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

On February 1, 2017, Amerigroup* Community Care 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.

*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.