

## Elotuzumab to require prior authorization

Effective May 1, 2018, Amerigroup requires prior authorization (PA) for elotuzumab. 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 code:

- J9176 — injection, elotuzumab, 1 mg

To request PA, you may use one of the following methods:

- **Web:** <https://www.availity.com>
- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-800-454-3730 for PA requirements.

**<https://providers.amerigroup.com>**

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.