

Prior authorization requirement change for part B drug: Imfinzi (durvalumab)

On **[November 1, 2017]**, Amerigroup prior authorization (PA) requirements will change for Imfinzi (durvalumab). Federal and state law as well as state contract language and Centers for Medicare & Medicaid Services 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:

- 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)
- Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool within Availity. Noncontracted providers should contact the health plan.

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>.

In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal.

In New Mexico: Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage Classic depends on contract renewal.