

Prior authorization required for radiotherapies and radioimmunotherapies effective March 1, 2021

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Effective March 1, 2021, Anthem Blue Cross and Blue Shield Medicaid will require prior authorization (PA) for the below additional injectable drugs. Please refer to the Precertification Look Up Tool for authorization requirements. Noncompliance with the new requirements may result in denied claims.

PA requirements will be added to the following codes:

- A9543 Injection, Yttrium Y-90 ibritumomab tiuxetan (Zevalin)
- A9590 Injection, Iodine I-131, iobenguane, 1 mCi (Azedra)
- A9513 Injection, Lutetium Lu 177, dotatate, therapeutic, 1 millicurie (Lutathera)
- A9606 Injection, Radium ra-223 dichloride, therapeutic, per microcurie (Xofigo)

Please use one of the following methods to request PA:

- Web: [Availity portal](#)*
- Phone: 1-800-282-4548

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.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield Medicaid.

URL: <https://providernews.anthem.com/kentucky/article/prior-authorization-required-for-radiotherapies-and-radioimmunotherapies-effective-march-1-2021>

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