HIGHMARK Delaware
HEALTH OPTIONS

PROVIDER UPDATE

An Update for Highmark Health Options Providers and Clinicians

July 2019: MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION, EFFECTIVE *November 4, 2019*

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 **November 4, 2019**. 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 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.

PROCEDURE CODES REQUIRING AUTHORIZATION

Procedure Code	Description	Procedure Code	Description
J3262	Actemra	**J3490***	Onpattro
J0881	Aranesp (non-ESRD)	Q5112	Ontruzant
J0882	Aranesp (ESRD)	J0129	Orencia
J9039	Blincyto	J0885	Procrit (non-ESRD)
J0717	Cimzia	Q4081	Procrit (ESRD on dialysis)
J0185	Clnvanti	J1301	Radicava
J9171	Docetaxel	J3285	Remodulin
J9999*	Elzonris	Q5105	Retacrit (ESRD on dialysis)
J1453	Emend	Q5106	Retacrit (non-ESRD)
J3380	Entyvio	J9311	Rituxan Hycela
J0885	Epogen (non-ESRD)	J1602	Simponi Aria
Q4081	Epogen (ESRD on dialysis)	J3357	Stelara subQ
J9019	Erwinaze	J3358	Stelara IV
J9307	Folotyn	Q9991/Q9992	Sublocade
J3590*	Gamifant	J7325	Synvisc/Synvisc One
J9179	Halaven	**J3590***	Takhzyro
J9356	Herceptin Hylecta	J9022	Tecentriq
Q5113	Herzuma	**J3490***	Tegsedi
J9173	Imfinzi	J1746	Trogarzo
J0202	Lemtrada	Q5115	Truxima (Rituxan biosimilar)
J9999*	Libtayo	Q5111	Udenyca
J9999*	Lumoxiti	**J3590***	Ultomiris
A9513	Lutathera	J3396	Visudyne
J2503	Macugen	J7179	Vonvendi
J1726	Makena	A9606	Xofigo
J0887	Mircera (ESRD on dialysis)	A9543	Zevalin
J0888	Mircera (non-ESRD)	J9202	Zoladex
Q5114	Ogivri	**J3490***	Zulresso
J9266	Oncaspar		

*This medication will be reviewed under its miscellaneous procedure code until a permanent code is assigned.

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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.
- 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.
- 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.

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