

Florida Fee-For-Service Medicaid to review all Spinraza and Exondys 51 prior authorization requests

Summary of change: Effective immediately, fax all prior authorization requests for Spinraza® and Exondys 51™ for Amerigroup members enrolled in Statewide Medicaid Managed Care Managed Medical Assistance to the Florida Fee-For-Service (FFS) Medicaid pharmacy benefit manager, Magellan, at 1-877-614-1078. Providers should fax the request to Magellan using the Agency for Health Care Administration's (AHCA) Spinraza or Exondys 51 *Pharmacy Prior Authorization* forms as appropriate. These forms are located on the *Drug Criteria Page* of the AHCA website at http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria.shtml.

Providers can contact the Magellan clinical phone number for questions and information at 1-800-603-1714; however, all requests must be faxed to Magellan.

For pharmacy claims processing

Claims for Spinraza and Exondys 51 must be submitted to Florida FFS Medicaid for payment, not to Amerigroup. Pharmacies should submit claims using the following information:

- BIN: 13352
- PCN: P035013352
- GROUP: FLMEDICAID

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.