®])	
CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	
CG-DRUG-108	Enteral Carbidopa and Levodopa Intestinal Gel Suspension	
CG-DRUG-109	Asfotase Alfa (Strensiq [™])	
CG-DRUG-110	Naltrexone Implantable Pellets	
CG-DRUG-111	Sebelipase alfa (KANUMA [™])	
CG-DRUG-112	Abaloparatide (Tymlos [™]) Injection	
CG-DRUG-113	Inotuzumab ozogamicin (Besponsa [®])	
CG-MED-69	Inhaled Nitric Oxide	