

Prior authorization requirements for the Part B injectable/infusible drug Exondys 51 (eteplirsen)

On July 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Exondys 51 (eteplirsen) covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). Federal and state law, as well as state contract language and CMS guidelines, 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 drugs billed with not otherwise classified (NOC) HCPCS J-codes J3490 and J3590:

- Exondys 51 (eteplirsen) — for treatment of Duchenne muscular dystrophy in patients with confirmed mutation of the dystrophin gene amenable to exon 51 skipping (C9484, J3490 and J3590)

Please note, this drug is currently billed under the NOC J-codes J3490 and 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 PA requirements are listed here. Detailed PA 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 PA requirements.