

## **Prior authorization requirements for new injectable/infusible drugs: Emend (fosaprepitant), Aloxi (palonosetron) and Afstyla (antihemophilic)**

On January 1, 2017, prior authorization requirements will change for three new, Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. (Note, this applies to outpatient services only.) These drugs include: Emend (fosaprepitant), Aloxi (palonosetron) and Afstyla (antihemophilic). 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 codes below:

- Emend (fosaprepitant): for prevention of acute or delayed nausea and vomiting associated with initial and repeat courses of moderate to high emetogenic cancer therapy (J1453)
- Aloxi (palonosetron): for prevention of acute or delayed nausea and vomiting associated with initial and repeat courses of moderate to high emetogenic cancer therapy, as well as for prevention of postoperative nausea and vomiting when used within 24 hours following surgery (J2469)

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

- Afstyla (antihemophilic factor recombinant, single chain):
  - Used as a long-acting recombinant factor VIII replacement for patients with hemophilia A (unlisted, no J-code established at this time)
  - Used for on-demand treatment and control of bleeding episodes, as well as perioperative management of bleeding (unlisted, no J-code established at this time)

Please note, one of these drugs is currently billed under the NOC J-code (J3490). Since this code includes all drugs NOC, if the authorization is denied for medical necessity, the plan's denial will be for the drug and the HCPCS. This update to the 2016 prior authorization requirement applies to all the Medicare-Medicaid plans.

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).

Noncontracted providers may call Provider Services at 1-855-878-1785 for prior authorization requirements.