

Prior authorization requirements for injection infliximab-dyyb, biosimilar (Inflectra) and infliximab-abda, biosimilar (Renflexis)

Effective November 1, 2018, prior authorization (PA) requirements will change for injectable/infusible drugs Infliximab-dyyb, biosimilar (Inflectra) and Infliximab-abda, biosimilar (Renflexis) 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. **Non-compliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg (Q5103)
- Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg (Q5104)

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

- Fax: **1-844-487-9290 (Pharmacy)**
- Phone: **1-877-375-6185 (Pharmacy)**

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.