

**Effective July 15, 2022**

**Prior Authorization Required for Humira, Xyntha, Wilate, Humate-P, Durysta, NovoSeven RT, Hemlibra, Spravato, Recombinate, Kogenate FS, Advate, Helixate FS, Arixtra, Akynzeo, Vyvondys 53, Euflexxa, Gel-One, Gelsyn-3, Genvisc 850, Hylagan, Supartz FX, Monovisc, OrthoVisc, Reblozyl, Relistor, Depo-Testosterone, and Tyvaso.**

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 and a complete list of the specific medications requiring prior authorization online at [hho.fyi/med-info](https://hho.fyi/med-info) or scan the QR code.

**Procedure Codes Requiring Authorization**

<b>DRUG NAME</b> Generic (Brand)	<b>HCPCS</b>	<b>DRUG NAME</b> Generic (Brand)	<b>HCPCS</b>
adalimumab (Humira)	J0135	hyaluronan sodium (Euflexxa)	J7323
antihemophilic factor recombinant plasma/albumin free (Xyntha)	J7185	hyaluronate sodium (Gel-One)	J7326
antihemophilic factor VII/von willebrand factor human (Wilate)	J7183	hyaluronate sodium (Gelsyn-3)	J7328
antihemophilic factor VIII/von willebrand factor, human (Humate-P)	J7187	hyaluronate sodium (Genvisc 850)	J7320
bimatoprost implant (Durysta)	J7351	hyaluronate sodium (Hyalgan & Supartz FX)	J7321
coagulation factor VIIA (NovoSeven RT)	J7189	hyaluronic acid (Monovisc)	J7327
emicizumab-kxwh (Hemlibra)	J7170	hyaluronic acid (OrthoVisc)	J7324
esketamine nasal (Spravato)	S0013	Immune globulin, human (Asceniv)	J1554
factor VIII, recombinant (Recombine; Kogenate FS; Advate; Helixate FS)	J7192	luspatercept-aamt (Reblozyl)	J0896
fondaparinux sodium (Arixtra)	J1652	methylnaltrexone (Relistor)	J2212
fosnetupitant-palonosetron (Akynzeo)	J1454	testosterone cypionate (Depo-Testosterone)	J1071
golodirsen (Vyondys 53)	J1429	treprostinil (Tyvaso)	J7686

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.