

## MEDICAID PROVIDER BULLETIN

November 2018

### Prior authorization requirements for Interferon beta-1a

Effective March 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drug Interferon beta-1a to be covered by Anthem Blue Cross and Blue Shield Medicaid. 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:** 1-855-661-2028

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (<https://www.availity.com>). Providers who are unable to access Availity may call us at **1-855-661-2028** for PA requirements.

<https://mediproviders.anthem.com/ky>

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