

Molina Healthcare (Molina)

Provider Notice

Re: Changes to prior authorization requirements

April 1, 2021

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of May 1, 2021.

IP/OP*	OP UM Type	Proc/HCPCS Code	Code Description	PA Change Type (Add/Remove)
OP	N/A	J1554	Injection, immune globulin (asceniv), 500 mg	Add
OP	N/A	J9037	Injection, belantamab mafodontin-blmf, 0.5 mg	Add
OP	N/A	J9349	Injection, tafasitamab-cxix, 2 mg	Add
OP	N/A	J7352	Afamelanotide implant, 1 mg	Add
OP	N/A	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Add
OP	N/A	J1427	Injection, viltolarsen, 10 mg	Add
OP	N/A	C9072	Inj, imm glob asceniv	Add
OP	N/A	J9144	Daratumumab, hyaluronidase	Add
OP	N/A	J9281	Mitomycin instillation	Add
OP	N/A	C9070	Injection, tafasitamab-cxix	Add
OP	N/A	Q5122	Inj, nyvepria	Add
OP	N/A	J9316	Pertuzu, trastuzu, 10 mg	Add

OP	N/A	J7212	Factor viia recomb sevenfact	Add
OP	N/A	S0013	Esketamine, nasal spray, 1 mg	Add
OP	N/A	J9317	Sacituzumab govitecan-hziy, 2.5	Add
OP	N/A	C9071	Injection, viltolarsen, 10 mg	Add
OP	N/A	J9223	Inj. lurbinedectin, 0.1 mg	Add
OP	N/A	C9069	Belantamab mafodotin-blmf	Add
OP	N/A	J1823	Inj. inebilizumab-cdon, 1 mg	Add
OP	N/A	J1756	Injection, iron sucrose, 1 mg	Remove
OP	N/A	C9074	Injection, lumasiran, 0.5 mg	Add
OP	N/A	J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Add
OP	N/A	J9348	Injection, naxitamab-gqgk, 1 mg	Add
OP	N/A	J9353	Injection, margetuximab-cmkb, 5 mg	Add
OP	N/A	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Add

*OP includes HCPCS codes for procedures, services, medications or supplies

If you have members on these medications or needing services that have been added to this list, please submit a prior authorization request before the member's next appointment or prior to initiating therapy. Submit requests to Molina by faxing a completed prior authorization form to 1-866-210-1523 for CCC Plus or 1-855-769-2116 for Medallion 4.0. You can access the form on the provider pages of our website at [Molinahealthcare.com](https://www.molinahealthcare.com) under the "Forms" section.

We'll notify you of any further changes.

Please visit [Molinahealthcare.com](https://www.molinahealthcare.com) to view the full list of medications requiring a prior authorization.

If you have any questions, comments or concerns about these changes and/or this process, please call us at 1-800-424-4524 for CCC Plus and 1-800-424-4518 for Medallion 4.0.

If you also treat DSNP members, please refer to the authorization list located at www.mccofva.com/dsnp. If you have questions or need prior authorization for a DSNP member, call 1-800-424-4495.