

Effective Feb. 15, 2023, Hemgenix Requires 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)	HCPCS
etranacogene dezaparvovec-drlb (Hemgenix)	J3590*

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.