Provider update

Prior Authorization requirement change for Part B drug:
Herceptin (trastuzumab)

Summary of change: On October 1, 2017, Amerigroup Amerivantage (Medicare Advantage) prior authorization (PA) requirements will change for Herceptin (trastuzumab). 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 requirement will be added to the following code:

- Herceptin (trastuzumab): For treatment of HER2+ breast cancer; and HER2+ gastric cancer (J9355)

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 Amerigroup.