



Prior Authorization Changes for Specialty Drugs Frequently Asked Questions

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Ever-changing advances in medicine have resulted in a wide variety of approaches to treating cancer and other diseases. As part of Independent Health's efforts to support physicians' treatment plans that are consistent with evidence-based, best practices, we have partnered with Magellan Rx Management (Magellan Rx) to review and approve specialty drugs.

- Magellan Rx pre-authorizes specialty drug requests for our commercial, state products and Medicare Advantage members.
- This requirement does not apply to self-funded members. However, physicians will need to continue following current Independent Health policies and procedures as they relate to prior authorization for self-funded members.

What is Magellan Rx Management (Magellan Rx)?

Magellan Rx is a subsidiary of Magellan Health Services and is a leading injectable benefits management company, with expertise in controlling specialty pharmaceutical costs for managed care organizations.

What drugs require a prior authorization review by Magellan Rx?

There are certain specialty drugs that fall under the medical benefit and certain specialty drugs that fall under the pharmacy benefit included in this program. Please refer to the list posted [here](#).

For drugs other than those included on the posted list, coverage will not change. Please contact Independent Health's Provider Services at (716) 631-3282 Monday through Friday from 8 a.m. to 6 p.m. if you have questions about the coverage of specialty drugs that are not included in this program.

Where can I find medical policies criteria and guidelines for the specialty drugs in this program?

Medical and Pharmacy policies are posted [here](#) on the Magellan Rx Provider Portal.

To what places of service does the prior authorization apply?

Magellan Rx requires prior authorization for the drugs included in this program when administered in the following settings:

- Physician office (POS 11)
- Outpatient hospital (POS 22 and 19)
- Home Infusion (POS 12)

Prior authorization by Magellan Rx for the specialty drugs included in this program are not required when these drugs are administered during an inpatient stay, in an emergency room, or in an observation room setting.

How do practitioners contact Magellan Rx to request a prior authorization or re-authorization?

Visit the Magellan Rx secure portal at www.mrxgateway.com and log in to the portal using your email address and password to access your provider account , or call Magellan Rx directly at 1-800-424-8231 (Monday – Friday, 8a.m. to 5p.m. EST) for urgent requests.

To expedite prior authorizations, the practitioner should have the following information:

- Ordering provider name, address and office telephone number
- Rendering provider name, address and office telephone number (if different from ordering provider)
- Member name, date of birth and ID number
- Requested medication name
- Anticipated start date of treatment
- Member height and weight
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Previous therapy failures
- Additional clinical detail

If requested by Magellan Rx, the practitioner should be prepared to fax the following documents to Magellan Rx HIPAA-compliant fax at 1-888-656-6671:

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the ordering provider to obtain the prior authorization before services are provided. If the ordering provider and the rendering provider are different, the rendering provider is responsible for ensuring that the appropriate approval is on file.

What type of Post Service Claim reviews will Magellan Rx be conducting on behalf of Independent Health?

In addition to providing prior authorization, Magellan Rx will review claims for:

- Medical necessity/Appropriateness of use
- Accurate claims submission that is consistent with treatment protocol
- Appropriate frequency, duration, correct units and eligible diagnosis

Registration and Use of Magellan Rx Management Provider Portal

How does a provider obtain access to the Magellan Rx Provider Portal?

Please visit the Magellan Rx portal at www.mrxgateway.com and complete the following steps:

1. Click on *New Provider Access Request* under the *Sign In* box.
2. Fully complete the *New User Request Form*.

Please have the following information ready:

- Provider/facility name
- Provider/facility service address
- Practice Tax ID number
- NPI
- Health plan name
- Requestor's full name
- Requestor's email address and phone number
- Practice Administrator Name and Email (if not the same as requestor)

3. Click *Register*.

Please allow up to 2 business days for information regarding your user access.

The practice administrator has the ability to create accounts for each provider portal user in the practice.

