

**Prior authorization requirements for new injectable/infusible drugs:  
Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog  
(recombinant factor IX) and Lartruvo (olaratumab)**

Effective April 1, 2017, prior authorization (PA) requirements have changed for Part B injectable/infusible drugs Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog (recombinant factor IX) and Lartruvo (olaratumab) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

**PA requirements were added to the following:**

- Erelzi (etanercept) — for treatment of rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis and plaque psoriasis (unlisted, no J code established at this time) (J3590)
- Amjevita (adalimumab) — for treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis, noninfective uveitis and hidradenitis suppurativa (unlisted, no J code established at this time) (J3590)
- Voretigene neparvovec — for treatment of inherited retinal disease for which there is no current treatment; the disease is caused by mutations in the RPE65 gene (unlisted, no J code established at this time) (J3590)
- Nanacog (recombinant factor IX) — for the treatment of hemophilia B (unlisted, no J code established at this time) (J3590)
- Lartruvo (olaratumab) — a platelet-derived growth factor antagonist, in combination with doxorubicin, for the treatment of soft tissue sarcoma not amenable to curative treatment with radiotherapy or surgery (unlisted, no J code established at this time) (J9999)

Please note, one or more of the drugs noted above are currently billed under the not otherwise classified (NOC) HCPCS J-codes J3590 and J9999. 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:**

- **Web:** <https://www.availity.com>
- **Fax:** 1-888-235-8468
- **Phone:** 1-855-878-1785

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > [Precertification Lookup Tool](#)). Providers may also call us at 1-855-878-1785 for PA requirements.

<https://providers.amerigroup.com>