Prior authorization requirements for new injectable/infusible drugs: Cuvitru, Ocrevus and Lutathera

On April 1, 2017, prior authorization (PA) requirements will change for three new, Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. These drugs include Cuvitru (immune globulin), Ocrevus (ocrelizumab) and Lutathera (octreotate Lu-177 DOTA Tyr-3). 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 drugs billed with not otherwise classified (NOC) HCPCS J codes (J3490, J3590 and J9999):

- Ocrevus (ocrelizumab): for treatment of primary progressive multiple sclerosis and relapsing-remitting multiple sclerosis (unlisted, no J code established at this time) (J3490)
- Cuvitru (immune globulin): for treatment of primary immunodeficiency in adults and children 2 years of age and older, primarily administered via pump (unlisted, no J code established at this time) (J3590)
- Lutathera (octreotate Lu-177 DOTA Tyr-3): for treatment of neuroendocrine tumors in patients who have progressed on traditional somatostatin analogues (unlisted, no J code established at this time) (J9999)

Please note, these drugs are currently billed under the NOC J codes J3490, J3590 and 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.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (https://providers.amerigroup.com/TX > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for PA requirements.