



# Magellan Complete Care of Arizona (MCC of AZ) Provider Notice

Re: Changes to prior authorization requirements

January 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 February 1, 2021.

IP/OP*	OP UM Type	Proc/HCPCS Code	Code Description	PA Change Type (Add/Remove)
OP	N/A	J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	Add
OP	N/A	J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	Add
OP	N/A	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Add
OP	N/A	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Add
OP	N/A	J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Add
OP	N/A	J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Add

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

If you have members on 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 MCC of AZ by faxing a completed prior authorization form to 1-888-656-7501. You can access the form on the provider pages of our website at [www.mccofaz.com](http://www.mccofaz.com) under the “Forms” section. We will notify you of any further changes.

Please visit [www.mccofaz.com](http://www.mccofaz.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 1-800-424-5891 Monday through Friday from 8 a.m. to 6 p.m. local time.

If you also treat DSNP members, please refer to the authorization list located at [www.mccofaz.com/dsnp](http://www.mccofaz.com/dsnp). If you have questions or need prior authorization for a DSNP member, call 1-800-424-4509.