

# PROVIDER UPDATE

## OCTOBER 2020: REMINDER SPECIFIC MEDICATIONS REQUIRE PRIOR AUTHORIZATION

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options wanted to send a reminder about the prior authorization process for the following medications. 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 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://www.highmarkhealthoptions.com/providers/medication-information.html>.

### PROCEDURE CODES REQUIRING AUTHORIZATION

DRUG NAME	CODE DESCRIPTION	HCPCS	DE Medicaid
abatacept (Orencia)	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J0129	11/4/2019
aflibercept (Eylea)	Injection, aflibercept, 1 mg	J0178	10/1/2018
agalsidase beta (Fabrazyme)	Injection, agalsidase beta, 1 mg	J0180	6/3/2019
alemtuzumab (Lemtrada)	Injection, alemtuzumab, 1 mg	J0202	11/4/2019
alglucosidase alfa (Lumizyme)	Injection, alglucosidase alfa, (lumizyme), 10 mg	J0221	10/1/2018
aprepitant (Cinvanti)	Injection, aprepitant, 1 mg	J0185	11/4/2019
asparaginase (Erwinaze)	Injection, asparaginase (erwinaze), 1,000 iu	J9019	11/4/2019
atezolizumab (Tecentriq)	Injection, atezolizumab, 10 mg	J9022	11/4/2019
axicabtagene ciloleucel (Yescarta)	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2041	6/3/2019
belimumab (Benlysta)	Injection, belimumab, 10 mg	J0490	10/1/2018
benralizumab (Fasenra & Fasenra Pen)	Injection, benralizumab, 1 mg	J0517	12/3/2018
bevacizumab (Avastin)	Injection, bevacizumab, 10 mg	J9035	9/3/2018
bevacizumab-awwb (Mvasi)	Injection, bevacizumab-awwb, <b>biosimilar</b> , (mvasi), 10 mg	Q5107	6/3/2019
blinatumomab (Blincyto)	Injection, blinatumomab, 1 microgram	J9039	11/4/2019
bortezomib (Velcade)	Injection, bortezomib (velcade), 0.1 mg	J9041	12/3/2018
brentuximab vedotin (Adcetris)	Injection, brentuximab vedotin, 1 mg	J9042	3/5/2018
brexanolone (Zulresso)	Injection, brexanolone, 1 mg	J1632	11/4/2019
burosumab-twza (Crysvita)	Injection, burosumab-twza, 1 mg	J0584	6/3/2019

