Prior authorization required for drugs Entyvio and Cyramza

UniCare Health Plan of West Virginia, Inc. (UniCare) is adding the following new drugs to the 2015 Medicaid list of injectable or infusible drugs requiring prior authorization (PA). As of October 1, 2015, providers must request PA for these drugs:

1. **Entyvio (vedolizumab):** a monoclonal antibody that is a specific integrin receptor antagonist used for the treatment of moderately to severely active Crohn’s disease and ulcerative colitis in adult patients.
   
   UniCare medical policy: DRUG.00068 (C9026 = Injection, vedolizumab, 1 mg)

2. **Cyramza (ramucirumab):** a monoclonal antibody and human vascular endothelial growth factor receptor 2 antagonist used for treatment of the following:
   - Metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression during or after treatment with fluoropyrimidine- or platinum-containing chemotherapy, as monotherapy or in combination with paclitaxel
   - Metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy, in combination with docetaxel
   - Metastatic colorectal cancer with disease progression on or after therapy with bevacizumab, oxaliplatin and a fluoropyrimidine, in combination with FOLFIRI

   UniCare medical policy: DRUG.00067 (C9025 = Injection, ramucirumab, 5 mg)

**Contact information**

Providers may call in a PA request at 1-877-375-6185 or fax a PA request to 1-877-375-3627.

If you have questions or would like more information about the topics discussed in this bulletin, please call our Customer Care Center at 1-800-782-0095.