



Provider Notice

December 27, 2024

Prior Authorization Changes Effective 03/01/2025

As part of CountyCare's prior authorization (PA) review process, CountyCare is updating our PA list for the following **MEDICATIONS ON THE MEDICAL BENEFIT**. These changes will be effective **March 1st, 2025**.

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

HCPCS Code	Drug Brand Name	Description	Associated Drug Policy
J1414	Beqvez	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	RX.PA.098 Beqvez
J7171	Adzynma	Injection, adamts13, recombinant-krhn, 10 iu	RX.PA.033 Specialty Drug Management
J0567	Brineura	Injection, cerliponase alfa, 1 mg	RX.PA.033 Specialty Drug Management
*	Kisunla	donanemab-azbt	RX.PA.033 Specialty Drug Management
*	Lenmeldy	atidarsagene autotemcel	RX.PA.033 Specialty Drug Management
J1950	Lupron Depot**	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	RX.PA.076 Luteinizing Hormone Release Hormone (LHRH) Agents
J3394	Lyfgenia	lovotibeglogene autotemcel	RX.PA.103 Lyfgenia
*	Niktimvo	axatilimab-csfr	RX.PA.033 Specialty Drug Management
J1307	Piasy	crovalimab-akkz	RX.PA.033 Specialty Drug Management
*	Skysona	elivaldogene autotemcel	RX.PA.033 Specialty Drug Management
Q5133	Tofidence	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	RX.PA.033 Specialty Drug Management
Q5135	Tyenne	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	RX.PA.033 Specialty Drug Management
Q5137	Wezlana	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	RX.PA.033 Specialty Drug Management
Q5138	Wezlana	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	RX.PA.033 Specialty Drug Management

Please note starred (*) drugs above do not have HCPCS 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 HCPCS code for the drug.

**Lupron Depot & Lupron-Depot Ped are reviewed by NCH for oncology-related diagnoses. If your request is not in-scope for NCH, these products will now require Prior Authorization through CountyCare.

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

HCPCS Code	Drug Brand Name	Description
J7609		Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7610		Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg
J3489***	Reclast	Injection, zoledronic acid 1mg

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

For a full list of CPT codes, please visit the Prior Authorization Look-Up available [here](#).

-SEE NEXT PAGE FOR CLINICAL POLICY CHANGES-

Policy Changes Effective 03/01/2025

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](#).

RX.PA.098 BEQVEZ (FIDANACOGENE ELAPARVOVEC) – NEW POLICY

The purpose of this policy is to define the prior authorization process for Beqvez (fidanacogene elaparvec) for the treatment of hemophilia B in adults who:

- Currently use Factor IX prophylaxis treatment, or
- Have current or historical life-threatening hemorrhage, or
- Have repeated, serious spontaneous bleeding episodes,

AND

- Do not have neutralizing antibodies to adeno-associated virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test.

RX.PA.102 COSENTYX (SECUKINUMAB) – NEW POLICY

The purpose of this policy is to define the prior authorization process for Cosentyx (secukinumab).

Cosentyx indicated for the treatment of:

- Moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy
- Active psoriatic arthritis (PsA) in patients 2 years of age and older
- Adults with active ankylosing spondylitis (AS)
- Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation
- Active enthesitis-related arthritis (ERA) in pediatric patients 4 years of age and older
- Adults with moderate-to-severe hidradenitis suppurativa (HS)

RX.PA.103 LYFGENIA (LOVOTIBEGLOGENE AUTOTEMCEL) – NEW POLICY

The purpose of this policy is to define the prior authorization process for Lyfgenia (lovotibeglogene Autotemcel) for the treatment of sickle cell disease and a history of vaso-occlusive events in patients 12 years of age or older.

RX.PA.095 MEDICAL DRUG STEP THERAPY POLICY – UPDATED POLICY

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 Monoferic (ferric derisomaltose)
- Siklos (hydroxyurea)
- ***NEW***: Osteoporosis Products – Evenity (romosozumab) and Prolia (denosumab)

Effective the same day as these changes, Evenity and Prolia will be considered NON-PREFERRED products. Generic zoledronic acid (J3489) will be preferred and require NO Prior Authorization.

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.

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.