DRUG NAME	CODE DESCRIPTION	HCPCS	DE Medicaid
carfilzomib (Kyprolis)	Injection, carfilzomib, 1 mg	J9047	9/3/2018
cemiplimab-rwlc (Libtayo)	Injection, cemiplimab-rwlc, 1 mg	J9119	11/4/2019
cerliponase alfa (Brineura)	Injection, cerliponase alfa, 1 mg	J0567	12/3/2018
certolizumab pegol (Cimzia)	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J0717	11/4/2019
cetuximab (Erbixx)	Injection, cetuximab, 10 mg	J9055	9/3/2018
darbepoetin alfa (Aranesp)	Injection, darbepoetin alfa, 1 microgram ( <b>non-esrd use</b> )	J0881	11/4/2019
darbepoetin alfa (Aranesp)	Injection, darbepoetin alfa, 1 microgram ( <b>for esrd on dialysis</b> )	J0882	11/4/2019
docetaxel (Docetaxel)	Injection, docetaxel, 1 mg	J9171	11/4/2019
durvalumab (Imfinzi)	Injection, durvalumab, 10 mg	J9173	11/4/2019
eculizumab (Soliris)	Injection, eculizumab, 10 mg	J1300	3/5/2018
edaravone (Radicava)	Injection, edaravone, 1 mg	J1301	11/4/2019
elosulfase alfa (Vimizim)	Injection, elosulfase alfa, 1 mg	J1322	3/5/2018
emapalumab-lzsg (Gamifant)	Injection, emapalumab-lzsg, 1 mg	J9210	11/4/2019
epoetin alfa (Epogen)	Injection, epoetin alfa, ( <b>for non-esrd use</b> ) 1000 units	J0885	11/4/2019
epoetin alfa (Epogen)	Injection, epoetin alfa, 100 units ( <b>for esrd on dialysis</b> )	Q4081	11/4/2019
epoetin alfa (Procrit)	Injection, epoetin alfa, (for non-esrd use), 1000 units	J0885	11/4/2019
epoetin alfa (Procrit)	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Q4081	11/4/2019
epoetin alfa (Retacrit)	Injection, epoetin alfa-epbx, biosimilar, (retacrit) ( <b>for esrd on dialysis</b> ), 100 units	Q5105	11/4/2019
epoetin alfa (Retacrit)	Injection, epoetin alfa-epbx, biosimilar, (retacrit) ( <b>for non-esrd use</b> ), 1000 units	Q5106	11/4/2019
epoetin beta (Mircera)	Injection, epoetin beta, 1 microgram, ( <b>for esrd on dialysis</b> )	J0887	11/4/2019
epoetin beta (Mircera)	Injection, epoetin beta, 1 microgram, ( <b>for non esrd use</b> )	J0888	11/4/2019
eribulin mesylate (Halaven)	Injection, eribulin mesylate, 0.1 mg	J9179	11/4/2019
eteplirsen (Exondys 51)	Injection, eteplirsen, 10 mg	J1428	10/1/2018
ferric carboxymaltose (Injectafer)	Injection, ferric carboxymaltose, 1 mg	J1439	12/3/2018
ferumoxytol (Feraheme)	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg ( <b>non-esrd use</b> )	Q0138	12/3/2018
filgrastim g-csf (Neupogen)	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	J1442	9/3/2018
filgrastim-aafi (Nivestym)	Injection, filgrastim-aafi, <b>biosimilar</b> , (nivestym), 1 microgram	Q5110	6/3/2019
filgrastim-sndz (Zarxio)	Injection, filgrastim-sndz, <b>biosimilar</b> , (zarxio), 1 microgram	Q5101	9/3/2018
fosaprepitant (Emend)	Injection, fosaprepitant, 1 mg	J1453	11/4/2019
fulvestrant (Faslodex)	Injection, fulvestrant, 25 mg	J9395	9/3/2018
golimumab (Simponi Aria)	Injection, golimumab, 1 mg, for intravenous use	J1602	11/4/2019
goserelin acetate implant (Zoladex)	Goserelin acetate implant, per 3.6 mg	J9202	11/4/2019
histrelin implant (Supprelin LA)	Histrelin implant (supprelin la), 50 mg	J9226	12/3/2018
Histrelin implant (Vantas)	Histrelin implant (vantas), 50 mg	J9225	12/3/2018
hydroxyprogesterone caproate (Makena)	Injection, hydroxyprogesterone caproate, (makena), 10 mg	J1726	11/4/2019

