Anthem Blue Cross and Blue Shield

Prior authorization requirements for three (3) injectable drugs: Brineura, Tremfya and Zinplava

On June 1, 2018, Anthem Blue Cross and Blue Shield prior authorization (PA) requirements will change for Brineura, Tremfya and Zinplava covered by Anthem. 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 injectable drugs:

- C9014 – Injection, cerliponase alfa, 1 mg (Brineura)
- C9029 - Injection, guselkumab, 1 mg (Tremfya)
- J0565 - Injection, bezlotoxumab, 10 mg (Zinplava)

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 at anthem.com > Login. 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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