

## Prior authorization requirements for Darzalex (daratumumab) drug

Effective August 1, 2018, Amerigroup Washington, Inc. prior authorization (PA) requirements will change for the injectable drug Darzalex (daratumumab) for Medicaid members. 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:

- J9145 — Injection, Darzalex (daratumumab), 10 mg

To request PA, you may use one of the following methods:

- Interactive Care Reviewer: [www.Availity.com](http://www.Availity.com)
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at <https://providers.amerigroup.com> > **Login**. Contracted and noncontracted providers may also call Provider Services at 1-800-454-3730 for assistance with PA requirements.