

MEDICAID PROVIDER BULLETIN

March 2019

Prior authorization requirements for drug codes

Effective May 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drugs. The medical injectable drugs listed below will require PA for Anthem Blue Cross and Blue Shield Medicaid members. 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:

- J9057 — Copanlisib (Aliqopa)
- J9229 — Inotuzumab ozogamicin (Besponsa)
- J9173 — Durvalumab (Imfinzi)
- J3397 — Vestronidase alfa (Mepsevii)
- Q5107 — Bevacizumab-awwb (Mvasi)
- J1746 — Ibalizumab-uiyk (Trogarzo)

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 through the Provider Self-Service Tool at <https://www.availity.com>. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at **1-855-661-2028** for assistance with PA requirements.



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