

Prior authorization requirement update for Mylotarg (gemtuzumab ozogamicin)

Effective July 1, 2018, prior authorization (PA) is required for Mylotarg (gemtuzumab ozogamicin) to be covered by Amerigroup through the medical benefit. Federal and state law as well as state contract language 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 will be added to the following:

- Mylotarg (gemtuzumab ozogamicin) — a humanized anti-CD33 monoclonal antibody for the treatment of acute myeloid leukemia and acute promyelocytic leukemia (J9203)

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

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

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for PA requirements.

<https://providers.amerigroup.com>

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