The Magellan Rx Provider Portal cannot be used for retrospective or urgent authorization requests. Those requests must be processed directly through the Magellan Rx Call Center.

Can I use same User ID and password that I already have established with Magellan Rx for a different health plan?

Yes. You may use the same User ID and password. Simply contact Magellan Rx to update your account to include Independent Health.

What do I do if I cannot see one of the practitioners in our practice listed on Magellan Rx Provider Portal?

- Send a secure message to Magellan Rx via their provider portal through the *Contact Us* link in the upper right-hand corner of the screen.
- If it is an urgent request, call 1-800-424-8231.

If all of the practitioners in a practice share a tax ID number (TIN), is more than one user ID and PIN needed?

No. Portal users will be able to conduct transactions for every network practitioner linked to the practice's TIN. Magellan Rx system will present them with a drop-down menu so they can select the correct provider to link to the transaction.

Prior Authorization Requests

Practitioners will have the opportunity to obtain upfront prior authorizations to help streamline medication administration and service.

- If a prior authorization request does not initially have sufficient evidence to be approved, it is pended for Initial Clinical Review by Magellan Rx Clinical Pharmacists.
- If the Initial Clinical Reviewer (ICR) finds the request meets clinical criteria, the Initial Clinical Reviewer can approve the prior authorization request.
- If the ICR cannot find sufficient evidence to approve the prior authorization request, they will schedule a peer-to-peer conversation between the practitioner and Magellan Peer Clinical Reviewer, who is a board-certified physician. The Magellan Rx Peer Clinical Reviewer will render the final determination based on the information received.

Note: Magellan Rx Initial Clinical Reviewers are clinical pharmacists.

Will the practitioner be able to speak directly to the clinician making a determination on a prior authorization request?

Yes. If there is a question regarding a particular patient's use of a medication, Magellan Rx clinicians are available, as a resource, to consult with practitioners.

In most cases, approvals can be made based on the initial information provided by the requestor directly through the Magellan Rx portal.

- If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to the requesting practitioner.
- If they cannot reach an agreement regarding the appropriate course of treatment with respect to the requested drug, the case will be escalated to a Magellan Rx physician reviewer.

Magellan Rx physician will discuss the case with the practitioner and ideally they will reach a mutual agreement on an appropriate course of action.

What if Magellan Rx does not have all of the necessary information to make a determination on a prior authorization request?

If Magellan Rx does not have all of the necessary information to make a determination, then the request will be pended for clinical review. Magellan Rx will contact the office to gather additional information if needed. The provider office may view the status of the request on www.mrxgateway.com under *View Prior Authorizations*.

Are clinical trials a part of this program?

No, clinical trials are not a part of this program. The provider should contact Independent Health's Provider Services at (716) 631-3282 Monday through Friday from 8 a.m. to 6 p.m. for clinical trial information.

How are urgent requests handled?

Urgent requests will be completed within 24 hours of receiving the request. Please keep in mind that the Magellan Rx portal cannot be used for retrospective or urgent approval requests (e.g. immediate

requests, requests needing approval within 24-hours). Those must be processed directly through the Magellan Rx call center. The review and determination process may take longer if member or practitioner eligibility verification is required, or if the request requires additional clinical review.

How are routine (non-urgent) requests handled?

Non-urgent requests will be completed within 72 hours of receiving all necessary information. In most cases, Magellan Rx can review and determine prior authorizations during the initial request if all the information needed to process a request is provided. The review and determination process may take longer if member or practitioner eligibility verification is required, or if the request requires additional clinical review.

What is required for a provider with multiple TINs?

If a provider sees a member in more than one office, the provider will not need to call for an additional prior authorization. However, if you need to add another TIN to a prior authorization, contact Magellan Rx.

Is the prior authorization physician-specific for group practices?

No, Magellan Rx approvals are applied at the TIN level.

If a provider orders a drug and gets prior authorization and then the drug is administered in and billed for by the outpatient facility, will the claim get paid?

