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Provider update

Prior authorization requirements for Part B drugs: Besponsa (inotuzumab ozogamicin) and Vyxeos (daunorubicin and cytarabine)

On April 1, 2018, the prior authorization (PA) requirements will change for Part B injectable/infusible drugs covered by Amerivantage Dual Coordination (HMO SNP). The drugs are Besponsa® (inotuzumab ozogamicin) and Vyxeos™ (daunorubicin and cytarabine). 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.

Prior authorization requirements will be added to the following part B drugs:

- Besponsa (inotuzumab ozogamicin): for the treatment of adults with relapsed or refractory B-cell precursor acute lymphocytic leukemia (J3590, J9999)
- Vyxeos (daunorubicin and cytarabine): for the treatment of adults with newly diagnosed therapy-related acute myeloid leukemia or acute myeloid leukemia with myelodysplasia-related changes (J9999)

Please note: The above drugs are currently billed under the Not Otherwise Classified (NOC) HCPCS codes J3590 and J9999; 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.

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

- Phone: 1-844-799-4129
- Fax: 1-844-765-5160
- Interactive Care Reviewer: https://www.availity.com

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. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at 1-844-799-4129 for assistance with PA requirements.