Amerigroup
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Provider update

Prior authorization requirements for part B drugs: Zevalin (ibritumomab tiuxetan) and Eptacog (recombinant factor VIIa)

On **August 1, 2018**, Amerigroup prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Amerigroup. The drugs are Zevalin (ibritumomab tiuxetan) and Eptacog (recombinant factor VIIa). 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:

- Zevalin (ibritumomab tiuxetan): for treatment of relapsed or refractory low-grade or follicular B-cell non-Hodgkin's lymphoma (NHL) or previously untreated follicular NHL. (J9999)

  Please note, the below drug is currently billed under the Not Otherwise Classified (NOC) HCPCS codes (J3490, J3590); they are unlisted, because no J code has been established at this time. Since these codes include 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.

- Eptacog Beta (recombinant factor VIIa): for treatment of hemophilia A and B who have developed antibodies to factor VIII and IX. (J3490, 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. 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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