

# Provider Update

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## **Prior Authorization Requirements for new Injectable/Infusible Drugs: Istodax(Romidepsin), Ixempra (Ixabepilone) and Taltz (Ixekizumab)**

On **December 1, 2016**, Amerigroup\* Community Care Prior Authorization requirements will change for two (2) new Part B Injectable/Infusible drugs: **Istodax (Romidepsin), Ixempra (Ixabepilone) and Taltz (Ixekizumab)**. 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.

PA requirements will be added to the following codes:

- Istodax (Romidepsin): for treatment of cutaneous Tcell lymphoma and peripheral Tcell lymphoma after receiving at least one prior systemic therapy. Additional indications include Sezary syndrome, Mycosis fungoides. (J9315)
- Ixempra (Ixabepilone): for use with capecitabine in the treatment of metastatic or locally advanced breast cancer that is resistant to an anthracycline and a taxane or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated. Ixempra is also approved as monotherapy for the treatment of metastatic or locally advanced breast cancer that is resistant or refractory to anthracyclines, taxanes, and capecitabine. (J9207)

Drugs billed with NOC HCPCS J code (J3490 and J3590)

- Taltz (Ixekizumab): for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy (unlisted, no J code established at this time)

Please note one of these drugs are currently billed under the Not Otherwise Classified (NOC) J code (J3490 and J3590). Since this code includes all drugs NOC, if the authorization is denied for medical necessity, 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.



\*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.