

### Medical Policy update

**Background:** On May 5, 2016, the Medical Policy and Technology Assessment Committee approved the following medical policies, which are applicable to **District of Columbia Healthy Families Program, Alliance and Immigrant Children’s Program**. These medical policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The medical policies were made publicly available on the Amerigroup District of Columbia, Inc. provider website on the effective date listed below. Visit [https://www11.anthem.com/cptsearch\\_shared.html](https://www11.anthem.com/cptsearch_shared.html) to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

| <b>Medical Policy effective date</b> | <b>Medical Policy #</b> | <b>Medical Policy</b>  | <b>Medical Policy (New/revised)</b> |
|--------------------------------------|-------------------------|--|-------------------------------------|
| 5/19/2016                            | DRUG.00082              | Daratumumab (DARZALEX™)  | NEW                                 |
| 5/19/2016                            | DRUG.00083              | Elotuzumab (Empliciti™)  | NEW                                 |
| 5/19/2016                            | DRUG.00084              | Interferon gamma-1b (Actimmune®)   | NEW                                 |
| 6/28/2016                            | DRUG.00085              | Ixabepilone (Ixempra®)   | NEW                                 |
| 6/28/2016                            | DRUG.00086              | Mecasermin (Increlex®)   | NEW                                 |
| 6/28/2016                            | GENE.00045              | Detection and quantification of tumor dna using next generation sequencing in lymphoid cancers | NEW                                 |
| 7/01/2016                            | SURG.00143              | SpaceOAR® system   | NEW                                 |
| 5/12/2016                            | DRUG.00028              | Intravitreal treatment for retinal vascular conditions   | Revised                             |
| 5/12/2016                            | DRUG.00063              | Ofatumumab (Arzerra®)  | Revised                             |
| 6/28/2016                            | DRUG.00076              | Blinatumomab (Blincyto®)   | Revised                             |
| 5/19/2016                            | DRUG.00077              | Monoclonal antibodies to interleukin-17A   | Revised                             |
| 6/28/2016                            | MED.00119               | High intensity focused ultrasound for oncologic indications                                    | Revised                             |

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

### ***Clinical Utilization Management Guidelines update***

**Background:** On May 5, 2016, the Medical Policy and Technology Assessment Committee approved the following *Clinical Utilization Management (UM) Guidelines*, which are applicable to **District of Columbia Healthy Families Program, Alliance and Immigrant Children’s Program**. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing. The *Clinical UM Guidelines* on this list represent those adopted by the Medical Operations Committee for the Government Business Division on June 7, 2016. To see the full utilization management guidelines on the website for Amerigroup District of Columbia, Inc., visit <https://providers.amerigroup.com/DC>.

On May 5, 2016, the *Clinical UM Guidelines* were made publicly available on the subsidiary website for Amerigroup. Visit <https://providers.amerigroup.com/DC> to search for specific policies. **Existing precertification requirements have not changed.** Please share this notice with other members of your practice and office staff.

| <b>Effective date</b> | <b>Clinical UM Guideline #</b> | <b>Clinical UM Guideline title</b>  | <b>Revised or new</b> |  |
|-----------------------|--------------------------------|---|-----------------------|--|
| 6/28/2016             | CG-DME-39                      | Dynamic low-load prolonged-duration stretch devices                       | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-48                     | Azacitidine (Vidaza®)   | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-49                     | Doxorubicin hydrochloride liposome injection                              | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-50                     | Paclitaxel — protein-bound (Abraxane®)                                    | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-51                     | Romidepsin (Istodax®)   | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-52                     | Temsirolimus (Torisel®)   | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-53                     | Drug dosage, frequency, and route of administration                       | <b>New</b>            |  |
| 6/13/2016             | CG-SURG-55                     | Intracardiac electrophysiological studies and catheter ablation           | <b>New</b>            |  |
| 6/28/2016             | CG-DRUG-15                     | Gonadotropin Releasing Hormone Analogs                                    | Revised               |  |
| 6/28/2016             | CG-DRUG-34                     | Docetaxel (Docefrez™ and Taxotere®)                                       | Revised               |  |
| 6/28/2016             | CG-SURG-27                     | Sex reassignment surgery  | Revised               |  |
| 5/19/2016             | CG-SURG-44                     | Coronary angiography in the outpatient setting                            | Revised               |  |
| 6/28/2016             | CG-THER-RAD-01                 | Fractionation and radiation therapy in the treatment of specified cancers | Revised               |  |

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