

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

Effective December 1, 2018, prior authorization (PA) requirements will change for injectable/infusible drug Interferon beta-1a to be covered by HealthKeepers, Inc. for Anthem HealthKeepers Plus 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:** 1-800-901-0020

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 **1-800-901-0020** for PA requirements.