**60-Day Notification of Prior Authorization Changes**

As part of our annual prior authorization (PA) review process, CountyCare recently updated our PA list **with the below changes effective** **5/16/2022.** These changes were excerpted from the Prior Authorization CPT Look-Up (available [here](https://countycare.com/providers/prior-authorizations/),) and are detailed in the tables below.

**Updated Prior Authorization Criteria for ALL below changes is available for review** [**here**](https://countycare.com/providers/clinical-criteria-for-prior-authorizations/)**.**

1. Prior Authorization (PA) will be **added** to the following codes:

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| **CPT Code** | **Description** | **Brand** |
| J0129 | INJECTION, ABATACEPT, 10 MG | ORENCIA |
| J0485 | INJECTION, BELATACEPT, 1 MG | NULOJIX |
| J0565 | INJECTION, BEZLOTOXUMAB, 10 MG | ZINPLAVA |
| J0593 | INJECTION, LANADELUMAB-FLYO, 1 MG | TAKHZYRO |
| J0598 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), 10 UNITS | CINRYZE |
| J1303 | INJECTION, RAVULIZUMAB-CWVZ, 10 MG | ULTOMIRIS |
| J1558 | INJECTION, IMMUNE GLOBULIN, 100 MG | XEMBIFY |
| J1823 | INJECTION, INEBILIZUMAB-CDON, 1 MG | UPLIZNA |
| J3032 | INJECTION, EPTINEZUMAB-JJMR, 1 MG | VYEPTI |
| J3241 | INJECTION, TEPROTUMUMAB-TRBW, 10 MG | TEPEZZA |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG | ACTEMRA |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG | VISUDYNE |
| J7204 | INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), GLYCOPEGYLATED-EXEI, PER IU | ESPEROCT |
| J7312 | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPL, 0.1 MG | OZURDEX |
| J7314 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG | YUTIQ |
| J7318 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | DUROLANE |
| J7320 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | GENVISC 850 |
| J7321 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | HYALGAN, SUPARTZ, VISCO-3 |
| J7322 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | HYMOVIS |
| J7323 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | EUFLEXXA |
| J7324 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | ORTHOVISC |
| J7325 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | SYNVISC, SYNVISC-ONE |
| J7326 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | GEL-ONE |
| J7327 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | MONOVISC |
| J7328 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 0.1 MG | GELSYN-3 |
| J7329 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | TRIVISC |
| J7332 | HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 1 MG | TRILURON |
| Q5121 | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, 10 MG | AVSOLA |

1. PA will be required for **all** medical benefit requests for the following products that previously only required PA for medical oncology and hematology, radiation oncology indications.

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| **CPT Code** | **Description** | **Brand** |
| J0791 | INJECTION, CRIZANLIZUMAB-TMCA, 5 MG | ADAKVEO |
| J1459 | INJECTION, IMMUNE GLOBULIN, IV NONLYOPHILIZED, 500 MG | PRIVIGEN |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC | GAMASTAN |
| J1556 | INJECTION, IMMUNE GLOBULIN, 500 MG | BIVIGAM |
| J1557 | INJECTION, IMMUNE GLOBULIN, IV, NONLYOPHILIZED, 500 MG | GAMMAPLEX |
| J1559 | INJECTION, IMMUNE GLOBULIN, 100 MG | HIZENTRA |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC | GAMASTAN S-D |
| J1572 | INJECTION, IMMUNE GLOBULIN, IV, NONLYOPHILIZED, 500 MG | FLEBOGAMMA/FLEBOGAMMA DIF |
| Q5104 | INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG | RENFLEXIS |
| Q5115 | INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG | TRUXIMA |
| Q5119 | INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG | RUXIENCE |

1. PA Criteria will be **updated** for the following products:

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| **CPT Code** | **Description** | **Brand** |
| TBD | INJECTION FOSDENOPTERIN | NULIBRY |
| J0490 | INJECTION, BELIMUMAB, 10 MG | BENLYSTA IV |
| J0584 | INJECTION, BUROSUMAB-TWZA, 1 MG | CRYSVITA |
| J0585 | INJECTION, ONABOTULINUMTOXINA, 1 UNIT | BOTOX |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS | DYSPORT |
| J0587 | INJECTION, RIMABOTULINUMTOXINB, 100 UNITS | MYOBLOC |
| J0588 | INJECTION, INCOBOTULINUMTOXINA, 1 UNIT | XEOMIN |
| J0596 | INJECTION, C-1 ESTERASE INHIBITOR (RECOMBINANT), 10 UNITS | RUCONEST |
| J0597 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), 10 UNITS | BERINERT |
| J0599 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), 10 MG | HAEGARDA |
| J1290 | INJECTION, ECALLANTIDE, 1 MG | KALBITOR |
| J1300 | INJECTION, ECULIZUMAB, 10 MG | SOLIRIS |
| J1427 | INJECTION, VILTOLARSEN, 10 MG | VILTEPSO |
| J1554 | INJECTION, IMMUNE GLOBULIN, 500 MG | ASCENIV |
| J1555 | INJECTION, IMMUNE GLOBULIN, 100 MG | CUVITRU |
| J1561 | INJECTION, IMMUNE GLOBULIN, NONLYOPHILIZED, 500 MG | GAMUNEX-C, GAMMAKED |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, NOT OTHERWISE SPECIFIED, 500 MG | GAMMAGARD S/D, CARIMUNE NF |
| J1568 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 500 MG | OCTAGAM |
| J1569 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 500 MG | GAMMAGARD |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, 100 MG IMMUNE GLOBULIN | HYQVIA |
| J1744 | INJECTION, ICATIBANT, 1 MG | FIRAZYR |
| J1745 | INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR 10 MG | REMICADE |
| J2182 | INJECTION, MEPOLIZUMAB, 1 MG | NUCALA |
| J2323 | INJECTION, NATALIZUMAB, 1 MG | TYSABRI |
| J2326 | INJECTION, NUSINERSEN, 0.1 MG | SPINRAZA |
| J2350 | INJECTION, OCRELIZUMAB, 1 MG | OCREVUS |
| J2357 | INJECTION, OMALIZUMAB, 5 MG | XOLAIR |
| J3357 | USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG | STELARA |
| J3358 | USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG | STELARA IV |
| J3380 | INJECTION, VEDOLIZUMAB, 1 MG | ENTYVIO |
| J3399 | INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10Λ15 VECTOR GENOMES | ZOLGENSMA |
| J7182 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU | NOVOEIGHT |
| J7185 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU | XYNTHA |
| J7186 | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII IU | ALPHANATE |
| J7187 | INJECTION, VON WILLEBRAND FACTOR COMPLEX, PER IU VWF: RCO | HUMATE-P |
| J7190 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER IU | KOATE |
| J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU, NOT OTHERWISE SPECIFIED | RECOMBINATE, KOGENATE, ADVATE, HELIXATE FS |
| J7205 | INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU | ELOCTATE |
| J7207 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 IU | ADYNOVATE |
| J7208 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, 1 IU | JIVI |
| J7209 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), 1 IU | NUWIQ |
| J7210 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), 1 IU | AFSTYLA |
| J7211 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), 1 IU | KOVALTRY |
| J7311 | FLUOCINOLONE ACETONIDE IMPLANT | RETISERT |
| J7313 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG | ILUVIEN |
| J7351 | INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MCG | DURYSTA |
| J9311 | INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE | RITUXAN HYCELA |
| J9312 | INJECTION, RITUXIMAB, 10 MG | RITUXAN |
| Q5103 | INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, 10 MG | INFLECTRA |

If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.