



PROVIDER UPDATE

The policies and HCPCS codes below have been updated:

Effective April 1, 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.**

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
J3392	Injection, exagamglogene autotemcel, per treatment
J3394	Injection, lovatibeglogene autotemcel, per treatment
J9311	Inj rituximab hyaluronidase, 10 mg
J3247	secukinumab (IV)
J1324	Injection, enfuvirtide, 1 mg
J1826	Injection, interferon beta- 1a, 30 mcg.
J2327	Injection, risankizumab- rzaa, 1 mg.
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti- cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti- cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR- positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q5103	Inflectra (infliximab-dyyb)
Q5104	Renflexis (infliximab-abda)
Q5105	Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5109	Ixifi (infliximab-qbtx)
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
J9311	Injection, rituximab 10 mg. and hyaluronidase
Q5134	injection, natalizumab-sztn
J0475	Lioresal (Injection, baclofen, 10 mg)
J0476	Lioresal (Injection, baclofen, 50 mcg for intrathecal trial)
J0570	Probuphine Implant Kit (Buprenorphine implant, 74.2 mg)
J0740	Injection, cidofovir, 375 mg
J0800	corticotropin (Acthar)
J0802	Injection, corticotropin (ani), up to 40 units
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1201	cetirizine hydrochloride (Quzyttir)
J1410	Premarin (Injection, estrogen conjugated, per 25 mg)
J1437	ferric derisomaltose (Monoferric)
J1439	Injection, ferric carboxymaltose, 1 mg
J1443	Ferric pyrophosphate citrate solution (Triferic)
J1444	ferric pyrophosphate citrate powder (Triferic)
J1445	Ferric pyrophosphate citrate (Triferic AVNU)
J1453	Fosaprepitant inj, 1 MG
J1460	Gamma globulin inj, 1 CC

J1551	Injection, immune globulin (cutaquig), 100 mg
J1555	Inj cuvitru, 100 mg
J1558	immune globulin-klhw (Xembify)
J1560	immune globulin (Gamastan S/D)
J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg
J1627	Inj granisetronxr, 0.1 mg
J1675	histrelin acetate (Vantas)
J1930	Lanreotide inj, 1 MG
J2278	Injection, ziconotide, 1 microgram
J2405	Ondansetron HCl inj, 1 MG
J2425	Palifermin inj, 50 MCG
J2430	Pamidronate disodium, 30 MG
J2469	Palonosetron HCl, 25 MCG
J2502	pasireotide long acting (Signifor LAR)
J2505	Neulasta
J2562	Plerixafor inj, 1 MG
J2793	rilonacept (Arcalyst)
J2797	Rolapitant inj, 0.5 mg
J2941	somatropin (Genotropin; Humatrope; Norditropin; Nutropin; Omnitrope; Saizen; Serostim; Zomacton; Zorbtive)
J3031	fremanezumab-vfrm (Ajovy)
J3315	Triptorelin pamoate, 3.75 MG
J3316	Triptorelin xr inj, 3.75 mg
J7175	Injection, Coagulation Factor X, human
J7178	Injection, human fibrinogen concentrate, NOS, 1 mg
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU
J7181	Injection, factor xiii a- subunit, (recombinant), per IU
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
J7188	Obizur Injection, factor viii
J7190	Factor VIII (antihemophilic factor, human) per IU
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
J7194	Factor IX complex, per IU
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
J7197	Antithrombin III human per IU
J7198	Feiba NF Anti-inhibitor, per i.u.

J7199	Sevenfact (coagulation factor VIIa (recombinant)-jncw)
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
J7202	Idelvion Injection, factor ix, albumin fusion protein
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
J7204	Esperoct - Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7207	Adynovate Injection, factor viii
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
J7318	hyaluronic acid (Durolane)
J7330	autologous cultured chondrocyte (MACI)
J7333	hyaluronate sodium (Visco-3)
J7340	carbidopa/levodopa (Duopa)
J7352	afamelanotide (Scenesse)
J7599	voclosporin (Lupkynis)
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
J9332	Injection, efgartigimod alfa-fcab, 2mg
J9395	Fulvestrant inj, 25 MG
J9600	Injection, porfimer sodium, 75 mg
Q4074	Iloprost (Ventavis)
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Q5124	Ranibizumab-nuna (Byooviz)

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

Highmark Health Options Duals Procedure Codes Requiring Authorization:

HCPCS	DRUG NAME
J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
J1412	Injection, valoctocogene roxaparovec-rvox, per mL, containing nominal 2x10 ¹³ vector genomes

J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J1426	Injection, casimersen, 10 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J3392	Injection, exagamglogene autotemcel, per treatment
J3394	Injection, lovetibeglogene autotemcel, per treatment
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
J9311	Inj rituximab hyaluronidase, 10 mg
J9312	Injection, rituximab, 10 mg
J1427	Injection, viltolarsen, 10 mg
J1449	Injection, eflapegrastim-xnst, 0.1
J1628	guselkumab
J2267	mirakizumab-mrkz
J3393	Injection, betibeglogene autotemcel, per treatment
Q5125	Injection, filgrastim- ayow, biosimilar, 1 mcg
Q5127	Injection, pegfilgrastim- fpgk, biosimilar, 0.5 mg
Q5129	Injection, bevacizumab- maly, biosimilar, 10 mg
J0172	Injection, aducanumab-avwa, 2 mg
J1304	Injection, tofersen, 1 mg
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
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Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car- positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Q2056	Ciltacabtagene autoleucl, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR- positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q5109	Ixifi (infliximab-qbtx)
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
J9311	Injection, rituximab 10 mg. and hyaluronidase
Q5134	injection, natalizumab-sztn
J0178	Injection, aflibercept, 1 mg
J0217	Injection, velmanase alfa-tycv, 1 mg
J0802	Injection, corticotropin (ani), up to 40 units
J1305	Injection, evinacumab-dgnb, 5 mg
J1551	Injection, immune globulin (cutaquist), 100 mg
J1566	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1626	Granisetron HCl inj, 100 MCG
J2350	Injection, ocrelizumab, 1 mg
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg

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.

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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.

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