



# PROVIDER UPDATE

**The policies and HCPCS codes below have been updated:**

**Effective April 1, 2026**

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
J9174	Beizray (Docetaxel & Albumin For IV Infusion)
J8999*	Koselugo (Selumetinib Sulfate)
J3490*	Forzinity (Elamipretide HCl)
J8999*	PAZOPanib HCl (Pazopanib HCl)
J3590*	Starjemza (Ustekinumab-hmny)
Q5159	Ospomyy (Denosumab-dssb)
Q9998	Selarsdi (Ustekinumab-aekn)
J9999*	Inlexzo (Gemcitabine HCl)
J9256	Imaavy (Nipocalimab-aahu)

\*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:**

HCPCS	DRUG NAME
J9174	Beizray (Docetaxel & Albumin For IV Infusion)
J8999*	Koselugo (Selumetinib Sulfate)
J3490*	Forzinity (Elamipretide HCl)
J8999*	PAZOPanib HCl (Pazopanib HCl)
J3590*	Starjema (Ustekinumab-hmny)
Q5159	Ospomvy (Denosumab-dssb)
Q9998	Selarsdi (Ustekinumab-aekn)
J9999*	Inlexzo (Gemcitabine HCl)
J9256	Imaavy (Nipocalimab-aahu)

*\*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).

**Opt Out** - To unsubscribe from these messages, please reply "UNSUBSCRIBE" to [governmentpolicynotifications@highmark.com](mailto:governmentpolicynotifications@highmark.com)

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**

800 Delaware Ave  
Wilmington, DE 19801  
**1-844-325-6251**

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.