

Provider Update

Prior Authorization Requirements for new Injectible/Infusible Drugs: Emend (Fosaprepitant), Aloxi (Palonosetron), and Afstyla (Antihemophilic)

On **November 1, 2016**, Amerigroup* Community Care Prior Authorization requirements will change for three (3) new Part B Injectible/Infusible drugs: Emend (Fosaprepitant), Aloxi (Palonosetron) and Afstyla (Antihemophilic). ***This applies to outpatient services only.*** 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 prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

Prior Authorization requirements will be added to the codes below:

- Emend (Fosaprepitant): for prevention of acute or delayed nausea and vomiting associated with initial and repeat courses of moderate to high emetogenic cancer therapy [J1453]
- Aloxi (Palonosetron): for prevention of acute or delayed nausea and vomiting associated with initial and repeat courses of moderate to high emetogenic cancer therapy and postoperative nausea and vomiting when used within 24 hours following surgery [J2469]

Drugs billed with NOC HCPCS J code J3490

- Afstyla (Antihemophilic factor (recombinant), single chain): used as a long acting recombinant factor VIII replacement for patients with hemophilia A. Afstyla is also used for on-demand treatment and control of bleeding episodes as well as perioperative management of bleeding. (unlisted, no J code established at this time)

Please note one of these drugs is currently billed under the Not Otherwise Classified J code J3490. Since this code includes all drugs NOC, the plan's denial will be for the drug and not the HCPCS.

This update to the 2016 prior authorization requirement applies to all the Medicare-Advantage Plans.

Not all Prior Authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the "Provider Self-Service Tool" within Availity. Non-contracted providers should contact the Health Plan.

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*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.