

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 August 2023 National Ascension TAG Committee. Beginning Nov. 1, 2023, these additional medical benefit drugs (medical specialty drugs) listed below will require PA approval:

CPCS code	Brand name	Generic name	HCPCS Description	Requirement	Requirement effective	Clinical Category
J1743	ELAPRASE	idursulfase	Injection, idursulfase, 1 mg	PA Request	11/1/2023	Enzyme Deficiency
J9269	ELZONRIS	tagraxofusp-erzs	Injection, tagraxofusp-erzs, 10 micrograms	PA Request	11/1/2023	Oncology
J1447	GRANIX	tbo-filgrastim	Injection, tbo-filgrastim, 1 microgram	PA Request	11/1/2023	Neutropenia
J9274	KIMMTRAK	tebentafusp-tebn	Inj, tebentafusp-tebn, 1 mcg	PA Request	11/1/2023	Oncology
J9217	LUPRON DEPOT	leuprolide acetate depot	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	PA Request	11/1/2023	Oncology
J9203	MYLOTARG	gemtuzumab ozogamicin	Injection, gemtuzumab ozogamicin, 0.1 mg	PA Request	11/1/2023	Oncology
J0222	ONPATTRO	patisiran	Injection, patisiran, 0.1 mg	PA Request	11/1/2023	Amyloidosis
Q4081	PROCRIT	epoetin alfa	Injection, epoetin alfa, 100 units (for esrd on dialysis)	PA Request	11/1/2023	Anemia (Dialysis)
J9227	SARCLISA	isatuximab-irfc	Injection, isatuximab-irfc, 10 mg	PA Request	11/1/2023	Oncology
J1746	TROGARZO	ibalizumab-uiyk	Injection, ibalizumab-uiyk, 10 mg	PA Request	11/1/2023	HIV/AIDS

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 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 precertification notification or 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>

New PBM for 2024

Beginning Jan. 1 2024 MaxorPlus will replace Cigna as the new Ascension Personalized Care pharmacy benefits manager.

The drug formulary is now available on the APC website. You can access it here:

ascensionpersonalizedcare.maxorplus.com/formulary/

Mail order and specialty pharmacy medications will be handled by Ascension Home Delivery and Ascension Specialty Pharmacy.

APC footprint in 2024

In an effort to better serve our members, Ascension Personalized Care will narrow our footprint in each of our current markets.

APC will remain in the following counties in 2024:

Indiana: Boone, Hamilton, Hendricks, Howard, Madison, Marlon, Vanderburgh, and Warrick

Kansas: Butler, Cowley, Sedgwick, and Sumner

Tennessee: Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, and Wilson

Texas: Bastrop, Burnet, Caldwell, Hays, McLennan, Travis, and Williamson.

Off-exchange only plans will be offered in Bell, Blanco, Bosque, Coryell, Falls, Fayette, Hamilton, Hill, Lampass, Lee, Limestone, and Llano.

2024 APC Clinician Manual

Ascension Personalized Care provides tools and support you need to deliver access to quality care.

Recently, the 2024 APC Clinician Manual was added to our website. Click below to get detailed plan information as well as information on APC policies and procedures to help as you provide services to covered Ascension Personalized Care members.

[2024 Clinician Manual](#)



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