

Notification of Medical Policy Revisions: November 2019

Medical Policy	Revision
External Infusion Pumps	<ul style="list-style-type: none"> • Staff Clarification; LCD • Removed the following information from the policy due to it not being contained within the LCD. • Indications for Coverage 3) D. "Liposomal amphotericin B preparations are covered for members who meet one of the following criteria: <ul style="list-style-type: none"> a) The member has suffered some significant toxicity that would preclude the use of standard amphotericin B and is unable to complete the course of therapy without the liposomal form, or b) The member has significantly impaired renal function."
Step Therapy: Part B Medications	<ul style="list-style-type: none"> • Update to page 6, section A.B.i.g. to add Stelara as it is now indicated for ulcerative colitis. Update to page 8, section A.i.b. to remove Aminosalicylates, metronidazole, ciprofloxacin from criteria per Gastroenterology guidelines. Updates to be promoted on December 1, 2019.
Speech Language Pathology (SLP) Services	<ul style="list-style-type: none"> • Annual Review; LCD L34429 • No CMS Updates. Minor Revisions Only.