Medicare Advantage Prior Authorization Requirements List

Revised March 2024

Please note: The terms prior authorization, prior approval, predetermination, advance notice, precertification, preauthorization and prior notification all refer to the same process.

Medical Mutual acts in accordance with guidance and policies from the Centers for Medicare & Medicaid Services (CMS). Medicare coverage is limited to clinically proven items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury, and within the scope of a Medicare benefit category.

CMS National Coverage Determinations (NCDs) are nationwide determinations of whether Medicare will pay for an item or service. Medical Mutual follows NCDs in making prior authorization determinations and in the absence of, or in conjunction with an NCD when specified, Local Coverage Determinations (LCDs) are followed. LCDs are regional determinations implemented by Medicare Administrative Contractors (MACs). LCDs are based upon the reasonable and necessary criteria found in Social Security Act §1862(a)(1)(A) provisions. With the exception of laboratory testing, which is covered by the MAC responsible for the jurisdiction where the testing occurs, the LCDs used in determinations are maintained by the MAC responsible for the Ohio jurisdiction.

If no NCD, LCD or other CMS published information is available, Medical Mutual utilizes MCG care guidelines Level of Care criteria and selected MCG imaging, procedures and DME criteria; or Corporate Medical Policy (CMP) guidelines. Medical Mutual creates and implements the CMPs based upon current peer-reviewed medical and scientific literature and practice guidelines published by nationally recognized authoritative bodies. In addition, approval by the U.S. Food and Drug Administration and information provided by the Hayes Medical Technology Directory® represent other factors considered in the decision-making process.

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
Outpatient Services **(furnished in a physician office, certified ambulatory surgery center, inpatient or outpatient hospital, or any other location)**	Ambulance services DME Genetic Testing Other Medical/Surgical/Diagnostic Services Reconstructive procedures Surgical Procedures Other additional services **Please go to HERE for a list of codes that require prior authorization.**	Care Management Web: http://navinet.force.com Fax: 1-800-221-2640 or Prior Approval Form **All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.**
Diagnostic Radiology/Imaging (Outpatient only)	Computed Tomography (CT) Magnetic Resonance Imaging/Angiography (MRI/MRA) Myocardial perfusion (SPECT/PET) and cardiac blood pool imaging Other Nuclear Medicine Position Emission Tomography (PET) **A full listing by procedure is available at www.evicore.com/resources/healthplan/medical-mutual-of-ohio under Solution Resources.**	eviCore Healthcare Web: https://www.evicore.com/pages/providerlogin.aspx or Phone: 1-888-693-3211 Fax:1-888-693-3210

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Radiation/Oncology Services (Outpatient only)	Brachytherapy Stereotactic Radiation Therapy Intensity Modulated Radiation Therapy (IMRT) Neutron Beam Radiation Therapy Intraoperative Radiation Therapy (IORT) Proton Beam Radiation Therapy Hyperthermia Treatment Radiation Treatment Delivery Radiologic Guidance Therapeutic Radiopharmaceuticals **A full listing by procedure is available at www.evicore.com/resources/healthplan/medical-mutual-of-ohio under Solution Resources.**	eviCore Healthcare Web: https://www.evicore.com/pages/providerlogin.aspx Or Phone: 1-888-693-3211 Fax: 1-866-699-8160
Home Healthcare Services (All)	**Home Health Care (HHC)** No prior authorization is required for home health care services. The provider is responsible to ensure that home care services are medically necessary to be considered a covered service.	
Inpatient Services	**Medical/Surgical Acute Care Admissions** Acute Care Medical/Surgical	Medical Mutual contracting providers submit through MedCommunity: https://mmo-prd.assurecare.com/provider/login For all other providers, please fax clinical information to 1-800-221-2640
	Medical/Surgical Post-Acute Admissions Acute Physical Rehabilitation Long Term Acute Care (LTAC) Skilled Nursing Facility (SNF)	Medical Mutual contracting providers submit through MedCommunity: https://mmo-prd.assurecare.com/provider/login For all other providers, please fax clinical information to 1-800-221-2640
	Behavioral Health Admissions Acute Care Psychiatric/Substance Abuse	Medical Mutual contracting providers submit through MedCommunity: https://mmo-prd.assurecare.com/provider/login For all other providers, please fax clinical information to 1-800-524-9817
	Medical Mutual requires prior approval for the following drugs regardless of whether they are covered under the medical or pharmacy benefits: • ***All new specialty drugs***	

