

Effective Dec. 19, 2022: Prior Authorization Required for Skysona and Zynteglo

Failure to obtain authorization will result in a claim denial. The prior authorization process will apply to **all Highmark Health Options members**.



Medical necessity criteria for both medications are outlined in specific medication policies. Review prior authorization policies online at <http://hho.fyi/med-info>.

Procedure Codes Requiring Authorization

DRUG NAME	HCPCS
betibeglogene autotemcel (Zynteglo)	J3590*
elivaldogene autotemcel (Skysona)	J3590*

*These medications will be reviewed under the applicable miscellaneous procedure code until a permanent code is assigned.

Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on:

- Characteristics of the local delivery system.
- Established clinical criteria.
- Individual member needs.

Authorization does not guarantee payment of claims. Any medication listed above will be reimbursed by us only if it is:

- Medically necessary.
- A covered service.
- Provided to an eligible member.

Contact Pharmacy Services at 1-844-325-6251 with any prior authorization or submission process questions.