Anthem Blue Cross and Blue Shield

Prior authorization requirements for part B drugs: Renflexis (infliximab-abda), Rituxan Hyclea (rituximab/hyaluronidase) and Zilretta (triamcinolone acetonide SR)

On February 1, 2018, Anthem Blue Cross and Blue Shield prior authorization (PA) requirements will change for Part B Injectable/Infusible drugs covered by Anthem. The drugs are Renflexis (infliximab-abda), Rituxan Hyclea (rituximab/hyaluronidase) and Zilretta (triamcinolone acetonide SR). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the following part B drugs:


These drugs are currently billed with not otherwise classified (NOC) HCPCS codes [J3490, J3590, J9999, C9399]:

- Rituxan Hyclea (rituximab/hyaluronidase): for treatment of chronic lymphoid leukemia, diffused large B-cell lymphoma and follicular lymphoma (unlisted, no J code established at this time) [J9999, J3590, J3490, C9399]

- Zilretta (triamcinolone acetonide SR): extended-release formulation for treatment of osteoarthritis in the knees [J3490]

Please note, the above drugs are currently billed under the NOC codes [J3490, J3590, J9999, C9399]. Since these codes include drugs that are 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 at [www.Availity.com](http://www.Availity.com). Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member’s ID card for prior authorization requirements.
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