Provider Update

Amerigroup RealSolutions in healthcare

This is an update about information in the provider manual. For access to the latest provider manual, go online to https://providers.amerigroup.com/KS.

Medical Policies and *Clinical Utilization Management Guidelines* update

Medical Policies update

Summary: On November 3, 2016, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Amerigroup Kansas, Inc. These 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 provider website on the effective date listed below. Visit https://medicalpolicies.amerigroup.com/search to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only. The drug policies listed do not apply to Kansas.

Effective date	*Medical Policy* number	*Medical Policy* title	New or revised
12/28/2016	DME.00040	Automated Insulin Delivery Devices	New
12/28/2016	DRUG.00090	Bezlotoxumab (ZINPLAVA™)	New
11/17/2016	DRUG.00097	Olaratumab (Lartruvo™)	New
12/28/2016	DRUG.00102	Cabazitaxel (Jevtana®)	New
12/28/2016	LAB.00033	Protein Biomarkers for the Screening, Detection and Management of Prostate Cancer	New
11/17/2016	DME.00036	Ultraviolet Light Therapy Delivery Devices for Home Use	Revised
11/17/2016	DRUG.00038	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	Revised
11/17/2016	DRUG.00041	Rituximab (Rituxan®) for Non-Oncologic Indications	Revised
11/17/2016	DRUG.00042	Ustekinumab (Stelara®) (HAE)	Revised
11/17/2016	DRUG.00048	Eribulin mesylate (Halaven®)	Revised

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11/17/2016	DRUG.00057	Canakinumab (Ilaris®)	Revised
11/17/2016	DRUG.00068	Vedolizumab (Entyvio®)	Revised
12/28/2016	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
11/17/2016	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
11/17/2016	DRUG.00075	Nivolumab (Opdivo®)	Revised
11/17/2016	DRUG.00082	Daratumumab (DARZALEX™)	Revised
11/17/2016	DRUG.00085	Ixabepilone (Ixempra®)	Revised
11/17/2016	DRUG.00088	Atezolizumab (Tecentriq™)	Revised
12/28/2016	GENE.00002	Preimplantation Genetic Diagnosis Testing	Revised
11/17/2016	GENE.00019	BRAF Mutation Analysis	Revised
11/17/2016	GENE.00035	Genetic Testing for TP53 Mutations	Revised
11/17/2016	MED.00064	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	Revised
11/17/2016	MED.00083	Melanoma Vaccines	Revised
11/17/2016	SURG.00055	Cervical Total Disc Arthroplasty	Revised
11/17/2016	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical Utilization Management Guidelines update

Summary: On November 3, 2016, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. 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 following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on December 6, 2016.

On November 3, 2016, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit https://medicalpolicies.amerigroup.com/search to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only. The drug policies listed do not apply to Kansas.

Effective date	*Clinical UM Guideline* number	*Clinical UM Guideline* title	New or revised
11/17/2016	CG-DRUG-64	FDA-Approved Biosimilar Products	New
12/28/2016	CG-DRUG-54	Agalsidase beta (Fabrazyme®)	New
12/28/2016	CG-DRUG-55	Elosulfase alfa (Vimizim®)	New
12/28/2016	CG-DRUG-56	Galsulfase (Naglazyme®)	New
12/28/2016	CG-DRUG-57	Idurasufase (Elaprase®)	New
12/28/2016	CG-DRUG-58	Laronidase (Aldurazyme®)	New
12/28/2016	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	New
12/28/2016	CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	New
12/28/2016	CG-DRUG-62	Fulvestrant (FASLODEX®)	New
12/28/2016	CG-DRUG-63	Levoleucovorin Calcium (Fusilev®)	New
12/28/2016	CG-SURG-56	Diagnostic Fiberoptic Flexible Laryngoscopy	New
11/17/2016	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	Revised
11/17/2016	CG-SURG-15	Endometrial Ablation	Revised
11/17/2016	CG-SURG-45	Bone Graft Substitutes	Revised
11/17/2016	CG-SURG-58	Radioactive Seed Localization of Nonpalpable Breast Lesions	Revised

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.