

Prior authorization requirements for Part B drug Evomela (melphalan for injection)

Effective July 1, 2017, prior authorization (PA) requirements have changed for Part B injectable/infusible drug Evomela®* (melphalan for injection) 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:

- Evomela (melphalan for injection) — for high-dose conditioning treatment for multiple myeloma patients undergoing autologous stem cell transplantation and palliative treatment of multiple myeloma patients who cannot take oral therapy (J9999)

Please note, the drug noted above is currently billed under the not otherwise classified (NOC) HCPCS J-code J9999. Since this code includes 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>

* Evomela is a registered trademark of Spectrum Pharmaceutical, Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.