

Brineura, Tremfya and Zinplava will require prior authorization

Summary: The injectable drugs Brineura, Tremfya and Zinplava will require prior authorization (PA), and all requests must be reviewed by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for PA as of dates of service beginning on or after June 1, 2018.

Please refer to the Precertification Lookup Tool for detailed authorization requirements. Go to <https://providers.amerigroup.com/TX>, under *Provider Resources & Documents*, select **Quick Tools/Precertification Lookup Tool**.

Noncompliance with the new requirements may result in denied claims. PA requirements will be added to the following codes:

- C9014 — Injection, cerliponase alfa, 1 mg (Brineura)
- C9029 — Injection, guselkumab, 1 mg (Tremfya)
- J0565 — Injection, bezlotoxumab, 10 mg (Zinplava)

Please use one of the following methods to request PA:

- **Web:** <https://www.Availity.com>
- **Fax:** 1-888-235-8468
- **Phone:** 1-855-878-1785

Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-855-878-1785.

<https://providers.amerigroup.com>