

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 UniCare Health Plan of West Virginia, Inc. 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:** 1-855-402-6983
- **Phone:** 1-866-655-7423

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (www.unicare.com > Providers > State Sponsored Plan providers > West Virginia - Medicaid Managed Care > Authorization and Preservice Review > Precertification Look UP Tool [PLUTO]>). Providers may also call us at **1-800-782-0095** for PA requirements.