

MEDICAID PROVIDER BULLETIN

June 2018

Prior authorization requirements for drug pemetrexed (ALIMTA)

As of August 1, 2018, prior authorization (PA) requirements changed for pemetrexed (ALIMTA[®]) covered by Anthem Blue Cross and Blue Shield Medicaid. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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 were added to the following:

- Pemetrexed (ALIMTA) — 10 mg injection (J9305)

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 (<https://www.availity.com>). Providers who are unable to access the Availity Portal may call us at **1-855-661-2028** for PA requirements.

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

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. AKY-NU-0098-18 June 2018