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	• ***All new drugs with significant safety, clinical or potential abuse or diversion concerns*** ***This requirement is intended to ensure medications are used safely and will be effective for members. The prior approval criteria for these drugs are detailed in the Global PA/New Drug Prior Approval policy available at Medmutual.com/Provider*** Abatacept (Orencia IV) Ado-trastuzumab emtansine (Kadcyla®) Afamelanotide (Scenesse) Aflibercept (Eylea, Eylea HD®) Agalsidase beta (Fabrazyme®) Alemtuzumab (Lemtrada®) (when utilized for treatment of multiple sclerosis) Alglucosidase alfa (Lumizyme®, Myozyme®) Alpha1-proteinase inhibitors (Aralast NP™, Glassia™, Prolastin®, Prolastin®-C, Zemaira™) Amivantamab-vmjw (Rybrevant™) Anifrolumab-FNIA (Saphnelo™) Arsenic Trioxide (Trisenox) Asparaginase Erwinia chrysanthemi (Erwinaze) Asparaginase Erwinia chyrsanthemi (recombinant)-rwyn (Rylaze™) Atezolizumab (Tecentriq™) Avacincapted pegol (Izervay) *[New PA requirement effective 8/1/2023]* Avalgucosidase alfa-ngpt (Nexviazyme ™) Avelumab (Bavencio ®) Axicabtagene ciloleucel (Yescarta ™) Belantamab (Blenrep) Belimumab (Benlysta) Bendamustine HCl (Treanda, Belrapzo, Bendeka Vivimusta™) Benralizumab (Fasenra) Beremagene geperpavec-svdt (Vyjuvek) Betibeglogene autotemcel (Zynteglo) Bevacizumab (Avastin, Bevacizumab-awwb (mvasi), Bevaxizumab-adcd (Vegzelma), Bevacizumab-bvzr (Zirabev) (prior approval is required for all conditions except diabetic macular edema, macular edema following retinal vein occlusion, or neovascular (wet) age-related macular degeneration) Bivigam Blinatumomab (Blincyto®) Botulinum Toxin Type A and B Bremalanotide (Vyleesi) Brexucabtagene autoleucel (Tecartus) Brolucizumab-dbll (Beovu) Burosumab-twza (Crysvita) C1 esterase inhibitor [recombinant] (Ruconest)	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	Cabazitaxel (Jevtana) Cabotegravir/ rilpivirine (Cabenuva) Calaspargase Pegol-mknl (Asparlas) Canakinumab (Ilaris ®) Caplacizumab-yhdp (Cablivi) Carfilzomib (Kyprolis®) Casimersen (Amondys 45) Cemiplimab-rwlc (Libtayo) cerliponase alfa (Brineura ™) Certolizumab pegol (Cimzia) Cetuximab (Erbitux®) Ciltacabtagene autoleucel (Carvykti) Cipaglucosidase (Pombiliti) *[New PA requirement effective 11/1/2023]* Copanlisib (Aliqopa ™) Crisanlizumab-tmca (Adakveo) Cuvitru (immune globulin subcutaneous) Daratumumab (Darzelex™) Daratumumab and Hyaluronidase-FIHJ (Darzelex Faspro) Darbepoetin alfa (Aranesp®) Daunorubicin/cytarabine (Vyxeos ™) DaxibotulinumtoxinA-lanm (Daxxify) *[New PA requirement effective 8/1/2023]* Denosumab (Xgeva®) Dostarlimab-gxly (Jemperli) Durvalumab (Imfinzi ™) Ecallantide (Kalbitor) Eculizumab (Soliris®) Edaravone (Radicava ™) Efbemalenograstim Alfa (Ryzneuta) *[New PA requirement effective 1/1/2024]* Efgartigimod alfa (Vyvgart) Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo) Eflapegrastim-xnst (Rolvedon) Elapegademase-lvlr (Revcovi™) Elivalkdogene autotemcel (Skysona) Elosulfase Alfa (Vimizim®) Elotuzumab (Empliciti™) Emapalumab-lzsg (Gamifant) Emicizumab-kxwh (Hemlibra) Enfortumab vedotin-ejfv (Padcev) Enzyme Replacement Therapy for Gaucher Disease (imiglucerase, taliglucerase alfa, velaglucerase alfa) Epcoritamab-gxbm (Epkinly) Epoprostenol (Flolan, Veletri) Eptinezumab-jjmr (Vyepti) Erythropoietin alfa (Epogen®, Procrit®, Retacrit) Esketamine (Spravato™) Eteplirsen (Exondys51) Etranocogene dezaparvovec-drlb (Hemgenix) Evinacumab-dgnb (Evkeeza)	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

