

## MEDICAID PROVIDER BULLETIN

April 2019

### Prior authorization requirements for drug codes

Effective June 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drugs. The medical injectable drugs listed below will require PA by Anthem Blue Cross and Blue Shield Medicaid. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following:

- Q5109 — injection, infliximab-qbtx, biosimilar, 10 mg (Ixifi)
- J1746 — ibalizumab-uiyk, 10 mg (Trogarzo)
- J1324 — injection, enfuvirtide, 1 mg (Fuzeon)
- J1301 — injection, edaravone, 1 mg (Radicava)

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: **1-800-964-3627**
- Phone: **1-855-661-2028**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://www.availity.com>. Noncontracted providers who are unable to access Availity may call Provider Services at **1-855-661-2028** for assistance with PA requirements.



<https://medproviders.anthem.com/ky>