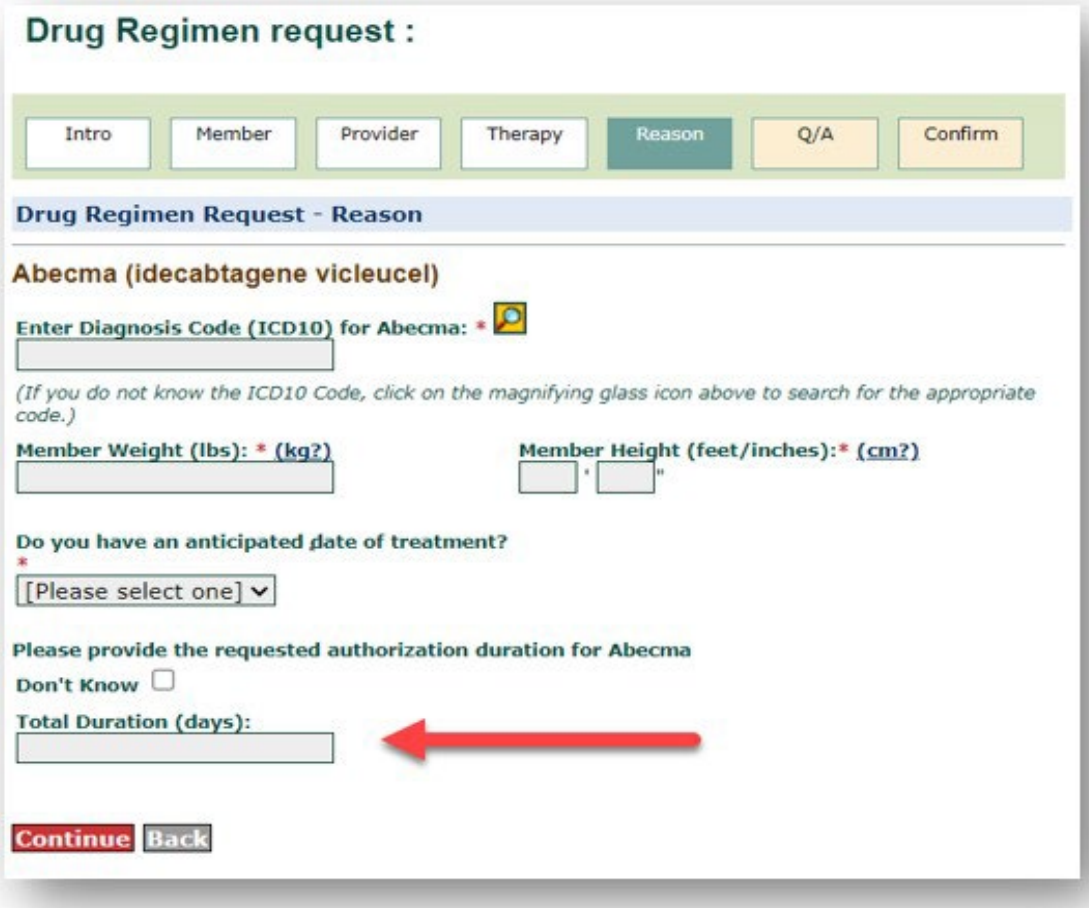
New update regarding the Magellan portal for medical pharmacy authorizations

Effective, Jan. 1, 2024, Magellan Rx/Prime Therapeutics will require requested authorization duration for Medicare members. In compliance with Medicare Final Rule 4201-F effective Jan. 1, 2024, prior authorization requests for specialty pharmacy medications submitted to Magellan Rx/Prime Therapeutics for Medicare members will require the requester to enter a requested *number of days* for the *authorization duration* for the requested drug regimen. Please be prepared to enter the requested duration on the provider portal (MRxGateway.com) or to provide this information verbally to the intake team if requesting an authorization by phone.

If this information is not provided at the time of the request, Magellan will contact the provider office to obtain this information. The provider's requested duration must be provided before an authorization may be issued.

Please see the screenshot below illustrating where this new duration field will appear in the "Request Prior Authorizations" workflow on the Magellan provider portal MRxGateway.com. Please contact Magellan at 1-800-424-8243 with any questions.


Drug Regimen request :
Intro
Member
Provider
Therapy
Reason
Q/A
Confirm
Drug Regimen Request - Reason
Abecma (idecabtagene vicleucel)
Enter Diagnosis Code (ICD10) for Abecma: *
(If you do not know the ICD10 Code, click on the magnifying glass icon above to search for the appropriate code.)
Member Weight (lbs): * (kg?)
Member Height (feet/inches):* (cm?)
Do you have an anticipated date of treatment? *
[Please select one]
Please provide the requested authorization duration for Abecma
Don't Know
Total Duration (days):
Continue
Back