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Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	Exagamglogene Autotemcel (Casgevy) *[New PA requirement effective 1/1/2024]* Fam-trastuzumab deruxtecan-nxki (Enhertu) Faricimab-svoa (Vabysmo) Filgrastim (Neupogen®) Filgrastim-aafi (Nivestym™) Fligrastim-sndz (Zarxio™) Flebogamma DIF Fosdenopterin (Nulibry™) Galsulfase (Naglazyme®) Gammagard (all forms) Gammaked Gammaplex Gamunex (all forms) Gemcitabine (Infugem) *[New PA requirement effective 8/1/2023]* Gemtuzumab ozogamicin (Mylotarg) Givosiran (Givlaari) Glofitamab-bysp (Columvi) Golimumab (Simponi Aria) Golodirsen (Vyondys 53) Guselkumab (Tremfya ™) Hyqvia® (immune globulin infusion 10% [Human] with recombinant human hyaluronidase) Ibalizumab (Trogarzo) Idecabtagene vicleucel (Abecma™) Idursulfase (Elaprase®) Iloprost (Ventavis) Inclisiran (Leqvio) Inebilizumab-cdon (Uplinza) Immune globulins (administered intravenous and subcutaneous) Infliximab (Remicade) Infliximab-dyyb-(Inflectra®, Zymfentra) infliximab-abda (Renflexis ™) Infliximab-axxq (Avsola) Inotersen (Tegsedi) inotuzumab ozogamicin (Besponsa ™) Iobenguane I 131 (Azedra®) Ipilimumab (Yervoy®) Irinotecan Liposome Injection (Onivyde) Isatuximab-irfc (Sarclissa) Ixabepilone (Ixempra®) Laronidase (Aldurazyme®) Lecanemab (Leqembi) *[New PA requirement effective 2/1/2024]* Leuprolide acetate IM for depot suspension (Lupron Depot) Levoleucovorin (Fusilev, Khapzory) Lisocabtagene maraleucel (Breyanzi) Lonapegsomatropin-TCGD (Skytrofa) Loncastuximab tesirine-lpyl (Zynlonta) Lovotibeglogene Autotemcel (Lyfgenia) *[New PA requirement effective 1/1/2024]*	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

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Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	Lumasiran (Oxlumo) Lurbinextedin (Zepzelca) Luspatarcept-aamt (Reblozyl) Lutetium Lu 177 dotatate (Lutathera) Lutetium Lu177 vipivotide tetraxetan (Pluvicto) Margetuximab-cmkb (Margenza) Melphalan flufenamide (Pepaxto) Mepolizumab (Nucala®) Methoxy polyethylene glycol-epoetin beta (Mircera®) Mirikizumab-mrkz (Omvoh™IV) Mirvetuximab soravtansine-gynx (Elahere) Mitomycin (Jelmyto) Mogamulizumab-kpkc (Poteligeo®) Mosunetuzumab-axgb (Lunsumio) Moxetumomab pasudotox-tdfk (Lumoxiti) Motixafortide (Aphexda) Nadofaragene firadenovec-vncg (Adstiladrin) Natalizumab (Tysabri) Naxitamab-gpgk (Danyelza) Necitumumab (Portrazza™) Nedosiran (Rivfloza) *[New PA requirement effective 11/1/2023]* Nelarabine (Arranon) Nivolumab (Opdivo®) Nivolumab/elatlimab-rmbw (Opdualag) nusinersen (Spinraza ™) Obinutuzumab (Gazyva®) Ocrelizumab (Ocrevus ™) Octagam Olaratumab (Lartruvo®) Olipudase alfa-rpep (Xenopozyme) Omacetaxine mepesuccinate (Synribo®) Omalizumab (Xolair®) Onasemnogene abeparvovec (Zolgensma®) Paclitaxel albumin-bound (Abraxane®) Panzyga (IVIG) Panitumumab (Vectibix®) Patisirin (Onpattro®) Pegaspargase (Oncaspar®) Pegcetacoplan (Empaveli) Pegcetacoplan (Syfovre) Pegfilgrastim (Neulasta®) Pegfilgrastim-apgf (Nyvepria) Pegfilgrastim-bmez (Ziextenzo) Pegfilgrastim-cbqv) (Udenyca) Pegfilgrastim-fpgk (Stimufend) *[New PA requirement effective 9/1/2023]* Pegfilgrastim-pbbk (Fylnetra) Pegfilgrastim-jmdb (Fulphila™) Pegloticase (KRYSTEXXA) Pegunigalsidase (Elfabrio) Pegvaliase-pqpz (Palynziq)	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