The outpatient facility will only get paid if the provider selected that outpatient facility as the rendering provider or if the provider and the outpatient facility share the same TIN in our claims system.

If a provider orders the drug and gets prior authorization when the drug is to be administered in and billed for by the outpatient facility, how should the clinic verify the PA is on file with Magellan Rx?

The outpatient facility can view the status of the approval at www.mrxgateway.com.

Requesting Prior Authorization When Rendering Provider and Ordering Provider are Different

The following section provides information on how to select a provider when services will be performed in an outpatient facility setting.

Arranging for patients to receive services from an outpatient facility setting.

To enter a request for a prior authorization for members to obtain drugs in an outpatient facility, you must be signed into your account page on the Magellan Rx portal at www.mrxgateway.com :

- After entering your patient's information and selecting yourself or your group's name as the requesting provider, answer "Yes" to the question "Will an alternative servicing provider be utilized for this request?"

- Search for and select the outpatient facility site where the member will receive the injectable drugs.
- Continue entering the prior authorization request

All rendering providers are required to check the Magellan Rx provider portal to confirm that a prior authorization has been issued prior to administering a drug that is part of this program. If no prior authorization has been issued to the rendering provider, the claim will be denied.

Rendering providers must check the Magellan Rx provider portal to ensure that a prior authorization has been obtained prior to providing services. The following provides information on how to the rendering

To view a prior authorization, you must be signed into your account page at www.mrxgateway.com :

- Select “View Prior Authorizations” and enter either the patient’s first and last name or their member identification number. Providers also have the option of viewing all of the prior authorizations created and associated to their TIN.
- The practitioner should check the prior authorization for the following:
 - The member name and ID number
 - That practitioner is listed as the servicing provider and that the correct facility location is on the prior authorization
 - The dates of service have not expired
 - The drug(s) and number of units that have been approved

If the practitioner has any questions, the practitioner should contact Magellan Rx directly at 1-800-424-8231, (Monday – Friday, 8a.m. to 5p.m Eastern).

Who is considered the “provider” for outpatient facility?

Approvals will be issued to the outpatient facility if the outpatient facility is selected as the alternate serving provider.

Once prior authorization is given, can a request be made to change the dose or frequency before the approval duration has expired?

After an approval is generated, a change in dose and/or frequency can be submitted. The clinical staff will review the request and render a decision.

Can the length of the prior authorization be negotiated or is it pre-planned?

The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable. For chemotherapy medications, the approval duration will be six months. Because existing conditions such as lab values and chemotherapy regimens can change more frequently, the validity period for supportive medications will be less, depending on the class of drugs.

Can one prior authorization include multiple drugs? Or will the provider have to obtain a prior authorization for each drug?

There is one prior authorization number per drug, but Magellan Rx can process multiple requests during the same portal session or telephone call.

Is this prior authorization process required when Independent Health is secondary?

Prior authorization review with Magellan Rx is only required when Independent Health is designated as primary insurance coverage.

Claims

Where do we submit claims?

Continue to submit claims to the same addresses or, if submitting electronically, using the same payer ID the provider uses now.

Who is responsible for payment if the provider fails to obtain the appropriate prior authorization?

The claim for the rendering provider will deny and the member should be held harmless. Rendering providers need to make sure a PA is on file with Magellan Rx before administering the drugs to members. When prior authorization is required but was not obtained, providers can follow instructions on EOB to submit a claim appeal.

Appeals

What does the practitioner do if Magellan Rx denies a request and the practitioner chooses to dispute the decision?

Before a final decision is made, practitioners will have an opportunity to speak with a pharmacist and with a physician, as well as submit relevant medical records. If a practitioner still disagrees, practitioners may exercise their appeal rights with IH as outlined within the denial letter.

Who can a provider contact for more information?

The provider should call the Independent Health's Provider Services at (716) 631-3282 Monday through Friday from 8 a.m. to 6 p.m.