



Medical Policy and Pharmacy Policy Future Updates

MEDICAL POLICY

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
All	08/04/24	<ul style="list-style-type: none">• 15877 Suction assisted lipectomy; trunk [not covered for liposuction-curettage]• 15878 Suction assisted lipectomy; upper extremity	Currently does not require prior authorization.	Will require prior authorization for medical necessity review.	06/05/24

PHARMACY POLICY

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
ASPIRUS	11/08/2024	Fruzaqla (fruquintinib) J8999	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Adzyna (ADAMTS13, recombinant-krhn) J7171	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Ryzneuta (efbemalenograstim alfa-vuxw) J9361	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Avzivi (bevacizumab-tnjn)	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Casgev (exagamglogene autotemcel)	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Lyfgenia (lovotibeglogene autotemcel) J3394	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024

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ASPIRUS	11/08/2024	Alyglo (immune globulin intravenous, human-stwk) J1599	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
ASPIRUS	11/08/2024	Udenyca Onbody (pegfilgrastim-cbqv) Q5111	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	09/06/2024
Aspirus	09/29/24	Rivfloza (nedosiran), Tofidence (tocilizumab- bavi), Cosentyx (secukinumab) IV formulation, Zilbrysq (zilucoplan), Zymfentra (infliximab-dyyb), Loqtorzi (toripalimab-tpzi), Wezlana (ustekinumab- auub)	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	07/29/24
Aspirus	09/12/2024	Vanflyta (quizartinib), Izervay (avacincaptad pegol intravitreal solution), Talvey (talquetamab-tgvs), Elrexfio (elranatamab- bcmm), Daxxify (daxibotulinumtoxinA- lanm), Hepzato Kit (melphalan/hepatic delivery system), Veopoz (pozelimab-bbfg), Eylea HD (aflibercept), Tyruko (natalizumab-szin), Rivfloza (nedosiran), Tofidence (tocilizumab- bavi)	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	07/15/24
Aspirus	06/15/2024	Columvi (glofitamab- gxbm) J9286	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	04/17/2024

Aspirus	06/20/2024	Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc), subcutaneous injection J9334	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	04/17/2024
Aspirus	06/22/2024	Elevidys (delandistrogene moxeparvovec-rokl) J1413	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	04/17/2024
Aspirus	06/27/2024	Rystiggo (rozanolixizumab-noli) J9333	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	04/17/2024
Aspirus	06/29/2024	Roctavian (valoctocogene roxaparvovec-rvox) J1412	Currently excluded- on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	04/17/2024
Aspirus	05/19/2024	Vyjuvek (beremagene geperpavec-svdt) - J3401	Currently excluded - on our Exclude at Launch (EAL) List	Will require prior authorization for medical necessity review.	03/01/2024

*Subject to Subcommittee approval

Availability of any clinical policies and other documents affected by the updates above will follow their effective dates, as noted.

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaaajila gargaarsa afaanij, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚገኙት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ፡ 1.800.940.5049 (መለስማት ለተሳናቸው፡ 763.847.4013)፡

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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