March 2018

Levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant to require prior authorization

Summary of change: Effective **May 1, 2018**, levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant will require prior authorization (PA).

Levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant will require PA and all requests must be reviewed by Healthy Blue for PA dates of service beginning on or after **May 1, 2018**. Please refer to the provider self-service tool for detailed authorization requirements at **https://providers.healthybluela.com** > Prior Authorization & Claims > Prior Authorization Lookup Tool (PLUTO).

Please note: These drugs may not be covered in all states. Providers must review their specific state for coverage because not all drugs in this update will apply to the state in which you participate.

Noncompliance with the new requirements may result in denied claims. PA requirements will be added to the following codes:
- J0641 — Injection, levoleucovorin calcium, 0.5 mg
- J1322 — Injection, elosulfase alfa, 1mg
- J1675 — Injection, histrelin acetate, 10 mcg
- J1743 — Injection, idursulfase, 1 mg
- J9395 — Injection, fulvestrant, 25 mg

Please use one of the following methods to request PA:
- **Phone**: **1-844-521-6942**
- **Fax**: **1-888-822-5595 (Inpatient)** or **1-888-822-5658 (Outpatient)**
- **Web**: **https://www.Availity.com**

Federal and state law, as well as state contract language (this includes definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage.

What if I need assistance?
If you have questions about this communication or need assistance with any other item, call Provider Services at **1-844-521-6942**.

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