Anthem Blue Cross

Prior Authorization Requirements for New Injectable/Infusible Drug: Tecentriq

On January 1, 2017, Anthem Blue Cross prior authorization (PA) requirements will change for a new Part B Injectable/Infusible drug: Tecentriq (atezolizumab injection). 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 prior authorization rules and must be considered first when determining coverage.

Non-compliance with new requirements may result in denied claims. PA requirements will be added to the following code:

Drugs billed with NOC HCPCS J codes (J3590/J9999):

- Tecentriq (atezolizumab injection): for treatment of individuals with locally advanced or metastatic urothelial cancer who had disease progression during or following platinum-containing chemotherapy or whose disease progressed within 12 months of neoadjuvant treatment with platinum-containing chemotherapy. (Unlisted, no J code established at this time).

Please note this drug is currently billed under the Not Otherwise Classified J codes (J3590/J9999). Since this code includes all drugs 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” within Availity. Non-contracted providers should contact the Health Plan.

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