

Provider Update

Prior authorization required for drugs Entyvio and Cyramza

Summary: Amerigroup Community Care is adding the following new drugs to the 2015 Medicaid list of injectable or infusible drugs requiring prior authorization (PA).

★ **What this means to you:** As of January 1, 2016, providers must call for PA of the drugs listed below.

What is the impact of this change?

As of January 1, 2016, providers must call for PA of:

1. Entyvio (vedolizumab): a monoclonal antibody that is a specific integrin receptor antagonist used for the treatment of moderately to severely active Crohn's disease and ulcerative colitis in adult patients.

Amerigroup medical policy: DRUG.00068 (C9026 = Injection, vedolizumab, 1 mg)

2. Cyramza (ramucirumab): a monoclonal antibody and human vascular endothelial growth factor receptor 2 antagonist used for treatment of the following:
 - a. Metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression during or after treatment with fluoropyrimidine- or platinum-containing chemotherapy, as monotherapy or in combination with paclitaxel
 - b. Metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy, in combination with docetaxel
 - c. Metastatic colorectal cancer with disease progression on or after therapy with bevacizumab, oxaliplatin and a fluoropyrimidine, in combination with FOLFIRI

Amerigroup medical policy: DRUG.00067 (C9025 = Injection, ramucirumab, 5 mg)

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

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