Prior Authorization Changes Effective 09

As part of our annual prior authorization (PA) review process, CountyCare is updating our PA list for the following medications. These changes will be effective **AUGUST 9, 2024.**

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 below. The policies can be found here.

RX.PA.020 KRYSTEXXA
The purpose of this policy is to define the prior authorization process for Krystexxa® (pegloticase).

RX.PA.095 MEDICAL DRUG STEP THERAPY
The purpose of this policy is to define the step therapy process for the following drugs:

- Intravenous Iron Products – Ferrlecit (sodium ferric gluconate), Feraheme (ferumoxytol), Injectafer (ferric carboxymaltose), and Monoferric (ferric derisomaltose)
- Siklos (hydroxyurea)

RX.PA.096 QALSODY
The purpose of this policy is to define the prior authorization process for Qalsody (tofersen) for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene.

RX.PA.097 QUTENZA
The purpose of this policy is to define the prior authorization process for Qutenza (capsaicin) 8% patch for management of pain associated with post-herpetic neuralgia and neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet.

RX.PA.084 ROCTAVIAN
The purpose of this policy is to define the prior authorization process for Roctavian (valoctocogene roxaparvovec-rvox) for the treatment of adults with severe hemophilia A (congenital factor VIII deficiency with factor VIII activity < 1 IU/dL) without pre-existing antibodies to adeno-associated virus serotype 5 detected by an FDA-approved test.

RX.PA.067 RYPLAZIM
e of this policy is to define the prior authorization process for Ryplazim (plasminogen injection) for the treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia).

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

HCPCS Code	Drug Brand Name	Description	Associated Drug Policy
J0801 J0802	ACTHAR GEL	Injection, corticotropin (Acthar Gel), up to 40 units Injection, corticotropin (ANI), up to 40 units	InterQual Criteria
J1413	ELEVIDYS	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	RX.PA.009 Duchenne Muscular Dystrophy Drug Therapies
J2508	ELFABRIO	Injection, pegunigalsidase alfa-iwxj, 1 mg	RX.PA.062 Specialty Enzyme Replacement Therapy (ERT)
J2916	FERRLECIT*	Injection, sodium ferric gluconate complex in sucrose injection, 12.5mg*	RX.PA.095 Medical Drug Step Therapy Policy
J0217	LAMZEDE	Injection, velmanase alfa-tycv, 1 mg	RX.PA.062 Specialty Enzyme Replacement Therapy (ERT)
J0174	LEQEMBI	Injection, lecanemab-irmb, 1 mg	RX.PA.033 Specialty Drug Management
J1437	MONOFERRIC*	Injection, ferric derisomaltose, 10mg*	RX.PA.095 Medical Drug Step Therapy Policy
A9607	PLUVICTO	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	RX.PA.033 Specialty Drug Management
J1304	QALSODY	Injection, tofersen, 1 mg	RX.PA.096 Qalsody
J1412	ROCTAVIAN	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10¹³ vector genomes	RX.PA.084 Roctavian
J2998	RYPLAZIM	Injection, plasminogen, human-tvmh, 1mg	RX.PA.067 Ryplazim
J9333	RYSTIGGO	Injection, rozanolixizumab-noli, 1 mg	RX.PA.078 Neonatal Fc Receptor (FcRn) Antagonists
J1747	SPEVIGO	Injection, spesolimab-sbzo, 1 mg	RX.PA.033 Specialty Drug Management
J9334	VYVGART HYTRULO	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	RX.PA.078 Neonatal Fc Receptor (FcRn) Antagonists
J0218	XENPOZYME	Injection, olipudase alfa-rpcp, 1 mg	RX.PA.062 Specialty Enzyme Replacement Therapy (ERT)

Please note: starred (*) codes above are reviewed by NCH for oncology-related diagnoses. If your request is not in-scope for NCH, the starred codes will require Prior Authorization through CountyCare.

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

HCPCS Code	Drug Brand Name	Description
J0600		Injection, edetate calcium disodium, up to 1000 mg

This notice is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.

For a full list of Prior Authorization codes, the CPT Code Look-Up is available here.

To access the CountyCare Utilization Management Provider Portal when submitting authorizations or extensions, find the portal link here. If you need additional assistance on how to use the portal, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.

Contact Us

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

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 your assigned Provider Relations Representative or if you do not know your assigned Representative, please contact CountyCareProviderServices@cookcountyhhs.org.