

Prior Authorization Changes Effective 2/22/2024

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 **04/22/2024**.

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.004.CCH Alpha₁ Proteinase Inhibitors

The purpose of this policy is to define the prior authorization process for Aralast NP, Glassia, Prolastin-C, and Zemaira.

RX.PA.009.CCH Amondys 45 & Vyondys 53

The purpose of this policy is to define the prior authorization process for Amondys 45 (casimersen) and Vyondys 53 (golodirsen).

RX.PA.092.CCH Cimzia

The purpose of this policy is to define the prior authorization process for Cimzia (certolizumab pegol) for:

- Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
- Treatment of adults with moderately to severely active rheumatoid arthritis.
- Treatment of adult patients with active psoriatic arthritis.
- Treatment of adults with active ankylosing spondylitis.
- Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation.
- Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

RX.PA.040.CCH Evkeeza

The purpose of this policy is to define the prior authorization process for Evkeeza (evinacumab-dgnb) as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH).

RX.PA.082.CCH Sunlenca

The purpose of this policy is to define the prior authorization process for Sunlenca (lenacapavir) for treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection and are failing their current antiretroviral regimen (due to resistance, intolerance, or safety considerations).

RX.PA.093.CCH Tziel

The purpose of this policy is to define the prior authorization process for Tziel (teplizumab-mzvw) for pediatric patients aged 8 years and older and adults with Stage 2 type 1 diabetes.

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

HCPCS Code	Drug Brand Name	Description	Associated Drug Policy
C9161	Eylea High-Dose	Injection, aflibercept HD, 1 mg	RX.PA.026.CCH Ocular Disorders
J0225	Amvuttra	Injection, vutrisiran 1mg	RX.PA.033.CCH Specialty Drug Management
J1305	Evkeeza	Injection, evinacumab-dgnb 5mg	RX.PA.XXX.CCH Evkeeza
J1426	Amondys 45	Injection, casimersen 10mg	RX.PA.XXX.CCH Amondys 45 & Vyondys 53
J1429	Vyondys 53	Injection, golodirsen 10mg	RX.PA.XXX.CCH Amondys 45 & Vyondys 53
J2781	Syfovre	Injection, pegcetacoplan, intravitreal, 1 mg	RX.PA.026.CCH Ocular Disorders
J7212	Sevenfact	Factor VIIA-JNCQ 1mcg	RX.PA.033.CCH Specialty Drug Management
J7214	Altuviiio	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	RX.PA.049.CCH Antihemophilic Factor Products
Q5128	Cimerli	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	RX.PA.026.CCH Ocular Disorders

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

HCPCS Code	Drug Brand Name	Description
J1720		INJ HYDROCORTSON SOD SUCC TO 100 MG*

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 NOT 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 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.