

**Prior authorization requirement change for three drugs:
interferon gamma-1b (Actimmune®), mecasermin (Increlex®)
and azacitidine (Vidaza®)**

On February 1, 2017, prior authorization requirements will change for three drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. These drugs are interferon gamma-1b (Actimmune), mecasermin (Increlex) and azacitidine (Vidaza). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

Noncompliance with new requirements may result in denied claims.

Prior authorization requirements will be added to the codes below:

- J9216 — injection, interferon gamma-1b (Actimmune), 3 million units
- J2170 — injection, mecasermin (Increlex), 1 mg
- J9025 — injection, azacitidine (Vidaza), 1 mg

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-855-878-1785 for prior authorization requirements if they are not able to access the website.