

Specific Medications Require Prior Authorization

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 hho.fyi/med-info.

Procedure Codes Requiring Authorization

DRUG NAME Generic (Brand Name)	CODE DESCRIPTION	HCPCS	EFFECTIVE DATE
abatacept (Orencia)	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0129	11/4/2019
abobotulinumtoxina (Dysport)	Injection, abobotulinumtoxina, 5 units	J0586	5/1/2021
adalimumab (Humira)	Injection, adalimumab, 20 mg	J0135	7/15/2022
aducanumab-avwa (Aduhelm)	Injection, aducanumab-avwa, 2 mg	J0172	9/1/2021
aflibercept (Eylea)	Injection, aflibercept, 1 mg	J0178	10/1/2018
aflibercept (Eylea HD)	Injection, aflibercept hd, 1 mg	J0177	10/1/2018
agalsidase beta (Fabrazyme)	Injection, agalsidase beta, 1 mg	J0180	6/3/2019
alglucosidase alfa (Lumizyme)	Injection, alglucosidase alfa, (lumizyme), 10 mg	J0221	10/1/2018
alpha 1 proteinase inhibitor (Glassia)	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	J0257	3/15/2022
alpha 1- proteinase inhibitor (human) (Aralast NP, ProLastin-C, & Zemaira)	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	J0256	3/15/2022
anifrolumab-fnia (Saphnelo)	Injection, anifrolumab-fnia, 1 mg	J0491	1/1/2022
antihemophilic factor recombinant plasma/albumin free (Xyntha)	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	J7185	7/15/2022

antihemophilic factor VII/von willebrand factor human (Wilate)	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	J7183	7/15/2022
antihemophilic Factor VIII Fc Fusion Protein Recombinant (Eloctate)	Injection, factor viii fc fusion protein (recombinant), per iu	J7205	5/1/2021
antihemophilic factor VIII/von willebrand factor, human (Humate-P)	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	J7187	7/15/2022
antihemophilic Factor, Human/Von Willebrand Factor, Human (Alphanate/vwf Complex/human)	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	J7186	5/1/2021
avalglucosidase alfa-ngpt (Nexviazyme)	Injection, avalglucosidase alfa-ngpt, 4 mg	J0219	1/1/2022
belimumab (Benlysta)	Injection, belimumab, 10 mg	J0490	10/1/2018
benralizumab (Fasenra & Fasenra Pen)	Injection, benralizumab, 1 mg	J0517	12/3/2018
betamethasone acetate/betamethasone sodium phosphate - (Celestone Soluspan)	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	J0702	5/1/2021
betibeglogene autotemcel (Zynteglo)	Unclassified biologics	J3393	12/19/2022
bevacizumab (Avastin)	Injection, bevacizumab, 10 mg	J9035	9/3/2018
bimatoprost implant (Durysta)	Injection, bimatoprost, intracameral implant, 1 microgram	J7351	7/15/2022
brexanolone (Zulresso)	Injection, brexanolone, 1 mg	J1632	11/4/2019
buprenorphine extended-release (Sublocade)	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	Q9992	11/4/2019
buprenorphine extended-release (Sublocade)	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	Q9991	11/4/2019
burosumab-twza (Crysvita)	Injection, burosumab-twza, 1 mg	J0584	6/3/2019
c-1 esterase inhibitor human (Berinert)	Injection, c-1 esterase inhibitor (human), berinert, 10 units	J0597	3/15/2022
c-1 esterase inhibitor human (Cinryze)	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	J0598	3/15/2022

