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Jan. 20, 2021 MB# 21-001

## MEDICAID BULLETIN

TO: Physicians, All Providers of Physician-administered Drugs

SUBJECT: Changes to Prior Authorization Review Process for Select Physicianadministered Drugs

The South Carolina Department of Health and Human Services (SCDHHS) today announced the prior authorization review for several physician-administered drugs will transition from a review process administered by KEPRO to a review process administered by Magellan Specialty (formerly ICORE). This change is effective Feb. 4, 2021, for the drugs listed below. Providers should continue to use the KEPRO prior authorization review process until Feb. 4, 2021.

Code	Drug Name	Code	Drug Name
90378	Synagis	J9145	Darzalex
J0222	Onpattro	J9173	Imfinzi
J0517	Fasenra	J9205	Onivyde
J0584	Crysvita	J9395	Faslodex
J1303	Ultomiris	Q5103	Inflectra
J1322	Vimizim	Q5104	Reflexis
J2182	Nucala	Q5106	Retacrit
J2350	Ocrevus	Q5108	Fulphila
J2357	Xolair	Q5110	Nivestym
J2786	Cinqair	Q5111	Udenyca
J3398	Luxturna	Q5112	Ontruzant
J9022	Tecentriq	Q5113	Herzuma
J9023	Bavencio	Q5114	Ogivri
J9047	Kyprolis	Q5116	Trazimera
J9119	Libtayo		

The prior authorization requirement will be removed for Mvasi (Q5107) and Avastin (J9035) at this time and until further notice.

Beginning Feb. 4, 2021, providers may submit prior authorization requests to Magellan Specialty using any of the following methods:

- Providers may contact Magellan Specialty by calling (800) 424-8219
- Providers may fax requests to Magellan Specialty's HIPAA-compliant fax line at (888) 656-6671
- Providers may submit requests through Magellan Specialty's secure web portal at https://ih.magellanrx.com/

Authorization or denial for the drug will be communicated to the provider by Magellan Specialty. **Failure** to obtain approval prior to provision of services may result in a claim denial.

Please direct any questions or concerns regarding this bulletin to the SCDHHS Provider Service Center at (888) 289-0709.

Thank you for your continued support of the South Carolina Medicaid Program.

/s/ T. Clark Phillip