

SmartHealth®

Provider Newsletter, October 2023

This newsletter shares important updates, reminders and resources related to the Ascension SmartHealth 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 November 1, 2023, these additional medical benefit drugs (medical specialty drugs) listed below will require PA approval:

HCPCS Code	Brand Name	HCPCS Description	Requirement	Effective Date	Clinical Category
J9021	Rylaze	Inj, aspara, rylaze, 0.1 mg	PA Request	1/1/2024	Oncology
J1559	Hizentra	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	PA Request	1/1/2024	Immunodeficiency
J9264	Abraxane	Injection, paclitaxel protein-bound particles, 1 mg	PA Request	1/1/2024	Oncology
J9305	Alimta	Inj. pemetrexed nos 10mg	PA Request	1/1/2024	Oncology
J1575	Hyqvia	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	PA Request	1/1/2024	Immunodeficiency
J1555	Cuvitru	Injection, immune globulin (cuvitru)	PA Request	1/1/2024	Immunodeficiency
J9202	Zoladex	Goserelin acetate implant, per 3.6 mg	PA Request	1/1/2024	Oncology
J9332	Vyvgart	Inj efgartigimod 2mg	PA Request	1/1/2024	Oncology
J1558	Xembify	Inj. xembify, 100 mg	PA Request	1/1/2024	Immunodeficiency
J1454	Akynzeo	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	PA Request	1/1/2024	Anti-emetics
J1551	Cutaquig	Inj cutaquig 100 mg	PA Request	1/1/2024	Immunodeficiency
J9036	Belrapzo	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	PA Request	1/1/2024	Oncology
J0491	Saphnelo	Injection, anifrolumab-fnia, 1 mg	PA Request	1/1/2024	Oncology
J1302	Enjaymo	sutimlimab-jome	PA Request	1/1/2024	Oncology
J0879	Korsuva	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	PA Request	1/1/2024	Oncology
J9273	Tivdak	tisotumab vedotin-tftv	PA Request	1/1/2024	emolysis
J9359	Zynlonta	loncastumab tesirine-lpyl	PA Request	1/1/2024	Oncology
J2329	Briumvi	ublituximab-xiiy	PA Request	1/1/2024	Multiple Sclerosis
J9347	Imjudo	J9347: Injection, tremelimumab-actl, 1 mg	PA Request	1/1/2024	Oncology
J9999 (unspecified)	Columvi	Columvi/glofitamab-gxbm	PA Request	1/1/2024	Oncology
J9999 (unspecified)	Epkinly	epcoritamab-bysp	PA Request	1/1/2024	Oncology
J1449	Rolvedon	Injection, eflapegrastim-xnst	PA Request	1/1/2024	Neutropenia
J2777	Vabysmo	Inj, faricimab-svoa, 0.1mg	PA Request	1/1/2024	Oncology
J9063	Elahere	Injection, mirvetuximab soravtansine-gynx	PA Request	1/1/2024	Oncology
J9380	Tecvayli	Inj teclistamab cqyv	PA Request	1/1/2024	Oncology
J0218	Xenpозyme	Injection, olipudase alfa-rpcp, 1 mg	PA Request	1/1/2024	Enzyme Deficiency
J1747	Spevigo	Injection, spesolimab-sbzo	PA Request	1/1/2024	Auto-inflammatory Conditions
J9350	Lunsumio	Inj mosunetuzumab-axgb	PA Request	1/1/2024	Oncology
J1426	Amondys 45	casimersen	PA Request	1/1/2024	Duchenne Muscular Dystrophy
J1428	Exondys 51	eteplirsen	PA Request	1/1/2024	Duchenne Muscular Dystrophy
J1429	Vyondys 53	golodirsen	PA Request	1/1/2024	Duchenne Muscular Dystrophy
J1954	Lutrate	Leuprolide Acetate	PA Request	1/1/2024	Oncology
J1427	Viltepso	Viltepso (viltolarsen)	PA Request	1/1/2024	Duchenne Muscular Dystrophy
J9036	Belrapzo	Injection, bendamustine hydrochloride, (belrapzo/bendamustine)	PA Request	1/1/2024	Oncology
J9034	Bendeka	Injection, bendamustine hcl (bendeka), 1 mg	PA Request	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 mysmarthealth.org/plan-coverage/pharmacy and navigate to the “Provider administered specialty medications or infusion therapies” section. The Medical Specialty Formulary and PA list can be found here: [Medical Benefit Drug List/MSPA Formulary](#).

The instructions are also listed below:

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

1. Download the medical benefit drug precertification notification and PA form on website or [here](#)
2. Complete and sign the PA form
3. Submit the completed and signed PA form:

Via fax to 586-693-4768 (or) via the eQSuite® Provider Portal at <https://precertification.eqhs.com/>

New pharmacy benefits manager for 2024

Effective January 1, 2024, our pharmacy benefit manager (PBM) will shift from Cigna to MaxorPlus, and SmartHealth will move to a managed prescription formulary.

MaxorPlus has over 31 years of experience, and we are confident that SmartHealth members will significantly benefit from their superb level of service. Their award-winning Member Services team will be available by phone 24/7/365 for support beginning October 1, 2023, to answer questions and provide general information regarding the 2024 pharmacy benefit, including locating a participating in-network pharmacy. MaxorPlus can be contacted at 888-820-4082.

At this same time all SmartHealth members will receive access to MaxorPlus' online Drug Search tool. It is highly recommended that this new tool is utilized as it allows members to search all medications to see if they are part of the new formulary and determine the formulary tier, drug class coverage and if prior authorization is required. To view this tool, please visit the link below:

<https://ascensionsmarthealth.maxorplus.com/formulary>

In-network Tier 1 labs-Quest and Labcorp

SmartHealth offers a network of national ancillary providers to ensure convenient access to high quality, cost-effective services.

As a reminder - SmartHealth in-network Tier 1 laboratories are Quest and Laboratory Corporation of America (Labcorp).

- 1) Labcorp: Call 800-845-6167
- 2) Quest Select: *Only available as Tier 1 for **AHIS, ARDCS, AHSCM, MDBAL, ALBIR, MIGRA, INMXL, INMSC, ININD, INEVA, ALMOB, DOCM, MOSTL, and DCWAS**

Please remember to refer SmartHealth members to these labs so they can avoid paying out-of-network fees.

New interactive PA portal and UM phone number

To request a prior authorization, the following may be utilized:

- 1) [Interactive Portal](#) (**NEW!**)

2) Fax a completed prior authorization form to 586-693-4768 with supporting clinical documentation

3) Call Ascension Insurance Utilization Management Gateway at 844-217-8191 Monday-Friday 8:00 a.m. to 6:00 p.m. EST)
(NEW!)

For a comprehensive list of procedures with the appropriate ICD-10 or CPT codes, please refer to the prior authorization code list posted on [Prior Authorization Code List](#).

Please remember to submit prior authorization requests in a timely manner. This allows SmartHealth to appropriately manage member care and administer benefits.



Ascension

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