

Prior authorization requirements for Part B drugs: Mylotarg (gemtuzumab ozogamicin) and Mvasi (bevacizumab-awwb)

On **July 1, 2018**, prior authorization (PA) requirements will change for Part B injectable/infusible drugs Mylotarg (gemtuzumab ozogamicin) and Mvasi (bevacizumab-awwb) 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 Part B drugs:

- Mylotarg (gemtuzumab ozogamicin) — a humanized anti-CD33 monoclonal antibody for the treatment of acute myeloid leukemia and acute promyelocytic leukemia (J9203)
- Mvasi (bevacizumab-awwb) — for the treatment of metastatic colorectal cancer, nonsmall cell lung cancer, glioblastoma, metastatic renal cell carcinoma and cervical cancer as well as several eye conditions (J3590 — unlisted code, no J-code established at this time)

Please note, one of the drugs noted above is currently billed under the not otherwise classified (NOC) HCPCS J-code J3590. Since this code includes 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.

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 on the provider 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.

<https://providers.amerigroup.com>