

## Medical policies and Clinical Utilization Management Guidelines

### Updated medical policies

On May 5, 2016, the Medical Policy and Technology Assessment committee (MPTAC) approved the following medical policies applicable to Amerigroup\*. 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 listing below. Note: Existing precertification requirements have not changed.

Effective date	Policy number	Medical policy	Medical policy (new/revised)
May 19, 2016	DRUG.00082	Daratumumab (DARZALEX™)	New
May 19, 2016	DRUG.00083	Elotuzumab (Empliciti™)	New
May 19, 2016	DRUG.00084	Interferon gamma-1b (Actimmune®)	New
June 28, 2016	DRUG.00085	Ixabepilone (Ixempra®)	New
June 28, 2016	DRUG.00086	Mecasermin (Increlex®)	New
June 28, 2016	GENE.00045	Detection and quantification of tumor DNA using next generation sequencing in lymphoid cancers	New
July 1, 2016	SURG.00143	SpaceOAR® system	New
May 12, 2016	DRUG.00028	Intravitreal treatment for retinal vascular conditions	Revised
May 12, 2016	DRUG.00063	Ofatumumab (Arzerra®)	Revised
June 28, 2016	DRUG.00076	Blinatumomab (Blinicyto®)	Revised
May 19, 2016	DRUG.00077	Monoclonal antibodies to interleukin-17A	Revised
June 28, 2016	MED.00119	High-intensity focused ultrasound (HIFU) for oncologic indications	Revised

The medical policies were made publicly available on the Amerigroup provider website on the effective date listed above. To search for specific policies, visit [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search).

*\*Amerigroup members in the Medicaid Rural Service Area and the STAR Kids Program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

## Updated Clinical Utilization Management (UM) Guidelines

On May 5, 2016, the MPTAC approved the following Clinical UM Guidelines. 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. This list represents the Clinical UM Guidelines adopted by the Medical Operations committee for the Government Business Division on July 18, 2016. Note: Existing precertification requirements have not changed.

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

These clinical guidelines were made publicly available on the Amerigroup provider website on the effective date listed above. To see the full UM Guidelines, visit [medicalpolicies.amerigroup.com/search](http://medicalpolicies.amerigroup.com/search).