

## Elotuzumab to require prior authorization

Effective May 1, 2018, Amerigroup Kansas, Inc. requires prior authorization (PA) for elotuzumab. 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.

PA requirements will be added to the following code:

- J9176 — injection, elotuzumab, 1 mg

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers may also access the state PA criteria for Elotuzumab at [http://www.kdheks.gov/hcf/pharmacy/PA\\_Criteria/Empliciti\\_PA\\_Criteria.pdf](http://www.kdheks.gov/hcf/pharmacy/PA_Criteria/Empliciti_PA_Criteria.pdf) or call Provider Services at 1-800-454-3730 for questions regarding PA requirements.

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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/KS>.