

Prior authorization requirements for Part B drugs: Nivestym (filgrastim-aafi)

On **January 1, 2019** Amerigroup prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Amerigroup. The drug is Nivestym (filgrastim-aafi). 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. Non-compliance with new requirements may result in denied claims.

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

- Nivestym (filgrastim-aafi) - for treatment of febrile neutropenia, hematopoietic syndrome of acute radiation syndrome, mobilization of autologous peripheral blood progenitor cells (PBPCs) into the peripheral blood, and severe chronic neutropenia. (unlisted, no J code established at this time) **[J3590]**

Please note, the above drugs are currently billed under the Not Otherwise Classified (NOC) HCPCS code [J3490, J3590]; it is 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.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.Availity.com. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member's ID card for prior authorization requirements.

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