

Prior authorization requirements for Part B drugs: ZEVALIN (ibritumomab tiuxetan) and Eptacog (recombinant factor VIIa)

On **August 1, 2018**, prior authorization (PA) requirements will change for Part B injectable/infusible drugs ZEVALIN® (ibritumomab tiuxetan) and Eptacog (recombinant factor VIIa) to be covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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:

- ZEVALIN (ibritumomab tiuxetan) — for treatment of relapsed or refractory low-grade or follicular B-cell non-Hodgkin’s lymphoma (NHL) or previously untreated follicular NHL (J9999)

Please note, the drug listed below is currently billed under the not otherwise classified (NOC) HCPCS J-code J3490 or J3590. Since these codes include all 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 code.

- Eptacog Beta (recombinant factor VIIa): for treatment of hemophilia A and B who have developed antibodies to factor VIII and IX (J3490, J3590)

To request PA, you may use one of the following methods:

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

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the provider self-service tool (<https://www.availity.com>). Contracted and noncontracted providers who are unable to access Availity may call us at 1-855-878-1785 for PA requirements.

<https://providers.amerigroup.com>