Prior authorization requirements for Part B drug: Herceptin (trastuzumab)

On October 1, 2017, prior authorization (PA) requirements will change for the Part B injectable/infusible drug Herceptin (trastuzumab) 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 J9355:

- Herceptin (trastuzumab) — for the treatment of human epidermal growth factor receptor two (HER2+) breast cancer and HER2+ gastric cancer (J9355)

Please note, this drug is currently billed under the NOC J-code J9355. 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:

- Phone: 1-855-878-1785
- Fax: 1-888-235-8468
- Web: Interactive Care Reviewer tool via https://www.availity.com

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers on the provider self-service website (https://providers.amerigroup.com/TX > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for PA requirements.