c1 esterase inhibitor recombinant (Ruconest)	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	J0596	3/15/2022
casimersen (Amondys 45)	Injection, casimersen, 10 mg	J1426	9/1/2021
cerliponase alfa (Brineura)	Injection, cerliponase alfa, 1 mg	J0567	12/3/2018
certolizumab pegol (Cimzia)	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0717	11/4/2019
coagulation factor VIIA (NovoSeven RT)	Factor viia (antihemophilic factor, recombinant), per 1 microgram	J7189	7/15/2022
collagenase, clostridium histolyticum (Xiaflex)	Injection, collagenase, clostridium histolyticum, 0.01 mg	J0775	5/1/2021
crizanlizumab-tmca (Adakveo)	Injection, crizanlizumab-tmca, 5 mg	J0791	5/1/2021
darbepoetin alfa (Aranesp)	Injection, darbepoetin alfa (for esrd on dialysis) , 1 microgram	J0882	11/4/2019
darbepoetin alfa (Aranesp)	Injection, darbepoetin alfa (for non-esrd use) , 1 microgram	J0881	11/4/2019
denosumab (Prolia; Xgeva)	Injection, denosumab, 1 mg	J0897	5/1/2021
eculizumab (Soliris)	Injection, eculizumab, 10 mg	J1300	3/5/2018
edaravone (Radicava)	Injection, edaravone, 1 mg	J1301	11/4/2019
elivaldogene autotemcel (Skysona)	Unclassified biologics	J3590*	12/19/2022
elosulfase alfa (Vimizim)	Injection, elosulfase alfa, 1 mg	J1322	3/5/2018
emapalumab-lzsg (Gamifant)	Injection, emapalumab-lzsg, 1 mg	J9210	11/4/2019
emicizumab-kxwh (Hemlibra)	Injection, emicizumab-kxwh, 0.5 mg	J7170	7/15/2022
epoetin alfa (Epogen)	Injection, epoetin alfa (for non-esrd use) , 1000 units	J0885	11/4/2019
epoetin alfa (Epogen)	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Q4081	11/4/2019
epoetin alfa (Procrit)	Injection, epoetin alfa, (for non-esrd use) , 1000 units	J0885	11/4/2019

epoetin alfa (Procrit)	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Q4081	11/4/2019
epoetin beta (Mircera)	Injection, epoetin beta (for esrd on dialysis) , 1 microgram	J0887	11/4/2019
epoetin beta (Mircera)	Injection, epoetin beta (for non-esrd use) , 1 microgram	J0888	11/4/2019
epoprostenol (Flolan; Veletri)	Injection, epoprostenol, 0.5 mg	J1325	1/1/2022
eptinezumab-jjmr (Vyepsti)	Injection, eptinezumab-jjmr, 1 mg	J3032	3/15/2022
esketamine nasal (Spravato)	Esketamine, nasal spray, 1 mg	S0013	7/15/2022
eteplirsen (Exondys 51)	Injection, eteplirsen, 10 mg	J1428	10/1/2018
etranacogene dezaparovec-drlb (Hemgenix)	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	J1411	2/15/2023
evinacumab-dgnb (Evkeeza)	Injection, evinacumab-dgnb, 5 mg	J1305	9/1/2021
factor VIII, recombinant (Recombinate; Kogenate FS; Advate; Helixate FS)	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	J7192	7/15/2022
ferric carboxymaltose (Injectafer)	Injection, ferric carboxymaltose, 1 mg	J1439	12/3/2018
ferumoxytol (Feraheme)	Injection, ferumoxytol for treatment of iron deficiency anemia (for non-esrd use) , 1 mg	Q0138	12/3/2018
filgrastim g-csf (Neupogen)	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	J1442	9/3/2018
fondaparinux sodium (Arixtra)	Injection, fondaparinux sodium, 0.5 mg	J1652	7/15/2022
fosdenopterin (Nulibry)	Unclassified drugs	J3490*	9/1/2021
fosnetupitant-palonosetron (Akynzeo)	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	J1454	7/15/2022
galsulfase (Naglazyme)	Injection, galsulfase, 1 mg	J1458	3/15/2022
golimumab (Simponi Aria)	Injection, golimumab, 1 mg for intravenous use	J1602	11/4/2019
golodirsen (Vyondys 53)	Injection, golodirsen, 10 mg	J1429	7/15/2022
hyaluronan sodium (Euflexxa)	Hyaluronan or derivative, euflexxa for intra-articular injection, per dose	J7323	7/15/2022

