

Prior authorization requirements for new injectable/infusible drugs: Darzalex (daratumumab) and Empliciti (elotuzumab)

On November 1, 2016, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) prior authorization (PA) requirements will change for two new Part B injectable/infusible drugs covered by the plan – Darzalex (daratumumab) and Empliciti (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 codes:

- Darzalex (daratumumab): for the treatment of multiple myeloma in patients who have received at least [three] prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent or who are double-refractory to a PI and an immunomodulatory agent (C9476 or J9999)
- Empliciti (elotuzumab): for treatment of multiple myeloma in combination with lenalidomide and dexamethasone following treatment with one to three prior therapies (C9477 or J9999)

Please note both of these drugs are currently billed under the Not Otherwise Classified (NOC) J code (J999). Since this code includes all drugs NOC, the plan's denial will be for the drug and not the HCPCS.

This update to the 2016 PA requirement applies to all the Medicare-Medicaid plans.

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool www.Availity.com at <https://providers.amerigroup.com> > Login. Contracted and noncontracted providers may call Provider Services at 1-855-878-1785 if they are not able to access Availity.