



PROVIDER UPDATE

Effective Dec. 19, 2022: Prior Authorization Required for Skysona and Zynteglo

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 both medications are outlined in specific medication policies. Review prior authorization policies online at <http://hho.fyi/med-info>.

Procedure Codes Requiring Authorization

DRUG NAME	HCPCS
betibeglogene autotemcel (Zynteglo)	J3590*
elivaldogene autotemcel (Skysona)	J3590*

*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.

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.

Contact Pharmacy Services at 1-844-325-6251 with any prior authorization or submission process questions.