Medicare Advantage Prior Authorization Requirements List

Revised May 2025

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: https://login.coherehealth.com **All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.** Fax: 1-800-221-2640 or Prior Approval Form
Cardiology **Gastroenterology** **Sleep**	Ablations Cardiac devices Electrophysiology studies Cardiac Catheterization and interventions Sleep studies Oral appliances CPAPS Capsule endoscopy EGDs Hernia repairs **Additional information can be found at Cohere Payer Information Center**	Cohere Health Web: https://login.coherehealth.com Fax: (570) 684-4168 Phone: (855) 482-3649

Medicare Advantage Prior Authorization Requirements List

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
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) **Additional information can be found at Cohere Payer Information Center**	Cohere Health Web: https://login.coherehealth.com Fax: (570) 684-4168 Phone: (855) 482-3649
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-pportal.assurecaremc.com/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-pportal.assurecaremc.com/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-pportal.assurecaremc.com/login

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
		For all other providers, please fax clinical information to 1-800-524-9817
Medicare Part B Prescription Drugs Requiring Prior Authorization Submit requests for prior authorization to Medical Mutual's Medical Drug Management department	***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*** • ***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) Afamitresgene Autoleucel (Tecelra) Aflibercept (Eylea, Eylea HD®) Aflibercept-mrbb (Ahzantive) [New PA requirement effective 8/1/2024] 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™) Apomorphine hydrochloride (Onapgo) [New PA requirement effective 4/1/2025] Arsenic Trioxide (Trisenox) Asparaginase Erwinia chrysanthemi (Erwinaze) Asparaginase Erwinia chyrsanthemi (recombinant)-rwyn (Rylaze™) Atezolizumab (Tecentriq™) Atidarsagene Autotemcel (Lenmeldy) *[New PA requirement effective 4/1/2024]* Avacincapted pegol (Izervay) Avalgucosidase alfa-ngpt (Nexviazyme ™) Avelumab (Bavencio ®) Axatilimab-csft (Niktimvo) [New PA requirement effective 8/1/2024] Axicabtagene ciloleucel (Yescarta ™) Belantamab (Blenrep) Belimumab (Benlysta)	Medical Drug Management Web: www.gatewaypa.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	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) 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) Concizumab-mtci (Alhemo) [New PA requirement effective 1/1/2025] Copanlisib (Aliqopa ™) Cosibelimab (Unloxcyt) [New PA requirement effective 1/1/2025] Crisanlizumab-tmca (Adakveo) Crovalimab-akkz (Piasky) [New PA requirement effective 8/1/2024] Cuvitru (immune globulin subcutaneous) Datopotamab deruxtecan (Datroway) [New PA requirement effective 1/1/2025] Daratumumab (Darzelex™) Daratumumab and Hyaluronidase-FIHJ (Darzelex Faspro) Darbepoetin alfa (Aranesp®) Daunorubicin/cytarabine (Vyxeos ™) DaxibotulinumtoxinA-lanm (Daxxify) Denileukin diftitox-cxdl (Lymphir) [New PA requirement effective 10/1/2024] Denosumab (Xgeva®) Donanemab-azbt (Kisulna) [New PA requirement effective 8/1/2024]	Medical Drug Management Web: www.gatewaypa.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	Dostarlimab-gxly (Jemperli) Durvalumab (Imfinzi ™) Ecallantide (Kalbitor) Eculizumab (Soliris®, eculizumab-aeeb (Bkemv)) Edaravone (Radicava ™) Efbemalenograstim Alfa (Ryzneuta) Efgartigimod alfa (Vyvgart) Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo) Eflapegrastim-xnst (Rolvedon) Eladocagene Exuparvovec (Kebilidi) *[Not covered effective 11/1/2024]* 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) Exagamglogene Autotemcel (Casgevy) Fam-trastuzumab deruxtecan-nxki (Enhertu) Faricimab-svoa (Vabysmo) Fidanacogene Elaparvovec (Beqvez) *[New PA effective 5/1/2024]* Filgrastim (Neupogen®) Filgrastim-aafi (Nivestym™) Fligrastim-sndz (Zarxio™) Filgrastim-txid (Nypozi) [New PA requirement effective 8/1/2024] Flebogamma DIF Foscarbidopa/phoslevodopa (Vyalev)[New PA requirement effective 4/1/2025] Fosdenopterin (Nulibry™) Galsulfase (Naglazyme®) Gammagard (all forms) Gammaked Gammaplex Gamunex (all forms)	Medical Drug Management Web: www.gatewaypa.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	Gemcitabine (Infugem) 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) Imetelestat (Rytelo) *[New PA effective 6/1/2024]* 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) Levoleucovorin (Fusilev, Khapzory) Lisocabtagene maraleucel (Breyanzi) Lifileucel (Amtagvi) Lonapegsomatropin-TCGD (Skytrofa) Loncastuximab tesirine-lpyl (Zynlonta) Lovotibeglogene Autotemcel *(*Lyfgenia*)* Lumasiran (Oxlumo) Lurbinextedin (Zepzelca) Luspatarcept-aamt (Reblozyl) Lutetium Lu 177 dotatate (Lutathera) Lutetium Lu177 vipivotide tetraxetan (Pluvicto) Margetuximab-cmkb (Margenza) Marstacimab-hncq (Hympavzi) *[New PA effective 11/1/2024]* Melphalan flufenamide (Pepaxto) Mepolizumab (Nucala®) Methoxy polyethylene glycol-epoetin beta (Mircera®) Mirikizumab-mrkz (Omvoh™IV) Mirvetuximab soravtansine-gynx (Elahere) Mitomycin (Jelmyto)	Medical Drug Management Web: www.gatewaypa.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	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) Nelarabine (Arranon) Nivolumab (Opdivo®) Nivolumab/elatlimab-rmbw (Opdualag) Nivolumab/hyaluronidase (Opdivo Quvantiq) [New PA requirement effective 2/1/2025] Nogapendekin alfa inbakicept-pmln (Anktiva) *[New PA effective 5/1/2024]* nusinersen (Spinraza ™) Obecabtagene autoleucel (Auctatzyl) *[New PA effective 11/1/2024]* Obinutuzumab (Gazyva®) Ocrelizumab (Ocrevus ™) Octagam Olaratumab (Lartruvo®) Olipudase alfa-rpep (Xenopozyme) Omacetaxine mepesuccinate (Synribo®) Omalizumab (Xolair®) Omalizumab-igec (Omlyclo) New PA requirement effective 5/1/2025 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) Pegfilgrastim-pbbk (Fylnetra) Pegfilgrastim-jmdb (Fulphila™) Pegloticase (KRYSTEXXA) Pegunigalsidase (Elfabrio) Pegvaliase-pqpz (Palynziq) Pemetrexed (Pemfexy) Pertuzumab (Perjeta®) Pertuzumab, Trastuzumab, Hyaluronidase-zzxf (Phesgo) Plasminogen, human-tvmh (Ryplazim™) Polatuzumab vedotin-piiq (Polivy)	Medical Drug Management Web: www.gatewaypa.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	Pozelimab-bbfg (Veopoz) Privigen Ramucirumab (Cyramza®) Ranibizumab (Lucentis®) Ranibizumab (Susvimo) Ranibizumab-eqrn (Cimerli) Ranibizumab-nuna (Byooviz) Ravulizumab-cwvz (Ultomiris) Remestemcel-L (Ryoncil) [New PA requirement effective 1/1/2025] Reslizumab (Cinqair®) Retifanlimab-dlwr (Zynyz) Revakinagene taroretcel-lwey (Encelto) *[New PA requirement effective 4/1/2025]* Risankizumab-rzaa (Skyrizi) Rituximab (Rituxan) Rituximab Hyaluronidase (Rituxan Hycela™) Romidepsin (Istodax®) Romiplostim (Nplate®) Romosozumab-aqqg (Evenity™) Ropeginterferon alfa-2b- NJFT (Besremi™) Rozanolixizumab-noli (Rystiggo) Sacituzumab govitecan-hziy (Trodelvy) Sargramostim (Leukine®) Satralizumab (Enspryng) Sebelipase Alfa (Kanuma®) Secukinumab (Cosentyx™IV) Setmelanotide (Imcivree Sipuleucel-T (Provenge) Siltuximab (Sylvant®) Sirolimus albumin-bound nanoparticles (Fyarro) Sodium thiosulfate (Pedmark) Somatogon-ghla (Ngenla) Sotatercept (Winrevair) *[New PA requirement effective 4/1/2024]* Spesolimab-sbzo (Spevigo) Supartz Surimlimab-jome (Enjaymo Synagis (Palivizumab) and RSV IVIG Respirgam tafasitamab-cxix (Monjuvi) Tagraxofusp-erzs (Elzonris) Taliglucerade alfa (Eleyso) Talimogene Laherparepvec (Imlygic "T-Vec"™) Tarlatamab (Imdeltra) *[New PA effective 5/1/2024]* TBO-Filgrastim (Granix™) Tebentafusp-tebn (Kimmtrak) Teclistamab-cqyv (Tecayli) Teplizumab-mzwv (Tzield) Teprotumumab-trbw (Tepezza) Testosterone cypionate (Depo®-Testosterone) Testosterone enanthate (Delatestryl®)	Medical Drug Management Web: www.gatewaypa.com Fax: 1-888-656-1948 Phone: 1-800-424-7698 Prior Approval Form

