

Prior authorization requirements for Interferon beta-1a

Effective January 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drug Interferon beta-1a to be covered by Amerigroup Community Care, Inc. for Medicaid members. 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 PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Interferon beta-1a — injection, 30 mcg (J1826)

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>
- Fax: 1-800-964-3627
- Phone: 1-800-454-3730

Not all PA requirements are listed here. PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/GA> > Quick Tools > [Precertification Lookup Tool](#)). Providers may also call us at 1-800-454-3730 for PA requirements.