

**Prior authorization requirements for new injectable/infusible drugs:
Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog
(recombinant factor IX) and Lartruvo (olaratumab)**

On April 1, 2017, prior authorization (PA) requirements will change for five new, Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. These drugs include Erelzi (etanercept), Amjevita (adalimumab), Voretigene neparvovec, Nanacog (recombinant factor IX) and Lartruvo (olaratumab). 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 drugs billed with not otherwise classified (NOC) HCPCS J codes (J3590 and J9999):

- Erelzi (etanercept): for treatment of rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis and plaque psoriasis (unlisted, no J code established at this time) (J3590)
- Amjevita (adalimumab): for treatment of Crohn's disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriatic arthritis, plaque psoriasis, noninfective uveitis and hidradenitis suppurativa (unlisted, no J code established at this time) (J3590)
- Voretigene neparvovec: for treatment of inherited retinal disease for which there is no current treatment; the disease is caused by mutations in the RPE65 gene (unlisted, no J code established at this time) (J3590)
- Nanacog (recombinant factor IX): for the treatment of hemophilia B (unlisted, no J code established at this time) (J3590)
- Lartruvo (olaratumab): a platelet-derived growth factor antagonist, in combination with doxorubicin, for the treatment of soft tissue sarcoma not amenable to curative treatment with radiotherapy or surgery (unlisted, no J code established at this time) (J9999)

Please note, these drugs are currently billed under the NOC J codes J3590 and J9999. 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.