Anthem Blue Cross and Blue Shield

Prior authorization requirement change for part B drug: Imfinzi (durvalumab)

On November 1, 2017, Anthem Blue Cross and Blue Shield prior authorization (PA) requirement will change for **Imfinzi** (durvalumab). 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:

- **Imfinzi** (durvalumab): For the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy OR have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy. (J9999 - unlisted, no J code established at this time)

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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