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
	Testosterone pellet (Testopel®) Testosterone undecanoate (Aveed®) Tezepelumab-ekko (Tezspire) Tildrakizumab-asmn (Ilumya™) Tisagenlecleucel (Kymriah ™) Tislelizumab (Tevimbra) *[New PA requirement effective 4/1/2024]* Tisotumab vedotin-tftv (Tivdak) Tocilizumab (Actemra IV) Tocilizumab-bavi (Tofidence) Tocilizumab-aazg (Tyenne) *[New PA effective 4/1/2024]* Tofersen (Qalsody) Toripalimab-tpzi (Loqtorzi) 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) Ustekinumab-ttwe (Pyzchiva) [New PA requirement effective 8/1/2024] Ustekinumab-aauz (Otulfi) [New PA requirement effective 2/1/2025] Ustekinumab-auub (Wezlana) Ustekinumab-kfce (Yesintek) [New PA requirement effective 2/1/2025] Ustekinumab-srlf (Imuldosa) [New PA requirement effective 2/1/2025] Ustekinumab-stba (Steqeyma) [New PA requirement effective 2/1/2025] Vedolizumab (Entyvio® IV) Valoctocogene roxaparvovec-rvox (Roctavian) 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)	

CATEGORY	DETAILS	SUBMIT TO (PROVIDER USE ONLY)
	Vosoritide (Voxzogo) Vutrisiran (Amvuttra) Zanidatamab-hrjj (Ziihera) [New PA requirement effective 2/1/2025] Zilbrysq (zilucoplan)Ziv-aflibercept (Zaltrap) Zenocutuzumab (Bizengri) [New PA requirement effective 2/1/2025] Zolbetuximab-clzb (Vyloy) *[New PA effective 11/1/2024]*	