



# PROVIDER UPDATE

The policies and HCPCS codes below have been updated:

## Effective May 19, 2025

Prior authorization is required for all of the HCPCS codes listed in the appropriate table below. Failure to obtain authorization will result in a claim denial. The prior authorization process will apply to **all Highmark Health Options members or Highmark Health Options Duals members.**

Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. Review Highmark Health Options prior authorization policies online at [Medicaid Prior Authorization Code Lookup](#). To access Highmark Health Options Duals medication policies, please paste the following link in your internet browser: <https://www.highmarkhealthoptions.com/providers/prior-auth-lookup>.

## Highmark Health Options Procedure Codes Requiring Authorization:

HCPCS	DRUG NAME
J8499*	Evrysdi (risdiplam)
Q9998	Selarsdi (ustekinumab-aekn)
J2267	OmvoH (mirikizumab-mrkz)
J3490*	Onapgo (apomorphine HCl)
J3590*	Alhemo (concizumab-mtci)
Q5152	Bkemv (eculizumab-aeeb)
Q9999	Otulfi (ustekinumab-aaaz)
Q5151	Epysqli (eculizumab-aagh)
J3590*	Ryoncil (remestemcel-L-rknd)
J3590*	Simlandi (adalimumab-ryvk)
J3590*	Yesintek (ustekinumab-kfce)
J3490*	Yorvipath (palopegteriparatide)

J8499*	Livdelzi (deladelpar)
Q9996	Ustekinumab-ttwe
J2351	Ocrevus Zunovo
J9038	Niktimvo (axatilimab-csfr)
Q5149	Enzeevu (aflibercept-abzv)
Q5150	Ahzantive (aflibercept-mrbb)

*\*These medications will be reviewed under the applicable miscellaneous procedure code (NOC) until a permanent HCPCS code is assigned.*

**Highmark Health Options Duals (HMO SNP) Procedure Codes Requiring Authorization:**

<b>HCPCS</b>	<b>DRUG NAME</b>
J8499*	Evrysdi (risdiplam)
Q9998	Selarsdi (ustekinumab-aekn)
J2267	Omvoh (mirikizumab-mrkz)
J3490*	Onapgo (apomorphine HCl)
J3590*	Alhemo (concizumab-mtci)
Q5152	Bkemv (eculizumab-aeeb)
Q9999	Otulfi (ustekinumab-aaaz)
Q5151	Epysqli (eculizumab-aagh)
J3590*	Ryoncil (remestemcel-L-rknd)
J3590*	Simlandi (adalimumab-ryvk)
J3590*	Yesintek (ustekinumab-kfce)
J3490*	Yorvipath (palopegteriparatide)
J8499*	Livdelzi (deladelpar)
Q9996	Pyzchiva (ustekinumab-ttw)
J9038	Niktimvo (axatilimab-csfr)
Q5149	Enzeevu (aflibercept-abzv)
Q5150	Ahzantive (aflibercept-mrbb)

*\*These medications will be reviewed under the applicable miscellaneous procedure code until a permanent HCPCS 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

Providers must follow the policy guidelines when submitting claims.

**Review the updated policy and procedure codes** by using the link.

[Medical & Reimbursement Policies](#)

**Check if a code requires Prior Authorization** by using our Lookup

Tool [Prior Authorization Lookup Tool](#)

**We're here to help.** If you have specific questions or comments related to a Medicaid or Reimbursement policy, email [GovernmentPolicy@highmark.com](mailto:GovernmentPolicy@highmark.com).

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For other questions or concerns, call Provider Services at 1-844-325-6251, Monday through Friday, 8 a.m. – 5 p.m. or contact your Provider Account Liaison.

### **Highmark Health Options**

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