

# 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 October 5, 2015, providers must call for PA of the drugs listed below.

### **What is the impact of this change?**

As of October 5, 2015, 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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