

## ***Medical Policies and Clinical Utilization Management Guidelines*** **update**

### ***Medical Policies update***

On December 20, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* which are applicable to Amerigroup Kansas, Inc. 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 provider website on the publish date listed below. To search for specific policies, visit <https://medicalpolicies.amerigroup.com/search>. **Existing precertification requirements have not changed.**

On January 30, 2018, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies and Clinical UM Guidelines* subsidiary website. To search for specific guidelines policies, visit <https://medicalpolicies.amerigroup.com/search>. **Existing precertification requirements have not changed.**

**The following *Medical Policies* for drugs do not apply to the state of Kansas and are informational only for Kansas.**

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

<b>Publish date</b>	<b>Medical Policy number</b>	<b>Medical Policy</b>	<b>New/revised</b>
12/27/2017	DRUG.00112	Gemtuzumab Ozogamicin (Mylotarg®)	New
12/27/2017	DRUG.00118	Copanlisib (Aliqopa®)	New
11/9/2017	MED.00123	Axicabtagene ciloleuceL (Yescarta™)	New
11/9/2017	DME.00040	Automated Insulin Delivery Devices	Revised
12/27/2017	DRUG.00050	Eculizumab (Soliris®)	Revised
12/27/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
12/27/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
11/9/2017	DRUG.00081	Eteplirsen (Exondys 51™)	Revised
12/27/2017	DRUG.00109	Durvalumab (Imfinzi™)	Revised
12/27/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
11/9/2017	SURG.00089	Balloon and Self-Expanding Absorptive Sinus Ostial Dilation	Revised
12/27/2017	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	Revised
12/27/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised
12/27/2017	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised
12/27/2017	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	Revised
12/27/2017	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised

<https://providers.amerigroup.com/KS>

Publish date	Medical Policy number	Medical Policy	New/revise
12/27/2017	TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors	Revised

**Clinical Utilization Management Guidelines update**

On December 20, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Clinical Utilization Management (UM) Guidelines* which are 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 below listing. The *Clinical UM Guidelines* on this list represent the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on January 30, 2018. To see the full utilization management guidelines on the website, visit <https://medicalpolicies.amerigroup.com/search>.

On January 30, 2018, the clinical guidelines were made publicly available on the Amerigroup *Medical Policies and Clinical UM Guidelines* subsidiary website. To search for specific guidelines policies, visit <https://medicalpolicies.amerigroup.com/search>. **Existing precertification requirements have not changed.**

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Update to clinical guideline, CG-MED-39, Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry (CG-MED 39), was published January 30, 2018.

Effective January 30, 2018, this clinical guideline will apply to Medicaid lines of business.

The clinical indication section specific to female screening of osteoporosis was revised to reflect that an initial (baseline) central (hip or spine) bone density measurement is considered medically necessary when conducted in postmenopausal individuals 65 years of age or older.

The guideline also identifies other clinical indications when initial and repeat central bone mineral density measurements are medically necessary.

**The following Clinical UM Guidelines for drugs do not apply to the state of Kansas and are informational only for Kansas.**

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New/revise
12/27/2017	CG-DME-40	Electrical Bone Growth Stimulation	New
12/27/2017	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use	New
12/27/2017	CG-DRUG-65	Tumor Necrosis Factor Antagonists	New
12/27/2017	CG-DRUG-66	Panitumumab (Vectibix®)	New
12/27/2017	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	New
12/27/2017	CG-DRUG-69	Ustekinumab (Stelara®)	New
12/27/2017	CG-DRUG-70	Eribulin mesylate (Halaven®)	New
12/27/2017	CG-DRUG-71	Ziv-aflibercept (Zaltrap®)	New
12/27/2017	CG-DRUG-72	Pertuzumab (Perjeta®)	New

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New/revised</b>
12/27/2017	CG-DRUG-73	Denosumab (Prolia®, Xgeva®)	New
12/27/2017	CG-DRUG-74	Canakinumab (Ilaris®)	New
12/27/2017	CG-DRUG-75	Romiplostim (Nplate®)	New
12/27/2017	CG-DRUG-76	Plerixafor Injection (Mozobil™)	New
12/27/2017	CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)	New
12/27/2017	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	New
12/27/2017	CG-DRUG-79	Siltuximab (Sylvant®)	New
12/27/2017	CG-DRUG-80	Cabazitaxel (Jevtana®)	New
12/27/2017	CG-DRUG-81	Tocilizumab (Actemra®)	New
12/27/2017	CG-GENE-01	Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	New
12/27/2017	CG-GENE-02	Analysis of KRAS Status	New
12/27/2017	CG-GENE-03	BRAF Mutation Analysis	New
12/27/2017	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	New
12/27/2017	CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	New
12/27/2017	CG-MED-62	Resting Electrocardiogram Screening in Adults	New
12/27/2017	CG-MED-63	Treatment of Hyperhidrosis	New
12/27/2017	CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	New
12/27/2017	CG-MED-65	Manipulation Under Anesthesia of the Spine and Joints other than the Knee	New
12/27/2017	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	New
12/27/2017	CG-MED-67	Melanoma Vaccines	New
12/27/2017	CG-MED-68	Therapeutic Apheresis	New
12/27/2017	CG-SURG-61	Cryosurgical Ablation of Solid Tumors Outside the Liver	New
12/27/2017	CG-SURG-62	Radiofrequency Ablation to Treat Tumors Outside the Liver	New
12/27/2017	CG-SURG-63	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure	New
12/27/2017	CG-SURG-65	Recombinant Human Bone Morphogenetic Protein	New
12/27/2017	CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	New
12/27/2017	CG-SURG-67	Treatment of Osteochondral Defects	New
12/27/2017	CG-SURG-68	Surgical Treatment of Femoracetabular Impingement Syndrome	New
12/27/2017	CG-SURG-69	Meniscal Allograft Transplantation of the Knee	New
12/27/2017	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	Revised
12/27/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
12/27/2017	CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
12/27/2017	CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation	Revised
11/9/2017	CG-MED-55	Level of Care: Advanced Radiologic Imaging	Revised