

**Prior authorization requirements for part B drugs:
Rebinyn (factor IX, glycopegylated), Fibryna (human Fibrinogen) and
Hemlibra (emicizumab-kxwh)**

On **June 1, 2018**, Amerigroup* Community Care prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Amerigroup. The drugs are Rebinyn (factor IX, glycopegylated), Fibryna (human Fibrinogen) and Hemlibra (emicizumab-kxwh). 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:

- Rebinyn (factor IX, glycopegylated): DNA-derived coagulation factor IX concentrate that temporarily increases plasma levels of factor IX and can temporarily correct the coagulation defect in patients with hemophilia B. [J7195]
- Fibryna (human fibrinogen): a human fibrinogen concentrate indicated for the treatment of acute bleeding episodes in adults and adolescents with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. Fibryna is not indicated for dysfibrinogenemia. [J7178]

Please note, the below drugs are currently billed under the Not Otherwise Classified (NOC) HCPCS codes [C9399, J3490, J3590, J7199 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.

- Hemlibra (emicizumab-kxwh): approved by the FDA as a prophylactic medicine used to prevent or reduce the frequency of bleeding episodes in adults and children with hemophilia A with factor VIII inhibitors. It is given once a week subcutaneously. (unlisted, no J code established at this time) [C9399, J3490, J3590, J7199 and J9999]

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 at <https://providers.amerigroup.com> > Login. 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.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.