

March 28, 2025

Prior Authorization Changes Effective 05/23/2025

As part of our prior authorization (PA) review process, CountyCare is updating our PA list for the following **MEDICATIONS ON THE MEDICAL BENEFIT**. These changes will be effective **May 23, 2025**. We continue to review our PA lists to ensure they are up to date with current fee schedules.

The following HCPCS codes WILL REQUIRE PA:

HCPCS Code	Drug Brand Name	Description	Associated Drug Policy
J0606	Parsabiv	Injection, etelcalcetide, 0.1 mg	EVH.CG_5094.CC Medical Drug Step Therapy
J0775	Xiaflex	Injection, collagenase, clostridium histolyticum, 0.01 mg	RX.PA.033.CCH Specialty Drug Management
J0893		Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg**	RX.PA.033.CCH Specialty Drug Management
J0881**	Aranesp	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	EVH.CG_5094.CC Medical Drug Step Therapy
J0882	Aranesp	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	EVH.CG_5094.CC Medical Drug Step Therapy
J0887	Mircera	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	EVH.CG_5094.CC Medical Drug Step Therapy
J0901	Vafseo	Vadadustat, oral, 1 mg (for esrd on dialysis)	RX.PA.033.CCH Specialty Drug Management
J1323**	Elrexio	Injection, elranatamab-bcmm, 1 mg	RX.PA.033.CCH Specialty Drug Management
J1434**	Focinvez	Injection, fosaprepitant (Focinvez), 1 mg	EVH.CG_5094.CC Medical Drug Step Therapy
J1456	Emend	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg**	EVH.CG_5094.CC Medical Drug Step Therapy
J1552	Alyglo	Injection, immune globulin (alyglo), 500 mg	EVH.CG_5016.CC Intravenous Immune Globulin (IVIG) & Subcutaneous Immune Globulin (SCIG)
J2267	OmvoH	Injection, mirikizumab-mrkz, 1mg	RX.PA.033.CCH Specialty Drug Management
J2277**	Aphexda	Injection, motixafortide, 0.25 mg	RX.PA.033.CCH Specialty Drug Management
J2468		Injection, palonosetron HCl (Avyxa), not therapeutically equivalent to J2469, 25 mcg	EVH.CG_5094.CC Medical Drug Step Therapy
J3263**	Loqtorzi	Injection, toripalimab-tpzi, 1 mg	RX.PA.033.CCH Specialty Drug Management
J7308	Levulan Kerastick	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	RX.PA.033.CCH Specialty Drug Management

J7355	iDose TR	Injection, travoprost, intracameral implant, 1 mcg	RX.PA.033.CCH Specialty Drug Management
J7601***	Ohtuvayre	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	RX.PA.033.CCH Specialty Drug Management
J9046**	Velcade	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	RX.PA.033.CCH Specialty Drug Management
J9048**	Velcade	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	RX.PA.033.CCH Specialty Drug Management
J9049**	Velcade	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	RX.PA.033.CCH Specialty Drug Management
J9052**		Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	RX.PA.033.CCH Specialty Drug Management
J9056**		Injection, bendamustine HCl (Vivimusta), 1 mg	RX.PA.033.CCH Specialty Drug Management
J9059**		Injection, bendamustine HCl (Baxter), 1 mg	RX.PA.033.CCH Specialty Drug Management
J9063**	Elahere	Injection, mirvetuximab soravtansine-gynx, 1 mg	RX.PA.033.CCH Specialty Drug Management
J9071**		Injection, cyclophosphamide, (AuroMedics), 5 mg	RX.PA.033.CCH Specialty Drug Management
J9072**		Injection, cyclophosphamide, (Dr. Reddy's), 5 mg	RX.PA.033.CCH Specialty Drug Management
J9098**		Injection, cytarabine liposome, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9172**		Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	RX.PA.033.CCH Specialty Drug Management
J9196**		Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg	RX.PA.033.CCH Specialty Drug Management
J9249**		Injection, melphalan (Apotex), 1 mg	RX.PA.033.CCH Specialty Drug Management
J9285**	Lartruvo	Injection, olaratumab, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9296**		Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9297**		Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9304**	Pemfexy	Injection, pemetrexed (Pemfexy), 10 mg	EVH_CG_5094.CC Medical Drug Step Therapy
J9314**		Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9322**		Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9323**		Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	RX.PA.033.CCH Specialty Drug Management
J9329**	Tevimbra	Injection, tislelizumab-jsgr, 1mg	RX.PA.033.CCH Specialty Drug Management

