

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-tjnj)	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

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
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), Elrexio (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.

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator 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>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: या नद : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 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 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຈຳນວນມື້ຮ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).