

Prior authorization requirements for Part B drug: Imfinzi (durvalumab)

On November 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Imfinzi (durvalumab) 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, which is billed with not otherwise classified (NOC) HCPCS J-code J9999:

- Imfinzi (durvalumab) — for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy (J9999 — unlisted, no J-code established at this time)

Please note, this drug is currently billed under the NOC J-code J9999. Since this code includes 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.