



An Anthem Company

NEW YORK Provider Communications

Prior authorization requirements for Cabazitaxel (Jevtana)

Published: Aug 1, 2018 - **State & Federal** / Medicaid

Effective September 1, 2018, prior authorization (PA) requirements will change for injectable drug Cabazitaxel (Jevtana) to be covered by Empire BlueCross BlueShield HealthPlus. 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 will be added to the following:

- Cabazitaxel (Jevtana) — injection, 1 mg (J9043)

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

- Web: <https://www.availability.com>
- Fax: 1-800-964-3627
- Phone: 1-800-450-8753

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool (<https://www.availability.com>). Contracted and noncontracted providers who are unable to access Availability may call us at **1-800-450-8753** for PA requirements.

URL: <https://providernews.empireblue.com/article/prior-authorization-requirements-for-cabazitaxel-jevtana>

Featured In:

August 2018 Empire Provider Newsletter

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc. licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans, serving residents and businesses in the 28 eastern and southeastern counties of New York State. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. All external sites will open in a new browser window. Please view our Website Privacy Policy for more information.

