



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](https://www.highmarkhealthoptions.com/providers/prior-auth-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 | Ospomyv (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* | Starjemza (Ustekinumab-hmny) |
| Q5159 | Ospomyv (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.

Opt Out - To unsubscribe from these messages, please reply "UNSUBSCRIBE" to 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

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