

Attention: All Providers



IMPORTANT CHANGES to MEDICAID MEDICAL PHARMACY PRIOR AUTHORIZATION PROCESS

Effective January 1, 2023, for medical pharmacy drugs that require a prior authorization (PA) for Medicaid members, Magellan Rx will no longer be processing those requests. UPHP will now be accepting those prior authorization requests directly from providers via fax and eventually through the new provider portal.

An updated prior authorization request form and PA criteria will be located on our website: <https://www.uphp.com/pharmacy/medicaldrugbenefitjcode/>

Completed request forms, with supplemental documentation, can be faxed to **906-225-4516**. Questions regarding Medicaid Medical Pharmacy Prior Authorizations can be directed to: **906-232-1628**

Magellan Rx will continue to manage post-service claim edits (PSCE). Questions regarding PSCE can be directed to: **1-800-424-8241**

List of Medical Pharmacy Drugs that will require a Prior Authorization for Medicaid as of 1/1/2023:

J Code and Label Name	Generic Name
J0129: Orencia	abatacept
J0172: Aduhelm	aducanumab-avwa
J0585: Botox	onabotulinumtoxinA
J0586: Dysport	abobotulinumtoxinA
J1459: Privigen	intravenous immune globulin
J1551: Cutaquig	subcutaneous immune globulin
J1554: Asceniv	intravenous immune globulin
J1555: Cuvitru	subcutaneous immune globulin
J1556: Bivigam	intravenous immune globulin
J1557: Gammplex	intravenous immune globulin
J1558: Xembify	subcutaneous immune globulin
J1559: Hizentra	subcutaneous immune globulin
J1561: Gammaked	intravenous immune globulin
J1561: Gamunex-C	intravenous immune globulin
J1566: Carimune NF	intravenous immune globulin
J1568: Octagam	intravenous immune globulin

J Code and Label Name	Generic Name
J1566: Gammagard S/D	intravenous immune globulin
J1569: Gammagard Liquid	intravenous immune globulin
J1572: Flebbogamma	intravenous immune globulin
J1575: HyQvia	subcutaneous immune globulin
J1599: Intravenous Immune Globulin	intravenous immune globulin
J1745: Remicade	infliximab
J2323: Tysabri	natalizumab
J2350: Ocrevus	ocrelizumab
J2357: Xolair	omalizumab
J2506: Neulasta	pegfilgrastim
J2507: Krystexxa	pegloticase
J3357: Stelara SQ	ustekinumab
J3380: Entyvio	vedolizumab
J3590: Subcutaneous Immune Globulin	subcutaneous immune globulin
Q5103: Inflectra	infliximab-dyyb
Q5104: Renflexis	infliximab-abda
Q5108: Fulphila	pegfilgrastim-jmdb
Q5120: Udenyca	pegfilgrastim-cbqv
Q5120: Ziextenzo	pegfilgrastim-bmez
Q5121: Avsola	infliximab-axxq
Q5122: Nyvepria	pegfilgrastim-apgf