

Oct. 21, 2016

MEDICAID ALERT

TO: Physicians, Medical Clinics and Other Medical Professionals
SUBJECT: Prior Authorization (PA) for Physician-Administered Drugs

Effective with dates of service on or after Nov. 1, 2016, the following physician-administered medications will require prior authorization (PA) to ensure that use is consistent with the medication's indication(s) and appropriate clinical guidelines.

<u>HCPCS Code</u>	<u>Medication Name</u>
J3262	Actemra
J0800	Acthar HP
J0717	Cimzia
J3380	Entyvio
J1602	Simponi Aria
J1300	Soliris
J3357	Stelara
Q5101	Zarxio

Requests for PA should be submitted to Magellan Rx Management at <http://ih.magellanrx.com> or by calling 1 (800) 424-8219.

Please note: With this change, PA requests for botulinum toxins (J0585, J0586, J0587 and J0588) will be processed by Magellan Rx Management, rather than KEPRO.

Physician administered drugs provided during inpatient hospitalizations or emergency room visit are not subject to PA requirements. For additional information, please consult the appropriate Medicaid Provider Manual, available at scdhhs.gov.

This alert applies only to beneficiaries enrolled under Fee-for-Service (FFS) Medicaid.

Thank you for your continued support of the Medicaid program.