HIGHMARK Delaware
HEALTH OPTIONS

NEWS FOR ALL PROVIDER TYPES

HIGHMARK HEALTH OPTIONS, JUNE 2018: MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION, EFFECTIVE *SEPTEMBER 3, 2018*

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options will implement a prior authorization process for the following medications effective with dates of service from **September 3, 2018**.

The prior authorization process will apply to **all Highmark Health Options Members**. Medical necessity criteria for each of the medications 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://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy. Failure to obtain authorization will result in a claim denial.

PROCEDURE CODES REQUIRING AUTHORIZATION

Procedure Code	Description	Procedure Code	Description
J0585	Botox	J2357	Xolair
J1442	Neupogen	J9035	Avastin
J2505	Neulasta	J9047	Kyprolis
J2820	Leukine	J9055	Erbitux
J1447	Granix	J9306	Perjeta
Q5101	Zarxio	J9395	Faslodex
J9310	Rituxan	J2323	Tysabri

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, characteristics of the local delivery system, and established clinical criteria.
- 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.
- The Prior authorization look up tool will be updated to show prior authorization requirements for these medications.
- For a smooth transition to the prior authorization process, you may begin to submit authorization requests beginning **August 27, 2018** for dates of service on **September 3, 2018** and beyond.
- 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 exists. Always review member benefits to determine covered & non-covered services.
- Pre-service authorization will be required for the procedure codes listed above for dates of service on or after **September 3, 2018**. The procedure codes you have previously been notified of will continue to require pre-service authorization. The complete list of procedure codes that require pre-service authorization can be found at: https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy.

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