

**Prior authorization requirements for Part B drugs:
Aliqopa (copanlisib injection), Cinvanti (aprepitant injection) and Opsiria
(sirolimus injection)**

On **March 1, 2018**, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) prior authorization (PA) requirements will change for certain Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). The drugs are Aliqopa (copanlisib injection), Cinvanti (aprepitant injection) and Opsiria (sirolimus injection). 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.

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

- Aliqopa (copanlisib injection): for the treatment of adults with relapsed follicular lymphoma who have received at least two prior treatments (J9999)
- Cinvanti (aprepitant injection): for the treatment of chemotherapy-induced nausea and vomiting (J3490, J3590)
- Opsiria (sirolimus injection): for the treatment of uveitis and works by blocking an enzyme called “mammalian target of rapamycin” (J3490, J3590)

Please note: The above drugs are currently billed under the Not Otherwise Classified (NOC) HCPCS codes J3490, J3590 and J9999; they are unlisted because no J code has been established at this time. Since these codes include other Part B 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:

- Phone: 1-855-878-1785
- Fax: 1-888-235-8468
- Interactive Care Reviewer via www.Availity.com

Not all PA requirements are listed here. Detailed PA 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 1-866-805-4589 for assistance with PA requirements.

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

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.