

Prior authorization requirements for Part B drug: Yondelis (trabectedin)

On November 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Yondelis (trabectedin) 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 code:

- Yondelis (trabectedin) — for the treatment of patients with unresectable or metastatic liposarcoma or leiomyosarcoma who received a prior anthracycline-containing regimen (J9352)

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

- Web: Interactive Care Reviewer tool via <https://www.availity.com>
- Fax: 1-888-235-8468
- Phone: 1-855-878-1785

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) or call Provider Services at 1-855-878-1785 for PA requirements.