



Provider Notice

September 25, 2024

Prior Authorization Changes Effective 11/26/2024

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 **November 26, 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.005 BOTULINUM NEUROTOXINS

Daxxify (J0589) has been added to the previously established policy.

RX.PA.083 HEMGENIX

The purpose of this policy is to define the prior authorization process for Hemgenix (etranacogene dezaparvovec-drlb) for the treatment of hemophilia B in adults who currently use Factor IX prophylaxis therapy, have current or historical life-threatening hemorrhage, or have repeated, serious spontaneous bleeding episodes.

RX.PA.016 INFLIXIMAB PRODUCTS

Zymfentra (J1748) has been added to the previously established policy.

RX.PA.026 OCULAR DISORDERS

Izervay (J2782) has been added to the previously established policy.

RX.PA.071 ZYNTEGLO

The purpose of this policy is to define the prior authorization process for Zynteglo (betibeglogene autotemcel) for the treatment of adult and pediatric patients with β -thalassemia who require regular red blood cell (RBC) transfusions.

RX.PA.094 CASGEVY

The purpose of this policy is to define the prior authorization process for Casgevay (exagamglogene autotemcel) for the following:

- Sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs)
- Transfusion-dependent β -thalassemia (TDT)

The following codes WILL REQUIRE prior authorization:

HCPSC Code	Drug Brand Name	Description	Associated Drug Policy
*	Casgevvy	exagamglogene atuotemcel	RX.PA.094 Casgevvy
J3247	Cosentyx	Injection, secukinumab, IV, 1 mg	RX.PA.033 Specialty Drug Management
J0589	Daxxify	Injection, daxibotulinumtoxina-lanm, 1 unit	RX.PA.005 Botulinum Neurotoxins
J1411	Hemgenix	injection, etranacogene dezaparvovec-drlb, per therapeutic dose	RX.PA.083 Hemgenix
J2782	Izervay	Injection, avacincaptad pegol, 0.1 mg	RX.PA.026 Ocular Disorders
*	Lenmeldy	atidarsagene autotemcel	RX.PA.033 Specialty Drug Management
J1202	Opfolda	Miglustat, oral, 65 mg	RX.PA.033 Specialty Drug Management
J1203	Pombiliti	Injection, cipaglugosidase alfa-atga, 5 mg	RX.PA.033 Specialty Drug Management
*	Skysona	elivaldogene autotemcel	RX.PA.033 Specialty Drug Management
J3401	Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	RX.PA.033 Specialty Drug Management
J1748	Zymfentra	Injection, infliximab-dyyb (Zymfentra), 10 mg	RX.PA.016 Infliximab Products
J9359	Zynlonta**	Injection, loncastuximab tesirine-lpyl, 0.075 mg	RX.PA.033 Specialty Drug Management
J3393	Zynteglo	Injection, betibeglogene autotemcel, per treatment	RX.PA.071 Zynteglo

Please note starred (*) drugs above do not have HCPSC codes assigned by 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 HCPSC code for the drug.

**Zynlonta is reviewed by NCH for oncology-related diagnoses. If your request is not in-scope for NCH, Zynlonta will now require Prior Authorization through CountyCare.

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 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.