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Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	Pemetrexed (Pemfexy) Pertuzumab (Perjeta®) Pertuzumab, Trastuzumab, Hyaluronidase-zzxf (Phesgo) Plasminogen, human-tvmh (Ryplazim™) Polatuzumab vedotin-piiq (Polivy) Pozelimab-bbfg (Veopoz) *[New PA requirement effective 8/1/2023]* Privigen Ramucirumab (Cyramza®) Ranibizumab (Lucentis®) Ranibizumab (Susvimo) Ranibizumab-eqrn (Cimerli) Ranibizumab-nuna (Byooviz) Ravulizumab-cwvz (Ultomiris) Reslizumab (Cinqair®) Retifanlimab-dlwr (Zynyz) Risankizumab-rzaa (Skyrizi) Rituximab (Rituxan) Rituximab Hyaluronidase (Rituxan Hycela™) Romidepsin (Istodax®) Romiplostim (Nplate®) Romosozumab-aqqg (Evenity™) Ropeginterferon alfa-2b- NJFT (Besremi™) Rozanolixizumab-noli (Rystiggo) *[New PA requirement effective 8/1/2023]* Sacituzumab govitecan-hziy (Trodelvy) Sargramostim (Leukine®) Satralizumab (Enspryng) Sebelipase Alfa (Kanuma®) Secukinumab (Cosentyx™IV) *[New PA requirement effective 11/1/2023]* Setmelanotide (Imcivree Sipuleucel-T (Provenge) Siltuximab (Sylvant®) Sirolimus albumin-bound nanoparticles (Fyarro) Sodium thiosulfate (Pedmark) Somatogon-ghla (Ngenla) *[New PA requirement effective 8/1/2023]* Spesolimab-sbzo (Spevigo) *[New PA requirement effective 9/1/2023]* Supartz Surimlimab-jome (Enjaymo Synagis (Palivizumab) and RSV IVIG Respirgam tafasitamab-cxix (Monjuvi) Tagraxofusp-erzs (Elzonris) Taliglucerade alfa (Eleyso) Talimogene Laherparepvec (Imlygic "T-Vec"™) TBO-Filgrastim (Granix™) Tebentafusp-tebn (Kimmtrak) Teclistamab-cqyv (Tecayli) Teplizumab-mzwv (Tzield)	Medical Drug Management Web: ih.magellanrx.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

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Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	Teprotumumab-trbw (Tepezza) Testosterone cypionate (Depo®-Testosterone) Testosterone enanthate (Delatestryl®) Testosterone pellet (Testopel®) Testosterone undecanoate (Aveed®) Tezepelumab-ekko (Tezspire) Tildrakizumab-asmn (Ilumya™) Tisagenlecleucel (Kymriah ™) Tisotumab vedotin-tftv (Tivdak) Tocilizumab (Actemra IV) Tocilizumab-bavi (Tofidence) *[New PA requirement effective 11/1/2023]* Tofersen (Qalsody) Toripalimab-tpzi (Loqtorzi) *[New PA requirement effective 10/1/2023}* Trabectedin (Yondelis®) Tralokinumab (Adbry) Trastuzumab (Herceptin) Trastuzumab-dkst (Ogivri™) Trastuzumab-dttb (Ontruzant) Trastuzumab-pkrb (Herzuma) Trastuzumab-qyyp (Trazimera) Trastuzumab-anns (Kanjinti) Trastuzumab/hyaluronidase-oysk (Herceptin Hylecta) Tremelimumab-actl (Imjudo) Treprostinil (Remodulin, Tyvaso) Triamcinolone ER (Zilretta) Trilaciclib (Cosela) Ublituximab (Briumvi) Ustekinumab (Stelara IV) Vedolizumab (Entyvio® IV) Valoctocogene roxaparvovec-rvox (Roctavian) *[New PA requirement effective 8/1/2023]* Velmanase alfa-tycv (Lamzede) Velaglucerase alfa (Vpriv) Verteporfin (Visudyne) Vestronidase alfa (Mepsevii) Viltolarsen (Viltepso) Vincristine Sulfate Liposome (Marqibo®) Viscosupplementation Injections (e.g. Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Supartz FX, Synvisc, Synvisc-One, Gel-Syn, Durolane, Trivisc, Synojoynt, Triluron, Visco 3) Voretigene neparvovec (Luxturna) Vosoritide (Voxzogo) Vutrisiran (Amvuttra) *[New PA requirement effective 7/1/2022]* Zilbrysq (zilucoplan)Ziv-aflibercept (Zaltrap)	