Anthem Blue Cross

Prior Authorization changes to Interferon gamma-1b (Actimmune®), Mecasermin (Increlex®) and Azacitidine (Vidaza®)

On February 1, 2017, Anthem Blue Cross prior authorization (PA) requirements will change for three (3) drugs. These drugs include: Interferon gamma-1b (Actimmune®), Mecasermin (Increlex®) and Azacitidine (Vidaza®). 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 codes:

- J9216 – Injection, Interferon gamma-1b (Actimmune®), 3 million units.
- J2170 – Injection, Mecasermin (Increlex®), 1 mg.
- J9025 – Injection, Azacitidine (Vidaza®), 1 mg.

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.