

Prior authorization requirements for Part B drugs: Renflexis (infliximab-abda), Rituxan Hyclea (rituximab/hyaluronidase) and Zilretta (triamcinolone acetonide SR)

On February 1, 2018, prior authorization (PA) requirements will change for Part B injectable/infusible drugs Renflexis (infliximab-abda), Rituxan Hyclea (rituximab/hyaluronidase) and Zilretta (triamcinolone acetonide SR) 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 codes, some of which are billed with not otherwise classified (NOC) HCPCS J-codes J3490, J3590, J9999 and C9399:

- Renflexis (infliximab-abda) — for the treatment of Crohn’s disease, pediatric Crohn’s disease, ulcerative colitis, rheumatoid arthritis (in combination with methotrexate), ankylosing spondylitis, psoriatic arthritis and plaque psoriasis (Q5102)
- Rituxan Hyclea (rituximab/hyaluronidase) — for the treatment of chronic lymphoid leukemia, diffused large B-cell lymphoma and follicular lymphoma (J3490, J3590, J9999 and C9399 — unlisted, no J-code established at this time)
- Zilretta (triamcinolone acetonide SR) — extended-release formulation for the treatment of osteoarthritis in the knees (J3490)

Since these codes include 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.

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.

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.