J9331**	Fyarro	Injection, sirolimus protein-bound particles, 1 mg	EVH_CG_5094.CC Medical Drug Step Therapy
J9347**	Imjudo	Injection, tremelimumab-actl, 1 mg	RX.PA.033.CCH Specialty Drug Management
J9361**	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	RX.PA.033.CCH Specialty Drug Management
J9376	Veopoz	Injection, pozelimab-bbfg, 1 mg	RX.PA.033.CCH Specialty Drug Management
J9380**	Tecvayli	Injection, teclistamab-cqyv, 0.5 mg	RX.PA.033.CCH Specialty Drug Management
J9393**	Faslodex	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	RX.PA.033.CCH Specialty Drug Management
J9394**	Faslodex	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	RX.PA.033.CCH Specialty Drug Management
J9273**	Tivdak	Injection, tisotumab vedotin-tftv, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q5105	Retacrit	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	EVH_CG_5094.CC Medical Drug Step Therapy
Q5126**	Alymsys	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5127**	Stimufend	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	RX.PA.033.CCH Specialty Drug Management
Q5129**	Vegzelma	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5130**	Fylnetra	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	RX.PA.033.CCH Specialty Drug Management
Q5136**	Jubbonti	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	EVH_CG_5094.CC Medical Drug Step Therapy
Q5139	Bkemv	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	EVH_CG_5053.CC Eculizumab & Ravulizumab Products
Q5140	Hulio	Injection, adalimumab-fkjp, biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q5141	Yuflyma	Injection, adalimumab-aaty, biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q5142	Simlandi	Injection, adalimumab-ryvk biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q5143	Cyltezo	Injection, adalimumab-adbm, biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q5145	Abrilada	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	RX.PA.033.CCH Specialty Drug Management
Q9996	Pyzchiva Subcutaneous	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	EVH_CG_5052.CC Ustekinumab Products
Q9997	Pyzchiva Intravenous	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	EVH_CG_5052.CC Ustekinumab Products
Q9998	Selarsdi	Injection, ustekinumab-aekn (selarsdi), 1 mg	EVH_CG_5052.CC Ustekinumab Products

*	Alhemo	Concizumab-mtci	RX.PA.033.CCH Specialty Drug Management
*	Bimzelx	Bimekizumab-bkzx	RX.PA.033.CCH Specialty Drug Management
*	Epysqli	Eculizumab-aagh	EVH_CG_5053.CC Eculizumab & Ravulizumab Products
*	Kebilidi	Eladocagene Exuparvovec-tneq	RX.PA.033.CCH Specialty Drug Management
*	Hympavzi	Martacimab-hncq	RX.PA.033.CCH Specialty Drug Management
*	Tryngolza	Olezarsen	RX.PA.033.CCH Specialty Drug Management
*	Ryoncil	Remestemcel-L-rknd	RX.PA.033.CCH Specialty Drug Management
*	Imuldosa	Ustekinumab-srlf	EVH_CG_5052.CC Ustekinumab Products
*	Steqeyma	Ustekinumab-stba	EVH_CG_5052.CC Ustekinumab Products
*	Yesintek	Ustekinumab-kfce	EVH_CG_5052.CC Ustekinumab Products
*	Otulfi	Ustekinumab-aaaz	EVH_CG_5052.CC Ustekinumab Products
*	Nemludio	Nemolizumab	RX.PA.033.CCH Specialty Drug Management

HCPCS codes/drugs noted with () above do not have HCPCS codes assigned by CMS at this time and are billed under Not Otherwise Classified (NOC) codes. The PA requirement will automatically apply once CMS assigns a specific HCPCS code for the drug.

HCPCS codes/drugs notated with () are reviewed by NCH for oncology-related diagnoses. If your request is not in-scope for NCH, these drugs will now require PA through CountyCare.

***Ohtuvayre is a daily medication that is likely to be filled through CountyCare's pharmacy benefit. A PA requirement is being added for the medical benefit side in the event the provider desires to submit via medical benefit. For pharmacy benefit PAs, the provider should submit requests via fax at 866-255-7569 or phone at 800-364- 6331.

