Prior authorization requirements for Part B drugs:
Varubi (rolapitant) and Fasenra (benralizumab)

On May 1, 2018, Amerigroup* Community Care prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Amerigroup. These drugs are Varubi (rolapitant) and Fasenra (benralizumab). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the following Part B drugs:

- Varubi (rolapitant): indicated for the prevention of delayed chemotherapy-induced nausea and vomiting, in combination with other antiemetic agents; including highly emetogenic chemotherapy. (unlisted, no J code established at this time) [J3490, J3590]

- Fasenra (benralizumab): indicated for the add-on maintenance treatment of patients with severe asthma aged 12 and older and with eosinophilic phenotype. (unlisted, no J code established at this time) [J3490, J3590]

Please note, the above drugs are currently billed under the NOC codes [J3590, J9999]; unlisted, because no J code has been established at this time. 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.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.Availity.com at https://providers.amerigroup.com > Login. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member’s ID card for prior authorization requirements.