

# PROVIDER UPDATE

An Update for Highmark Delaware Health Options Providers and Clinicians

## January 2021: MEDICATIONS TO REQUIRE BIOSIMILAR STEP THERAPY, EFFECTIVE March 15, 2021

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options will implement a biosimilar step therapy requirement within the prior authorization criteria for the following medications effective with dates of service on or after **March 15, 2021**. Failure to obtain authorization for the reference product will result in a claim denial.

The prior authorization process for reference products will apply to **all Highmark Health Options Members**. Medical necessity criteria for each of the reference products listed below are outlined in the specific medication policies available online. To access Highmark Health Options' medical policies, please paste the following link in your internet browser: <https://www.highmarkhealthoptions.com/providers/medication-information.html>.

### PROCEDURE CODES REQUIRING BIOSIMILAR STEP THERAPY

Procedure Code	Reference Products	Biosimilar Alternative(s)*
	Description	<i>No authorization required for biosimilar alternatives</i>
J9035	Avastin	Q5107 Mvasi Q5118 Zirabev
Q4081	Epogen/Procrit (ESRD)	Q5105 Retacrit (ESRD)
J0885	Epogen/Procrit (non-ESRD)	Q5106 Retacrit (non-ESRD)
J1442	Neupogen	Q5110 Nivestym Q5101 Zarxio
J2505	Neulasta	Q5108 Fulphila Q5111 Udenyca Q5120 Ziextenzo
J1745	Remicade	Q5121 Avsola Q5103 Inflectra Q5104 Renflexis
J9312	Rituxan	Q5119 Ruxience Q5115 Truxima
J9355	Herceptin	Q5117 Kanjinti Q5116 Trazimera Q5114 Ogivri Q5113 Herzuma Q5112 Ontruzant

*\*This list is subject to change as additional biosimilar products come to market for these and other reference products.*

### ADDITIONAL INFORMATION

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, established clinical criteria, and characteristics of the local delivery system.
- NaviNet is the most efficient means to request authorization. A new NaviNet form with autofill functionality will be added to the Authorization Request Forms to make completing and submitting your online requests easier and faster. If unable to access NaviNet, your request can be faxed to the Medical Drug Management team at (855) 476-4185.

- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non-covered benefits will not be paid unless special circumstances exist. Always review member benefits to determine covered and non-covered services.

If you have questions regarding the authorization process and/or how to submit authorizations electronically, please contact Highmark Health Options Pharmacy Services Department using the phone number 1-844-325-6251.

*Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association*