Prior authorization requirements for part B drugs:
Mylotarg (gemtuzumab ozogamicin) and Mvasi (bevacizumab-awwb)

On July 1, 2018, Amerigroup prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Amerigroup. The drugs are Mylotarg (gemtuzumab ozogamicin) and Mvasi (bevacizumab-awwb). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the following part B drugs:

- **Mylotarg (gemtuzumab ozogamicin):** a humanized anti-CD33 monoclonal antibody for the treatment of acute myeloid leukemia (AML) and acute promyelocytic leukemia (APL). [J9203]

  Please note, the below drug is currently billed under the Not Otherwise Classified (NOC) HCPCS code [J3590]; it is unlisted, because no J code has been established at this time. Since this code includes all drugs that are NOC, if the authorization is denied for medical necessity, the plan’s denial will be for the drug and not the HCPCS code.

- **Mvasi (bevacizumab-awwb):** for the treatment of metastatic colorectal cancer, NSCLC, Glioblastoma, metastatic renal cell carcinoma, and cervical cancer, as well as several eye conditions (unlisted code, no J code established at this time) [J3590]

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at [www.Availity.com](http://www.Availity.com) at [https://providers.amerigroup.com](https://providers.amerigroup.com) > Login. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member’s ID card for prior authorization requirements.

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