CountyCare
A MEDICAID HEALTH PLAN

Provider Notice

August 28,2026

Prior Authorization Changes to Medications on Medical Benefit Effective 10/31/2026

As part of CountyCare's ongoing prior authorization (PA) review process and to align with new clinical policies and ensure appropriate utilization of specialty medications, CountyCare is updating PA requirements for the following medications covered under the HealthChoice Illinois medical benefit (i.e., medications billed under the medical benefit rather than the pharmacy benefit).

The following medications and HCPCS codes will require prior authorization effective 10/31/2026			
HCPCS Code	**Drug Brand Name**	**Description**	**Associated Drug Policy**
A9543	Zevalin	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	EVH_CG_5032.CC Specialty Drug Management
J1951	Fensolvi	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	EVH_CG_5075.CC Gonadotropin-Releasing Hormone Products
J3405	Itvisma	Injection, onasemnogene abeparvovec-brve, per treatment	EVH_CG_5032.CC Specialty Drug Management
J7331	SynoJoynt	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	EVH_CG_5032.CC Specialty Drug Management
J8502	Aponvie	Injection, aprepitant (aponvie), 1 mg	EVH_CG_5094.CC Medical Drug Step Therapy
J9003	Camcevi ETM	Leuprolide injectable (camcevi etm), 1 mg	EVH_CG_5075.CC Gonadotropin-Releasing Hormone Products
J9184	Avgemsi	Injection, gemcitabine hydrochloride (avyxa), 200 mg	EVH_CG_5032.CC Specialty Drug Management
J9282	Zusduri	Mitomycin, intravesical instillation, 1 mg	EVH_CG_5032.CC Specialty Drug Management
J9326	Emrelis	Injection, telisotuzumab vedotin-tllv, 1 mg	EVH_CG_5032.CC Specialty Drug Management
Q5160	Jobevne	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5161	Aukelso; Bosaya	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5162	Bildyos; Bilprevda	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5164	Starjemza	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	EVH_CG_5052.CC Ustekinumab Products
*	Avlayah	tividenofusp alfa-eknm	EVH_CG_5032.CC Specialty Drug Management
*	Kresladi	marnetegragene autotemcel	EVH_CG_5032.CC Specialty Drug Management
*	Loargys	pegzilarginase-nbln	EVH_CG_5032.CC Specialty Drug Management
*	Otarmeni	lunsotogene parvec-cwha	EVH_CG_5032.CC Specialty Drug Management
*	Yuviwel	navepegritide	EVH_CG_5032.CC Specialty Drug Management
*	Zycubo	copper histidinate	EVH_CG_5032.CC 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. Prior authorization is required while billed under the applicable Not Otherwise Classified (NOC) code and will continue under the permanent HCPCS code once assigned by CMS.

The following medications and HCPCS codes **will no longer require prior authorization** effective 10/31/2026		
HCPCS Code	**Drug Brand Name**	**Description**
J1050	Depo-Provera	Injection, medroxyprogesterone acetate, 1 mg
Q0166	Kytril^	Granisetron hydrochloride, 1 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen

Drugs noted with an ^ continue to require prior authorization for oncology-related indications reviewed through Evolent Specialty Services (ESS). For non-oncology indications, prior authorization is not required through CountyCare.

For a full list of codes requiring PA, CountyCare's Prior Authorization Look-Up Tool is available here.

This notice is intended to provide guidance to 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 provider portal for a quicker response. Access the provider portal here.
- Phone: 312-864-8200, option 3 or 855-444-1661, option 3.
- Fax: Please review the provider manual, available at 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 or your assigned provider relations representative. You can also reach CountyCare Provider Services by phone at 312-864-8200, option 3.

-SEE NEXT PAGE FOR CLINICAL POLICY CHANGES-

Policy Changes Effective 10/31/2026

In addition, the following clinical policies have been created or updated to support the prior authorization changes outlined above. The policies can be found here.

EVH_CG_5079.CC BRIUMVI (UBLITUXIMAB-XIIY) – *UPDATED POLICY*

- Criterion added to address requirement of prerequisite therapies (requires rationale to be provided)

EVH_CG_5075.CC GONADOTROPIN-RELEASING HORMONE PRODUCTS – *UPDATED POLICY*

- Updated criteria for all existing indications
- Added six new indications: growth failure in combination with growth hormone, ovarian cancer, recurrent menstrual attacks in porphyria, salivary gland tumors, stimulation testing and uterine sarcoma
- Added Camcevi ETM (J9003), Fensolvi (J1951), and Lutrate (J1954)
- Renamed guideline to Gonadotropin-Releasing Hormone Products

EVH_CG_5016.CC INTRAVENOUS IMMUNE GLOBULINS (IVIG) & SUBCUTANEOUS IMMUNE GLOBULINS (SCIG) – *UPDATED POLICY*

- Added Yimmugo (J1553) and Qivigy (J1577)

EVH_CG_5067.CC LEQVIO (INCLISIRAN) – *UPDATED POLICY*

- Updated criteria for all indications
- Removed the prerequisite trial of ezetimibe
- Added homozygous familial hypercholesterolemia (HoFH) indication

EVH_CG_5094.CC MEDICAL DRUG STEP THERAPY – *UPDATED POLICY*

- Updated HCPCS code for Aponvie
- Added Bildyos, Bosaya, and Jobevne

EVH_CG_5024.CC OCRELIZUMAB PRODUCTS – *UPDATED POLICY*

- Updated age requirements for Ocrevus (approved now to 10 years old for relapsing remitting multiple sclerosis)
- Criterion added to address requirement of prerequisite therapies (requires rationale to be provided)

EVH_CG_5036.CC OMALIZUMAB PRODUCTS – *UPDATED POLICY*

- Added Omlyclo (Q5154)
- Updated initial criteria for dosing and reauthorization criteria for all indications
- Updated the prerequisite medication requirements for both asthma and chronic urticaria indications
- Updated the initial criteria for asthma

EVH_CG_5051.CC ORENCIA (ABATACEPT) – *UPDATED POLICY*

- Updated criteria for all indications under Initial Criteria, including specifying biologic therapy prerequisites (as applicable)
- Added reauthorization criteria for chronic graft versus host disease
- Added Rinvoq as a prerequisite for select indications

EVH_CG_5083.CC ROCTAVIAN (VALOCTOCOGENE ROXAPARVOVEC-RVOX) – *UPDATED POLICY*

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

EVH_CG_5047.CC TOCILIZUMAB PRODUCTS – *UPDATED POLICY*

- Added Avtozma (Q5156)
- Updated criteria for articular juvenile idiopathic arthritis
- Added Rinvoq as a prerequisite for select indications

EVH_CG_5052.CC USTEKINUMAB PRODUCTS – *UPDATED POLICY*

- Added Imuldosa (Q5098) and Starjemza (Q5164)
- Updated HCPCS codes for Otulfi, Steqeyma, & Yesintek
- Updated initial criteria for plaque psoriasis
- Added Rinvoq as prerequisite for select indications

EVH_CG_5055.CC ZINPLAVA (BEZLOTOXUMAB) – *UPDATED POLICY*

- Updated approval duration to six (6) months to align with HB711
- Added dosing criterion