hyaluronate sodium (Gel-One)	Hyaluronan or derivative, gel-one for intra-articular injection, per dose	J7326	7/15/2022
hyaluronate sodium (Gelsyn-3)	Hyaluronan or derivative, gelsyn-3 for intra-articular injection, 0.1 mg	J7328	7/15/2022
hyaluronate sodium (Genvisc 850)	Hyaluronan or derivative, genvisc 850 for intra-articular injection, 1 mg	J7320	7/15/2022
hyaluronate sodium (Hyalgan & Supartz FX)	Hyaluronan or derivative, hyalgan or supartz for intra-articular injection, per dose	J7321	7/15/2022
hyaluronic acid (Monovisc)	Hyaluronan or derivative, monovisc for intra-articular injection, per dose	J7327	7/15/2022
hyaluronic acid (OrthoVisc)	Hyaluronan or derivative, orthovisc for intra-articular injection, per dose	J7324	7/15/2022
hydroxyprogesterone caproate (Makena)	Injection, hydroxyprogesterone caproate, 10 mg	J1726	11/4/2019
hylan polymers A and B (Synvisc & Synvisc One)	Hyaluronan or derivative, synvisc or synvisc-one for intra-articular injection, 1 mg	J7325	11/4/2019
idursulfase (Elaprase)	Injection, idursulfase, 1 mg	J1743	3/15/2022
imiglucerase (Cerezyme)	Injection, imiglucerase, 10 units	J1786	10/1/2018
Immune globulin (Asceniv)	Injection, immune globulin (asceniv), 500 mg	J1554	3/5/2018
immune globulin (Bivigam)	Injection, immune globulin (bivigam), 500 mg	J1556	3/5/2018
immune globulin (Flebogamma DIF)	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1572	3/5/2018
immune globulin (Gammagard S/D; Carimmune NF)	Injection, immune globulin, (gammagard liquid), non-lyophilized (e.g., liquid), 500 mg	J1566	3/5/2018
immune globulin (Gammagard)	Injection, immune globulin, (gammagard liquid), non-lyophilized (e.g., liquid), 500 mg	J1569	3/5/2018
immune globulin (Gammaked; Gamunex-C)	Injection, immune globulin, (gamunex-c/gammaked),	J1561	3/5/2018

	non-lyophilized (e.g., liquid), 500 mg		
immune globulin (Gammaplex)	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1557	3/5/2018
immune globulin (Hizentra)	Injection, immune globulin (hizentra), 100 mg	J1559	6/3/2019
immune globulin (Octagam)	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1568	3/5/2018
immune globulin (Panzyga)	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	J1599	3/5/2018
immune globulin (Privigen)	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1459	3/5/2018
immune globulin human/recombinant human hyaluronidase (Hyqvia)	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	J1575	6/3/2019
incobotulinumtoxin a (Xeomin)	Injection, incobotulinumtoxin a, 1 unit	J0588	8/15/2021
inebilizumab-cdon (Uplizna)	Injection, inebilizumab-cdon, 1 mg	J1823	9/1/2021
infliximab (Remicade)	Injection, infliximab, excludes biosimilar, 10 mg	J1745	3/5/2018
inotersen (Tegsedi)	Unclassified drugs	J3490*	11/4/2019
lanadelumab-flyo (Takhzyro)	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J0593	11/4/2019
laronidase (Aldurazyme)	Injection, laronidase, 0.1 mg	J1931	3/15/2022
leuprolide acetate depot (Eligard & Lupron Depot)	Leuprolide acetate (for depot suspension), 7.5 mg	J9217	6/3/2019
leuprolide acetate depot (Lupron Depot)	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	J1950	12/3/2018
luspatercept-aamt (Reblozyl)	Injection, luspatercept-aamt, 0.25 mg	J0896	7/15/2022

