

**Prior authorization requirements for new injectable/infusible drugs:  
Inflectra (infliximab-dyyb) and Cinqair (reslizumab)**

On January 1, 2017, prior authorization requirements will change for two new, Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. These drugs include: Inflectra (infliximab-dyyb) and Cinqair (reslizumab). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization 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 code below:

- Inflectra (infliximab-dyyb): for treatment of moderate to severely active Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis (Q5102)

Drugs billed with not otherwise classified (NOC) HCPCS J-code J3490/J3590:

- Cinqair (reslizumab): for add-on maintenance treatment of patients with severe asthma with an eosinophilic phenotype (unlisted, no J code established at this time)

Please note, this drug is currently billed under the NOC J-code J3490/J3590. Since this code includes 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.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for prior authorization requirements.