**Prior authorization requirements for Part B drug — Evomela®* (melphalan for injection)**

**Summary of change:** Effective June 1, 2017, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) prior authorization (PA) requirements will change for this Part B injectable/infusible drug covered by Amerigroup STAR+PLUS MMP.

This drug includes Evomela® (melphalan for injection). 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 code billed with not otherwise classified (NOC) HCPCS J-code J9999:

- **Evomela® (melphalan for injection):** for high-dose conditioning treatment for multiple myeloma patients undergoing autologous stem cell transplantation and palliative treatment of multiple myeloma patients who cannot take oral therapy (J9999)

Please note: This drug is currently billed under the NOC J-code J9999. Since this code includes 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.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool by logging in at [https://providers.amerigroup.com/TX](https://providers.amerigroup.com/TX). Contracted and noncontracted providers who are unable to access the Provider Self-Service Tool may call our Provider Services department at 1-855-878-1785 for PA requirements.