

MEDICAID PROVIDER BULLETIN
May 2018

**Prior authorization requirement update for
Mylotarg (gemtuzumab ozogamicin)**

Effective July 1, 2018, prior authorization (PA) is required for Mylotarg (gemtuzumab ozogamicin) to be covered by Anthem Blue Cross and Blue Shield Medicaid through the medical benefit. Federal and state law as well as state contract language 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:

- Mylotarg (gemtuzumab ozogamicin) — injection, gemtuzumab ozogamicin, 0.1 mg (J9203)

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

- **Web:** Interactive Care Reviewer tool via <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>. Providers who are unable to access Availity may call Provider Services at **1-855-661-2028** for PA requirements.

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

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