Prior Authorization requirements for Part B drugs: Exondys 51 (eteplirsen)

On July 1, 2017, Amerigroup prior authorization (PA) requirements will change for Part B injectable/infusible drugs covered by Amerigroup. The drug is Exondys 51 (eteplirsen). 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.

Noncompliance with new requirements may result in denied claims. Prior authorization requirements will be added to the following codes which is a drug billed with not otherwise classified (NOC) HCPCS J codes J3490, J3590:

- **Exondys 51 (eteplirsen)**: For treatment of Duchenne muscular dystrophy (DMD). Specifically indicated for patients with confirmed mutation of the dystrophin gene amenable to exon 51 skipping. (C9484, J3490, J3590)

Please note, this drug is currently billed under the NOC J-codes J3490, J3590. 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 at [www.Availity.com](http://www.Availity.com) at [https://providers.amerigroup.com](https://providers.amerigroup.com) > Login. Contracted and noncontracted providers who are unable to access Availity may contact our Provider Services by calling the number on the back on the member’s ID card for prior authorization requirements.