Anthem Blue Cross and Blue Shield

**Prior authorization requirement change for part B drug: Spinraza (nusinersen)**

On September 1, 2017, Anthem Blue Cross and Blue Shield prior authorization (PA) requirement will change for Spinraza (nusinersen). 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 requirement will be added to the following code:

- **Spinraza** (nusinersen): Used for the treatment of children and adults with spinal muscular atrophy (SMA), a rare and often fatal genetic disease affecting muscle strength and movement. (J3490)

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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