The following HCPCS codes will **NO LONGER REQUIRE PA**:

HCPCS Code	Drug Brand Name	Description
J8610**		Methotrexate, oral, 2.5 mg
J9209**		Injection, mesna, 200 mg
J9260**		Methotrexate sodium, 50 mg

HCPCS codes/drugs notated with () are reviewed by NCH for oncology-related diagnoses. If your request is not in-scope for NCH, these drugs will NOT require Prior Authorization through CountyCare.

For a full list of PA codes, the CPT Code Look-Up is available [here](#).

-SEE NEXT PAGE FOR CLINICAL POLICY CHANGES-

Policy Changes Effective 05/23/2025

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

EVH_CG_5079.CC BRIUMVI (UBLITUXIMAB-XIYY) – NEW POLICY

The purpose of this guideline is to define the PA process for Briumvi® (ublituximab-xiyy).

EVH_CG_5016.CC INTRAVENOUS IMMUNE GLOBULIN & SUBCUTENOUS IMMUNE GLOBULIN – UPDATED POLICY

The drug Alyglo has been added to this policy.

EVH_CG_5024.CC OCRELIZUMAB PRODUCTS – UPDATED POLICY

The drug Ocrevus Zunovo has been added to this policy. Additionally, several revisions were made including the addition of Gilenya as a preferred prerequisite and the requirement of immunoglobulin testing prior to initiation of ocrelizumab products.

EVH_CG_5047.CC TOCILIZUMAB PRODUCTS – UPDATED POLICY

The drugs – Tofidence and Tyenne – have been added to this policy. The minimum age requirement was updated for Psoriatic Arthritis. Additionally, 5 new indications were added to the policy: Unicentric Castleman Disease, Multicentric Castleman Disease, Immune Checkpoint Inhibitor-Related Toxicity, Acute GVHD, and Polymyalgia Rheumatic.

EVH_CG_5052.CC USTEKINUMAB PRODUCTS – UPDATED POLICY

The following drugs – Otulfi, Pyzchiva, Selarsdi, Steqeyma, Wezlana, and Yesintek– have been added to this policy. Additionally, prerequisite trial requirements were removed for Crohn’s disease and Ulcerative Colitis. Diagnostic requirements were added for these two indications. One new indication was added to the policy: Immune Checkpoint Inhibitor-Related toxicity.

EVH_CG_5053.CC ECULIZUMAB AND RAVULIZUMAB PRODUCTS – UPDATED POLICY

The following drugs – Bkerv and Epysqli – have been added to this policy.

EVH_CG_5094.CC MEDICAL DRUG STEP THERAPY POLICY – UPDATED POLICY

The following drugs have been added to the Medical Drug Step Therapy Policy

- *5HT3 Receptor Antagonists* – Palonosetron, Posfrea (palonosetron)
- *Bevacizumab Products (oncology only)* – Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), Vegzelma (bevacizumab-adcd) and Zirabev (bevacizumab-bvzr)
- *Calcimimetics* – Parsabiv (etelcalcetide)
- *Epoetin Products* – Aranesp (darbepoetin alfa), Mircera (epoetin beta), and Retacrit (epoetin alfa-epbx)
- *Folic Acid Analogs* – Khapzory (levoleucovorin, J0642)

- *Hypomethylating Agents* - Inqovi (decitabine and cedazurudine)
- *mTOR Products* – Fyarro (sirolimus protein bound particles, J9331)
- *NK1 Receptor Antagonists* – Aponvi (aprepitant IV), Cinvanti (aprepitant IV), Focinvez (fosaprepitant IV), and Fosaprepitant IV
- *Pemetrexed Products* – Pemfexy (pemetrexed, J9304)
- *Trastuzumab Products* – Ogivri (trastuzumab-dkst), Herzuma (trastuzumab-pkrb), Ontruzant (trastuzumab-dttb), Trazimera (trastuzumab-qyyp), Kanjinti (trastuzumab-anns), and Herceptin Hylecta (trastuzumab-hyaluronidase-oysk)

Effective the same day as these changes, all above drugs will be considered NON-PREFERRED.

This notice is intended to provide guidance for in-network facilities. All out-of-network requests are subject to PA along with Medical Director review and may be redirected to an in-network facility.

Access the CountyCare Utilization Management [Provider Portal](#) when submitting authorizations or extensions. If you need additional assistance on how to use the portal, please contact CountyCare Provider Services at CountyCareProviderServices@cookcountyhhs.org 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.