mepolizumab (Nucala)	Injection, mepolizumab, 1 mg	J2182	12/3/2018
methylxaltrexone (Relistor)	Injection, methylxaltrexone, 0.1 mg	J2212	7/15/2022
natalizumab (Tysabri)	Injection, natalizumab, 1 mg	J2323	9/3/2018
nusinersen (Spinraza)	Injection, nusinersen, 0.1 mg	J2326	10/1/2018
ocrelizumab (Ocrevus)	Injection, ocrelizumab, 1 mg	J2350	10/1/2018
omalizumab (Xolair)	Injection, omalizumab, 5 mg	J2357	9/3/2018
onabotulinumtoxina (Botox)	Injection, onabotulinumtoxina, 1 unit	J0585	9/3/2018
patisiran (Onpattro)	Injection, patisiran, 0.1 mg	J0222	11/4/2019
pegaptanib sodium (Macugen)	Injection, pegaptanib sodium, 0.3 mg	J2503	11/4/2019
pegcetacoplan (Empaveli)	Noc drugs, other than inhalation drugs, administered through DME	J7799*	1/1/2022
pegfilgrastim (Neulasta)	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	J2506	9/3/2018
pegloticase (Krystexxa)	Injection, pegloticase, 1 mg	J2507	12/3/2018
plasminogen, human-tvmh (Ryplazim)	Injection, plasminogen, human-tvmh, 1 mg	J2998	1/1/2022
ranibizumab (Lucentis)	Injection, ranibizumab, 0.1 mg	J2778	10/1/2018
ravulizumab-cwvz (Ultomiris)	Injection, ravulizumab-cwvz, 10 mg	J1303	11/4/2019
reslizumab (Cinqair)	Injection, reslizumab, 1 mg	J2786	12/3/2018
rimabotulinumtoxina (Myobloc)	Injection, rimabotulinumtoxina, 100 units	J0587	8/15/2021
rituximab (Rituxan)	Injection, rituximab, 10 mg	J9312	9/3/2018
romiplostim (Nplate)	Injection, romiplostim, 10 micrograms	J2796	10/1/2018
sebelipase alfa (Kanuma)	Injection, sebelipase alfa, 1 mg	J2840	3/15/2022
selexipag IV (Uptravi)	Unclassified drugs	J3490*	1/1/2022
taliglucerase alfa (Elelyso)	Injection, taliglucerase alfa, 10 units	J3060	3/15/2022
teprotumumab-trbw (Tepezza)	Injection, teprotumumab-trbw, 10 mg	J3241	3/15/2022
testosterone cypionate (Depo-Testosterone)	Injection, testosterone cypionate, 1 mg	J1071	7/15/2022
testosterone pellet (Testopel)	Testosterone pellet, 75 mg	S0189	5/1/2021
tocilizumab (Actemra)	Injection, tocilizumab, 1 mg	J3262	11/4/2019
trastuzumab (Herceptin)	Injection, trastuzumab, excludes biosimilar, 10 mg	J9355	3/5/2018

treprostinil (Remodulin)	Injection, treprostinil, 1 mg	J3285	11/4/2019
Treprostinil (Tyvaso)	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	J7686	7/15/2022
ustekinumab (Stelara)	Ustekinumab for intravenous injection, 1 mg	J3358	11/4/2019
ustekinumab (Stelara)	Ustekinumab for subcutaneous injection, 1 mg	J3357	11/4/2019
vedolizumab (Entyvio)	Injection, vedolizumab, 1 mg	J3380	11/4/2019
velaglucerase alfa (Vpriv)	Injection, velaglucerase alfa, 100 units	J3385	3/15/2022
verteporfin (Visudyne)	Injection, verteporfin, 0.1 mg	J3396	11/4/2019
vestronidase alfa-vjvk (Mepsevii)	Injection, vestronidase alfa-vjvk, 1 mg	J3397	3/15/2022
von willebrand factor recombinant (Vonvendi)	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	J7179	11/4/2019
voretigene neparovvec-rzyl (Luxturna)	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	J3398	12/3/2018
zoledronic acid (Reclast; Zometa)	Injection, zoledronic acid, 1 mg	J3489	5/1/2021

**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.