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Dear Provider Partner:

We want to make you aware of a mistake regarding prior authorization requirements for certain drugs. This information was originally communicated in our May 2023 Spring E-News. See the chart details below.

We make changes to prior authorization (PA) requirements periodically. Typically changes are implemented on a quarterly basis. **Be sure to review the prior authorization requirements for medications, equipment, or medical services before providing treatment or writing a prescription.**

You can find information about prior authorizations on the Provider Resources and Training page of our website: CommonGroundHealthcare.org/Provider-Resources-and-Training/

- See the *Prior Authorization Search* section to access an Excel spreadsheet that lists all codes which require prior authorization. Download the spreadsheet and check this list for the medication, service, or equipment that you believe the patient needs before performing a procedure or writing a prescription. This will avoid claim denials for a missing PA.

- For medications that require prior authorization under the medical benefit, please submit a completed prior authorization request through the Magellan online portal <https://www.mrxgateway.com/> or by calling 800-424-8243.

CORRECTION: The following HCPCS codes require prior authorization as of **July 1, 2023**.

HCPCS Code	Drug Name	HCPCS Code	Drug Name
J0178	Eylea	J9294	Pemetrexed (Hospira)
J9035	Avastin (When not eye related)	J9296	Pemetrexed (Accord)
J9041	Velcade	J9297	Pemetrexed (Sandoz)
J0179	Beovu	J9314	Pemetrexed (Tedva)
J1439	Injectafer		
Q0138	Faraheme		
J7323	Euflexxa		
J7326	Gel-One		
J7328	GelSyn-3		
J7320	GenVisc 850		
J7322	Hymovis		
J7324	Orthovisc		
J7321	Supartz		
J7325	Synvisc		
J7325	Synvisc-One		
J7321	Visco-3		
J7327	Monovisc		
J0588	Xeomin		
J1950	Lupron Depot		
J1950	Lupron Depot Ped		
J0585	Botox		
J7321	Hyalgan		
J7331	Synjoynnt		
J7332	Triluron		
J9322	Pemetrexed (Bluepoint)		
J9323	Pemetrexed ditromethamine (Hospira)		

Please note that *Avastin (J9035)*, as listed below, only requires prior authorization for any *Non-Retina/Eye Service*.

CORRECTION: We previously communicated that the HCPCS codes shown below would require prior authorization as of July 1, 2023. However, the PA requirement will actually take effect on **October 1, 2023**.

HCPCS Code	Drug Name	HCPCS Code	Drug Name
J0586	Dysport	J9225	Vantas
J9015	Proleukin	J1746	Trogarzo
J0257	Glassia	J9229	Besponsa
J0256	Aralast NP	J9207	Ixempra
J0256	Prolastin-C	J1951	Fenslovi
J0256	Zemaira	J1954	leuprolide
J9049, J9048, J9046	bortezomib	J9217	Eligard
J0638	Ilaris	J0642	Khapzory
J9057	Aliqopa	J0641	Fusilev
J9153	Vyxeos	J9223	Zepzelca
J0894	Dacogen	J9353	Margenza
J7312	Ozurdex	J9247	Pepaxto
J1322	Vimizim	J9348	Danyelza
J9177	Padcev	J2469	Aloxi
J1325	Velettri/Flolan	J3490	Empaveli
J9358	Enhertu	J9304	Pemfexy
J7313	Iluvien	J9316	Phesgo
J7311	Retisert	J0587	Myobloc
J3490	Nulibry	J2820	Leukine
J9395	Faslodex	J3285	Remodulin
J9203	Mylotarg	J3304	Zilretta
J9202	Zoladex	J3315	Trelstar Depot
J1627	Sustol		
J9226	Supprelin		
J9225	Vantas		
J1746	Trogarzo		

We apologize for any confusion this error has caused. If you have any questions, please contact us at providerinfo@commongroundhealthcare.org.

Thank you for working with us to keep the thousands of members that we insure healthy.

Sincerely,

Provider Relations Team
Common Ground Healthcare Cooperative

Save Time Using CGHC's Provider Portal Self-Service Tools

Our easy-to-use Provider Portal gives you 24/7 access to information for your CGHC patients and will help you avoid wait times when our call volumes are high. In the Provider Portal you can:

- Verify eligibility (including paid through dates)
- View benefits and out-of-pocket costs
- Check claims status
- View completed prior authorization information

If you're not already registered for the CGHC Provider Portal, or need a reminder on how to use it, please visit the Provider Manual for details. Or [contact us via email](#).

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Our mailing address is:

120 Bishop's Way, Suite 150
Brookfield, WI 53005

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