

October 2018

## Prior authorization requirements for Interferon beta-1a

Effective February 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drug Interferon beta-1a to be covered by Healthy Blue. 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:**
  - 1-888-822-5595 (inpatient)
  - 1-888-822-5658 (outpatient)
- **Phone:** 1-844-521-6942

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 1-844-521-6942 for PA requirements.

<https://providers.healthybluela.com>

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