

# Provider Update

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## **Prior authorization requirements for new Injectable/infusible drugs: Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog (recombinant factor IX) and Lartruvo (olaratumab)**

On **March 1, 2017**, Amerigroup\* Community Care prior authorization (PA) requirements will change for five (5) new Part B Injectable/Infusible drugs. They are **Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog (recombinant factor IX) and Lartruvo (olaratumab)**. 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.

Non-compliance with new requirements may result in denied claims. Prior authorization requirements will be added to the following codes which are drugs billed with not otherwise classified (NOC) HCPCS J codes [J3590 and J9999]:

- **Erelzi (etanercept)**: for treatment of rheumatoid arthritis , ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis and plaque psoriasis (unlisted, no J code established at this time)[J3590]
- **Amjevita (adalimumab)**: for treatment of crohns disease, ulcerative colitis, rheumatoid arthritis , ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis, non-infective uveitis, and hidradenitis suppurativa. (unlisted, no J code established at this time) [J3590]
- **Voretigene neparvovec**: for treatment of inherited retinal disease (IRD) for which there is no current treatment. The disease is caused by mutations in the RPE65 gene. (unlisted, no J code established at this time)[J3590]
- **Nanacog (recombinant factor IX)**: for the treatment of Hemophilia B. (unlisted, no J code established at this time)[J3590]
- **Lartruvo (olaratumab)**: a PDGFR antagonist, in combination with doxorubicin, for the treatment of soft tissue sarcoma no amenable to curative treatment with radiotherapy or surgery. (unlisted, no J code established at this time)[J9999]

Please note, these drugs are currently billed under the NOC J-codes [J3590 and J9999]. Since these codes include 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.

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.