

Prior Authorization Requirements for Part B Drug - Evomela (melphalan for injection)

On July 1, 2017, Amerigroup prior authorization (PA) requirements will change for Part B Injectable/Infusible drug covered by Amerigroup. This drug includes Evomela (melphalan for injection). 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 code which is a drug billed with not otherwise classified (NOC) HCPCS J code J9999:

• Evomela (melphalan for injection): for high dose conditioning treatment for Multiple Myeloma patients undergoing Autologous Stem Cell Transplantation (ASCT) and palliative treatment of Multiple Myeloma patients who cannot take oral therapy. J9999

Please note, this drug is currently billed under the NOC J-code J9999. Since this code includes 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 at www.Availity.com. 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.

The information in this update may be an update or change to your provider manual. Find the most current manual at: https://providers.amerigroup.com

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