Dean Advantage
Prevea360 Medicare Advantage

Medicare Coverage from Dean Health Plan

Dean Health Plan 2022 Medical Prior Authorization (PA) Criteria

Please read: This document contains information about our Prior Authorization Criteria

Prior Authorization: Dean Health Plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from Dean Health Plan before you fill your prescriptions. If you don't get approval, Dean Health Plan may not cover the drug.

This document was updated on 01/01/2022.
For more recent information or other questions, please contact Dean Health Plan, Inc. at 1-877-232-7566 (TTY: 711), 8 am – 8 pm, weekdays (year-round) and weekends (Oct. 1 – Mar. 31) or visit exploreyouradvantage.com

DeanHealthPlan

A member of SSM Health

DEAN MAPD and PREVEA 360 MAPD PRIOR AUTHORIZATIONS		
DHP/P360 MAPD	MAPD1823_LUTATHERA_lutetium_Lu_177_dotatate.pdf	LUTATHERA-lutetium Lu 177 dotatate
DHP/P360 MAPD	MAPD2104-CEREZYME-imiglucerase.pdf	CEREZYME-imiglucerase
DHP/P360 MAPD	MAPD2105-ELAPRASE-idursulfase.pdf	ELAPRASE-idursulfase
DHP/P360 MAPD	MAPD2106-ELELYSO-taliglucerase alfa.pdf	ELELYSO-taliglucerase alfa
DHP/P360 MAPD	MAPD2107-LUMIZYME-alglucosidase alfa.pdf	LUMIZYME-alglucosidase alfa
DHP/P360 MAPD	MAPD2108-NAGLAZYME-galsulfase.pdf	NAGLAZYME-galsulfase
DHP/P360 MAPD	MAPD2109-VIMIZIM-elosulfase.pdf	VIMIZIM-elosulfase
DHP/P360 MAPD	MAPD2110-VPRIV-velaglucerase alfa.pdf	VPRIV-velaglucerase alfa
DHP/P360 MAPD	MAPD CMS LCD L33394 Infliximab	Infliximab Infusions
DHP/P360 MAPD	MAPD9300-FABRAZYME-agalsidase-EFFECTIVE 05.01.2021.pdf	FABRAZYME-agalsidase
DHP/P360 MAPD	MAPD9405-ACTEMRA-IV-tocilizumab.pdf	ACTEMRA-IV-tocilizumab
DHP/P360 MAPD	MAPD9438_Pertuzumab Products.pdf	Pertuzumab Products
DHP/P360 MAPD	MAPD9457-ORENCIA-IV-abatacept.docx	ORENCIA-abatacept-IV
DHP/P360 MAPD	MAPD9457-ORENCIA-IV-abatacept.pdf	ORENCIA-abatacept-IV
DHP/P360 MAPD	MAPD9888_REMODULIN_treprostinil.docx	REMODULIN-treprostinil
DHP/P360 MAPD	MAPD9888_REMODULIN_treprostinil.pdf	REMODULIN-treprostinil
DHP/P360 MAPD	MAPD9914-NUCALA-mepolizumab.docx	NUCALA-mepolizumab
DHP/P360 MAPD	MAPD9914-NUCALA-mepolizumab.pdf	NUCALA-mepolizumab
DHP/P360 MAPD	MAPD9938-SOLIRIS-eculizumab.pdf	SOLIRIS-eculizumab
DHP/P360 MAPD	MAPD9940-ALDURAZYME-laronidase-EFFECTIVE 05.01.2021.pdf	ALDURAZYME-laronidase
DHP/P360 MAPD	CMS GOV LCD A52399 Prolia	PROLIA-XGEVA-denosumab
DHP/P360 MAPD	Intravenous Immune globulin - Policy Article (A52509)	Gammaplex, Hizentra,

	Intravenous Immune Globulin (IVIG) - Related to LCD L33394	Gamunex-C/gammaked, Octagam, Gammagard, Flebogamma
	Intravenous Immune Globuline (L33610)	
DHP/P360 MAPD	Viscosupplementation-therapy-for-knee CMS payment and reimbursement	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose
DHP/P360 MAPD	Luteinizing Hormone-Releasing Hormone (LHRH) Analogs – Related to LCD L33394 (A52453)	Leuprolide Acetate depot 3.75MG

Dean Medicare Advantage

PO Box 56099
Madison WI 53705-9399

Toll-free:
1-877-232-7566 (TTY: 711)
deancare.com/medicare

DeanHealthPlan

A member of SSM Health