



HIGHMARK HEALTH OPTIONS, JANUARY 2018: MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION, EFFECTIVE *MARCH 5TH, 2018* **REVISED**

UPDATE: Your practice received the below announcement in November 2017 regarding Prior-Authorization planned for January 8th implementation. However, Highmark Health Options has decided to push back implementation to **March 5th, 2018** to ensure providers have an optimal experience.

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 ~~January 8th, 2018~~ **March 5th 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
J1300	Eculizumab injection	J1745	Infliximab injection
J1322	Inj, elosulfase alfa, 1mg	J9042	Brentuximab vedotin inj
J1459	Inj IVIG privigen 500 mg	J9228	Ipilimumab injection
J1556	Inj, Imm Glob Bivigam, 500mg	J9271	Inj pembrolizumab
J1557	Gammaplex injection	J9299	Injection, nivolumab
J1561	Gamunex-C/Gammaked	J9305	Pemetrexed injection
J1566	Immune globulin, powder	J9355	Trastuzumab injection
J1568	Octagam injection	J3490	Unclassified drugs
J1569	Gammagard liquid injection	J3590	Unclassified biologics
J1572	Flebogamma injection	J9999	Not otherwise classified, antineoplastic drugs
J1599	IVIG, non-lyophilized		

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 ~~November 27, 2017~~ **February 26th, 2018** for dates of service on ~~December 4th, 2017~~ **March 5th, 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.

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

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.