

# Provider Notice

April 2, 2026

## Prior Authorization Changes to Medications on Medical Benefit Effective 06/02/2026

As part of our prior authorization (PA) review process, CountyCare is updating our PA list for the following medications covered under the HealthChoice Illinois medical benefit (i.e., billed on a medical claim, not a pharmacy claim). These changes will be effective **June 2, 2026**.

The following codes **WILL REQUIRE** prior authorization:

HCPCS Code	Drug Brand Name	Description	Associated Drug Policy
J1073	Testopel	Testosterone pellet, implant, 75 mg	RX.PA.033.CCH Specialty Drug Management
J3389	Zevaskyn	Topical administration, prademagene zamikeracel, per treatment	RX.PA.033.CCH Specialty Drug Management
J3398	Luxturna	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	RX.PA.033.CCH Specialty Drug Management
Q5156	Avtzoma	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
*	Redemplo	lozasiran	RX.PA.033.CCH Specialty Drug Management
*	Voyxact	ibeprenlimab-szsi	RX.PA.033.CCH Specialty Drug Management
*	Itvisma	onasemnogene abeparvovec-brve	RX.PA.033.CCH Specialty Drug Management
*	Exdensur	depemokimab-ulaa	RX.PA.033.CCH Specialty Drug Management
*	Yartemlea	narsoplimab-wuug	RX.PA.033.CCH Specialty Drug Management
*	Waskyra	etuvetidigene autotemcel	RX.PA.033.CCH Specialty Drug Management

\*Drugs noted with (\*) above do not have Healthcare Common Procedure Coding System (HCPCS) codes assigned by the U.S. Centers for Medicare and Medicaid Services (CMS) at this time and are billed under Not Otherwise Classified (NOC) codes. The prior authorization requirement will automatically apply once CMS assigns a specific HCPCS code for the drug.

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The following codes will **NO LONGER REQUIRE** prior authorization:

HCPCS Code	Drug Brand Name	Description
J0462*	-	Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg
J0739	Apretude	Injection, cabotegravir, 1 mg

\*Drugs notated with (\*) still require Prior Authorization when being reviewed by Evolent Specialty Services (ESS) for oncology-related diagnoses. If your request is not reviewed by ESS, these drugs will NOT require prior authorization through CountyCare.

For a full list of prior authorization codes, the Current Procedural Terminology (CPT) Code Look-Up tool is available [here](#).

**-SEE NEXT PAGE FOR CLINICAL POLICY CHANGES-**

April 2, 2026

## **Policy Changes Effective 06/02/2026**

In addition, the following policies with associated criteria have been created and/or updated for the medications added to the prior authorization list as outlined above. The policies can be found [here](#).

### **EVH\_CG\_5002.CC ADAKVEO – UPDATED POLICY**

The following changes were made to this policy:

- Criteria added to ensure requested dosing matches the FDA-approved package insert.
- Removed Oxbryta from policy (withdrawn from market).

### **EVH\_CG\_5093.CC CASGEVY – UPDATED POLICY**

- Aligned criteria to match the Illinois Department of Healthcare and Family Services (HFS) uniform state criteria.

### **EVH\_CG\_5039.CC EVKEEZA – UPDATED POLICY**

The following changes were made to this policy:

- Criteria added to ensure requested dosing matches the FDA-approved package insert.
- Updated the minimum age to one (1) year old.

### **EVH\_CG\_5102.CC LYFGENIA – UPDATED POLICY**

- Aligned criteria to match HFS uniform state criteria.

### **EVH\_CG\_5095.CC QALSODY – UPDATED POLICY**

- Criteria added to ensure requested dosing matches the FDA-approved package insert.

### **EVH\_CG\_5032.CC SPECIALTY DRUG MANAGEMENT – UPDATED POLICY**

The following changes were made to this policy:

- Criteria added to ensure requested dosing matches the FDA-approved package insert.
- Removed Tepezza as an applicable drug; Tepezza has its own drug-specific policy.

### **EVH\_CG\_5034.CC SPINRAZA – UPDATED POLICY**

- Criteria added to ensure requested dosing matches the FDA-approved package insert.

### **EVH\_CG\_5092.CC TZIELD – UPDATED POLICY**

- Criteria added to ensure requested dosing matches the FDA-approved package insert.

### **EVH\_CG\_5078.CC XENLETA – UPDATED POLICY**

- Updated the initial approval duration to six (6) months.



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This notice is intended to provide guidance for in-network providers. *All* out-of-network provider requests are subject to prior authorization through Evolent Specialty Services (ESS). Out-of-network provider requests will be redirected to an in-network provider whenever possible and will be subject to physician review.

## How to Request Prior Authorization

- Preferred Method (in-network providers): Submit requests via the CountyCare Health Plan provider portal for a quicker response. **You can find the portal link [here](#).**
- Phone: 312-864-8200, option 3 or 855-444-1661, option 3.
- Fax: Please review the provider manual, available at [countycare.com](http://countycare.com), for fax numbers and details.

## Contact us

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at [countycareproviderservices@cookcountyhhs.org](mailto:countycareproviderservices@cookcountyhhs.org) or your assigned provider relations representative. You can also reach CountyCare Provider Services by phone at 312-864-8200, option 3.