MCC of AZ (HMO SNP)
Administered Drugs Requiring Prior Authorization as of 10/01/2020

Medicare Part B covers a limited number of outpatient prescription drugs under limited conditions. Usually, Part B drugs are medical drugs you wouldn’t give to yourself. They are administered at a doctor’s office or hospital outpatient setting. Some of these drugs require prior authorization. These drugs include:

- Acthar
- Alimta
- Avastin
- Bendeka (new)
- Berinert
- Bivigam
- Botox
- Carimune
- Cerezyme
- Cinryze
- Darzalex (new)
- Dysport
- Elelyso
- Emend
- Entyvio
- Erbitux
- Evenity
- Exondys 51
- Eylea
- Firazyr
- Flebogamma
- Gamastan S/D
- Gamifant
- Gammagard
- Gammmaplex
- Gamunex-C
- Gazyva (new)
- Haegarda
- Herceptin
- Hizentra
- Imfinzi (new)
- Jetrea
- Jevtna (new)
- Kadcyla
- Kalbitor
- Keytruda
- Lemtrada
- Lucentis
- Lumizyme
- Mozobil (new)
- Myobloc
- Neulasta
- Nplate
- Octagam
- Oncaspar
- Onpattro
- Opdivo
- Ocrevus
- Perjeta
- Privigen
- Prolia/Xgeva
- Regranex
- Remicade
- Rituxan
- Rituxan Hycela
- Ruconest
- Sandostatin
- Simponi
- Soliris
- Takhzyro
- Tysabri
- Vectibix
- Velcade
- VPRIV
- Xeomin
- Xiaflex
- Xolair
- Yervoy

If your treatment includes any of the medical drugs listed, ask your provider if this change affects you. If so, your provider must submit a Prior Authorization request by fax to Magellan Complete Care of Arizona (HMO SNP) at 1-800-656-2390.

- Your provider must give us supporting documentation with all requests.
- Your provider must provide your treatment history information.