

REMINDER: Authorization Updates, Changes, and Clarifications

Updates, changes, and clarification to authorization requirements will be completed on a quarterly basis. Any updates, changes, or clarifications will be effective in January, April, July and October of each year. The list of Service Codes Requiring Preauthorization is available at McLarenHealthPlan.org > Providers > Medical Management and Authorization > Referral and Authorization Guidelines.

Please refer to the website for an updated authorization requirements list with effective dates of January 1, April 1, July 1, or October 1 of each year.

UPDATE: MDHHS Rebid Member Notification

As you may recall, in the Fall of 2023, MDHHS began the process of requesting bids for Medicaid Health Plans. **McLaren Health Plan was approved to continue offering benefits to Medicaid Members in every county in the lower peninsula.** Members that are having to choose a new Medicaid Health Plan, effective 10/1/24, due to the change in plans in specific regions/counties, are being sent letters from MDHHS requesting them to pick an available plan in their region. If the Member does not select a plan they will be auto assigned to an available plan in their region/county. The following regions/counties are those that had a change in the available Medicaid Health Plans:

Region	Counties	Available Medicaid Health Plans
2	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	McLaren Health Plan Molina Priority Blue Cross Complete
3	Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	McLaren Health Plan Molina Priority Blue Cross Complete
5	Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw	McLaren Health Plan Meridian Molina Blue Cross Complete
7	Clinton, Eaton, Ingham	McLaren Health Plan Aetna HAP CareSource United

If you have any questions, please contact your Provider Relations Representative at 888-327-0761 (TTY: 711) for assistance.

McLaren Health Plan thanks you for the quality care you deliver!

UPDATE: Specialty Care Medication Site of Care/Infusible Updated Drug List

McLaren Health Plan has specialty care medication Site of Care requirements for Community and McLaren Health Advantage lines of business. Effective November 1, 2024, the medication list will include the following codes (yellow):

BRAND NAME	CODES	BRAND NAME	CODES	BRAND NAME	CODES
Acterma	J3262	Gammagard S/D	J1566	Prolastin C	J0256
Aduhelm	J0172	Gammaked	J1561	Prolia	J0897
Advakveo	J0791	Gammaplex	J1557	Radicava	J1301
Aldurazyme	J1931	Gamunex	J1561	Reblozyl	J0896
Alpha 1 Proteinase Inhibitor	J0256	Givlaari	J0223	Remicade	J1745
	S9346	Glassia	J0257	Renflexis	Q5104
Apretude	J0739	Hemlibra	J7170	Ruconest	J0596
Acseniv	J1554	Hizentra	J1559	Ryplazim	J2998
Amondys 45	J1426	Hyqvia	J1575	Sajazir	J1744
Amvuttra	J0225	Icatibant	J1744	Saphnelo	J0491
Avsola	Q5121	Ilaris	J0638	Simponi Aria	J1602
Bavencio	J9023	Ilumya	J3245	Skyrizi	J2327
Benlysta	J0490	Imfinzi	J9173	Soliris	J1300
Berinert	J0597	Immune Globulin	J1599	Spinraza	J2326
Bivigam	J1556	Inflectra	Q5103	Stelara	J3357
Briumvi	J2329	Jempreli	J9272	Stelara IV	J3358
Cabenuva	J0741	Kalbitor	J1290	Tecentriq	J9022
Carimune	J1566	Kanuma	J2840	Tepezza	J3241
Cerezyme	J1786	Keytruda	J9271	Tezspire	J2356
Cimzia	J0717	Krystexxa	J2507	Trograzo	J1746
Cinryze	J0598	Lemtrada	J0202	Tysabri	J2323
Crysvita	J0584	Leqembi	J0174	Tzield	J9381
Cutaquig	J1551	Libtayo	J9119	Ultomiris	J1303
Cuvitru	J1555	Lumizyme	J0221	Uplizna	J1823
Elaprase	J1743	Luxturna	J3398	Viltepso	J1427
Elelyso	J3060	Mepsevli	J3397	Vimizim	J1322
Enjaymo	J1302	Naglazyme	J1428	VPRIV	J3385
Entyvio	J3380	Nexvazyme	J0219	Vyepti	J3032

Evenity	J3111	Nucala	J2182	Vyondys 53	J1429
Evkeeza	J1305	Ocrevus	J2350	Vyvgart	J9332
Exondys 51	J1428	Octagam	J1568	Xembify	J1558
Fabrazyme	J0180	Onpattro	J0222	Xenpozyme	J0218
Fasenra	J0517	Opdivo	J9299	Xgeva	J0897
Firazyr	J1744	Opdualag	J9298	Xolair	J2357
Flebogamma	J1752	Orencia	J0129	Yervoy	J9228
Gamma Globulin	J1460	Oxlumo	J0224	Zemaira	J0256
Gamma Globulin	J1560	Panzyga	J1599	Zolgensma	J3399
Gammagard	J1569	Privigen	J1459	Zynyz	J9345

MHP Site of Care guidelines require these injectable or infusible drugs to be administered only in a non-facility setting, such as the patient's home or a non-hospital affiliated infusion center. Infusions for these medications are excluded from reimbursement when administered in a hospital outpatient infusion center. In addition, the medications listed above may require preauthorization, regardless of site of care. Refer to the Service Codes Requiring Preauthorization list at [McLarenHealthPlan.org](https://www.mclarenhealthplan.org/providers/medical-management-and-authorization/referral-and-authorization-guidelines) > Providers > Medical Management and Authorization > Referral and Authorization Guidelines.

Exceptions may be made when an authorization request is submitted by a physician. The request should include supporting documentation, which MHP will review, indicating the contraindications for a member to receive these medications in their home or in an infusion center. Prescribers and members will receive advance notification if they are impacted by these Site of Care requirements.

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