



PROVIDER NOTICE

Effective Jan. 1, 2022

Prior Authorization Required for Saphnelo, Nexviazyme, Flolan/Veletri, Empaveli, Ryplazim, and Uptravi

As a continued effort to improve the quality of care for our members, Highmark Health Options reminds providers about the prior authorization process for the medications listed on the following pages. Failure to obtain authorization will result in a claim denial.



The prior authorization process applies to all Highmark Health Options members. Medical necessity criteria for the medications listed below is outlined in the medication policies section of the Highmark Health Options website. Scan the QR code or visit <https://hho.fyi/meds>.

Procedure Codes Requiring Authorization

DRUG NAME	HCPCS
anifrolumab-fnia (Saphnelo)	J3590*
avalglucosidase alfa-ngpt (Nexviazyme)	J3590*
epoprostenol (Flolan; Veletri)	J1325
pegcetacoplan (Empaveli)	J7799*
plasminogen, human-tvmh (Ryplazim)	J3590*
selexipag IV (Uptravi)	J3490*

*These medications will be reviewed under the applicable miscellaneous procedure code until a permanent 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.

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

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.

If you have questions regarding the authorization process or how to submit authorizations, please contact Highmark Health Options Pharmacy Services at 1-844-325-6251, Monday–Friday, 8 a.m.–5 p.m.

Reminder: Changes to Authorization Requests

While the new provider portal is being developed, temporary manual processes will be in place for:

- Medication authorizations (medical benefit J codes). Submit by fax to 1-855-476-4158 or call the Pharmacy Department at 1-844-325-6251 Monday–Friday, 8 a.m.–5 p.m.
- All other authorizations. Submit authorizations by calling Utilization Management at 1-844-325-6251, Monday–Friday, 8 a.m.–5 p.m.

During the transition to the new provider portal, you can continue to use NaviNet for eligibility inquiry, claims inquiry, updates, and more. The temporary manual process will be in place until new online tools are available.

Highmark Health Options is available to:

- Answer your calls, receive incoming faxes, and build the authorization shells.
- Provide an automatic approval authorization without a clinical review in accordance with established guidelines, in some instances.
- Update you on your appeals and claims disputes submissions.

If you have questions or concerns, contact Provider Services at 1-844-325-6251.