

# Ascension Personalized Care

## Clinician Newsletter, October 2023

*This newsletter shares important updates, reminders, and resources related to the Ascension Personalized Care medical plan.*

### Medical specialty/medical benefit drug prior authorization process updates

Physician administered specialty medications, or infusion therapies are subject to PA approval. Prior authorization criteria for each of the following drugs was reviewed and approved by the October 2023 National Ascension TAG Committee. Beginning Jan. 1, 2024, these additional medical benefit drugs (medical specialty drugs) listed below will require PA approval:

HCPCS	Brand Name	Generic Name	Requirement	Effective Date	Clinical Category
J9264	Abraxane	paclitaxel protein-bound particles	PA Required	1/1/2024	Oncology
J1454	Akynzeo	fosnetupitant and palonosetron	PA Required	1/1/2024	Anti-emetic
J9305	Alimta	pemetrexed	PA Required	1/1/2024	Oncology
J9036	Belrapzo	bendamustine	PA Required	1/1/2024	Oncology
J9034	Bendeka	bendamustine	PA Required	1/1/2024	Oncology
J2329	Briumvi	ublituximab-xiiy	PA Required	1/1/2024	Multiple Sclerosis
J9999 (unspecified)	Columvi	columvi/glofitamab-gxhm	PA Required	1/1/2024	Oncology
J1551	Cutaquig	immune globulin	PA Required	1/1/2024	Immunodeficiency
J1555	Cuvitru	immune globulin	PA Required	1/1/2024	Immunodeficiency
J9063	Elahere	mirvetuximab soravtansine-gynx	PA Required	1/1/2024	Oncology
J9217	Eligard	leuprolide acetate	PA Required	1/1/2024	Oncology
J1302	Enjaymo	sutlimimab-jome	PA Required	1/1/2024	Cold Agglutinin Disease (CAD)
J9999 (unspecified)	Epkinly	epcoritamab-bysp	PA Required	1/1/2024	Oncology
J1305	Evkeeza	evinacumab-dgnb	PA Required	1/1/2024	Hypercholesterolemia
J1559	Hizentra	immune globulin	PA Required	1/1/2024	Immunodeficiency
J1575	Hyqvia	immune globulin/hyaluronidase	PA Required	1/1/2024	Immunodeficiency
J9347	Imjudo	tremelimumab-actl	PA Required	1/1/2024	Oncology
J0879	Korsuva	difelikefalin	PA Required	1/1/2024	Itching associated with CKD
J9350	Lunsumio	mosunetuzumab-axgb	PA Required	1/1/2024	Oncology
J9298	Opdualag	nivolumab and relatlimab-rmbw	PA Required	1/1/2024	Oncology
J1449	Rolvedon	eflapragrastim-xnst	PA Required	1/1/2024	Neutropenia
J9061	Rybrevent	amivantamab-vmjw	PA Required	1/1/2024	Oncology
J9021	Rylaze	asparaginase erwinia chrysanthemi (recombinant)- rywn	PA Required	1/1/2024	Oncology
J0491	Saphnelo	anifrolumab-fnia	PA Required	1/1/2024	Systemic Lupus Erythematosus (SLE)
J1747	Spevigo	spesolimab-sbzo	PA Required	1/1/2024	Auto-inflammatory Conditions
J9380	Tecvayli	teclistamab cqyv	PA Required	1/1/2024	Oncology
J9273	Tivdak	tisotumab vedotin-tftv	PA Required	1/1/2024	Oncology
J2777	Vabysmo	faricimab-svoa	PA Required	1/1/2024	Macular Degeneration
J9332	Vyvgart	efgartigimod	PA Required	1/1/2024	Myasthenia Gravis (MG)
J1558	Xembify	immune globulin	PA Required	1/1/2024	Immunodeficiency
J0218	Xenpozyme	olipudase alfa-rpcp	PA Required	1/1/2024	Enzyme Deficiency
J9202	Zoladex	goserelin acetate	PA Required	1/1/2024	Oncology
J9359	Zynlonta	loncastuximab tesirine-lpyl	PA Required	1/1/2024	Oncology

If you have questions, or to see a current list of all medical benefit drugs (medical specialty drugs) requiring PA approval, visit our website at [ascensionpersonalizedcare.com/member-resources/understanding-benefits/pharmacy](https://ascensionpersonalizedcare.com/member-resources/understanding-benefits/pharmacy) and navigate to the "doctor administered specialty medications, medical drugs or infusions on your medical benefits" section. The medical specialty formulary and PA list can be found here: [Medical benefit drug list/MSPA formulary](#).

To submit a prior authorization request for a physician-administered product or infusion therapy (medical drug/medical specialty drug):

- Download the medical benefit drug precertification notification and PA form on website or [here](#)
- Complete and sign the PA form
- Submit the completed and signed PA form via fax to 586-696-4768 (or) via the eQSuite Provider Portal at <https://precertification.eqhs.com>



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