DRUG NAME	CODE DESCRIPTION	HCPCS	DE Medicaid
hylan polymers A and B (Synvisc & Synvisc One)	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	J7325	11/4/2019
ibalizumab-uiyk (Trogarzo)	Injection, ibalizumab-uiyk, 10 mg	J1746	11/4/2019
ibritumomab tiuxetan (Zevalin)	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	A9543	11/4/2019
imiglucerase (Cerezyme)	Injection, imiglucerase, 10 units	J1786	10/1/2018
immune globulin (Bivigam)	Injection, immune globulin (bivigam), 500 mg	J1556	3/5/2018
immune globulin (Flebogamma DIF)	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1572	3/5/2018
immune globulin (Gammagard S/D; Carimune NF)	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	J1566	3/5/2018
immune globulin (Gammagard)	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	J1569	3/5/2018
immune globulin (Gammaked; Gamunex-C)	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	J1561	3/5/2018
immune globulin (Gammaplex)	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1557	3/5/2018
immune globulin (Hizentra )	Injection, immune globulin (hizentra), 100 mg	J1559	6/3/2019
immune globulin (Octagam)	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1568	3/5/2018
immune globulin (Panzyga; Asceniv )	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	J1599	3/5/2018
immune globulin (Privigen)	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	J1459	3/5/2018
immune globulin human/recombinant human hyaluronidase (Hyqvia)	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	J1575	6/3/2019
infliximab (Inflectra)	Injection, infliximab-dyyb, <b>biosimilar</b> , (inflectra), 10 mg	Q5103	6/3/2019
infliximab (Remicade)	Injection, infliximab, excludes biosimilar, 10 mg	J1745	3/5/2018
infliximab (Renflexis)	Injection, infliximab-abda, <b>biosimilar</b> , (renflexis), 10 mg	Q5104	6/3/2019
infliximab-qbtx (Ixifi)	Injection, infliximab-qbtx, <b>biosimilar</b> , (ixifi), 10 mg	Q5109	6/3/2019
inotersen (Tegsedi)		J3490	11/4/2019
ipilimumab (Yervoy)	Injection, ipilimumab, 1 mg	J9228	3/5/2018
lanadelumab-flyo (Takhzyro)	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J0593	11/4/2019
lanreotide (Somatuline Depot)	Injection, lanreotide, 1 mg	J1930	12/3/2018
leuprolide acetate depot (Eligard & Lupron Depot)	Leuprolide acetate (for depot suspension), 7.5 mg	J9217	6/3/2019
leuprolide acetate depot (Lupron Depot)	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	J1950	12/3/2018
lutetium Lu 177 dotatate (Lutathera)	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	A9513	11/4/2019
mepolizumab (Nucala)	Injection, mepolizumab, 1 mg	J2182	12/3/2018

DRUG NAME	CODE DESCRIPTION	HCPCS	DE Medicaid
moxetumomab pasudotox-tdfk (Lumoxiti)	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	J9313	11/4/2019
natalizumab (Tysabri)	Injection, natalizumab, 1 mg	J2323	9/3/2018
necitumumab (Portrazza)	Injection, necitumumab, 1 mg	J9295	10/1/2018
nivolumab (Opdivo)	Injection, nivolumab, 1 mg	J9299	3/5/2018
nusinersen (Spinraza)	Injection, nusinersen, 0.1 mg	J2326	10/1/2018
ocrelizumab (Ocrevus)	Injection, ocrelizumab, 1 mg	J2350	10/1/2018
octreotide, depot (Sandostatin LAR depot)	Injection, octreotide, depot form for intramuscular injection, 1 mg	J2353	12/3/2018
omalizumab (Xolair)	Injection, omalizumab, 5 mg	J2357	9/3/2018
onabotulinumtoxin (Botox)	Injection, onabotulinumtoxin, 1 unit	J0585	9/3/2018
palonosetron hcl (Aloxi)	Injection, palonosetron hcl, 25 mcg	J2469	10/1/2018
patisiran (Onpattro)	Injection, patisiran, 0.1 mg	J0222	11/4/2019
pegaptanib sodium (Macugen)	Injection, pegaptanib sodium, 0.3 mg	J2503	11/4/2019
pegaspargase (Oncaspar)	Injection, pegaspargase, per single dose vial	J9266	11/4/2019
pegfilgrastim (Neulasta)	Injection, pegfilgrastim, 6 mg	J2505	9/3/2018
pegfilgrastim-cbqv (Udenyca)	Injection, pegfilgrastim-cbqv, <b>biosimilar</b> , (udenyc), 0.5 mg	Q5111	11/4/2019
pegfilgrastim-jmdb (Fulphila)	Injection, pegfilgrastim-jmdb, <b>biosimilar</b> , (fulphila), 0.5 mg	Q5108	6/3/2019
pegloticase (Krystexxa)	Injection, pegloticase, 1 mg	J2507	12/3/2018
pembrolizumab (Keytruda)	Injection, pembrolizumab, 1 mg	J9271	3/5/2018
pemetrexed (Alimta)	Injection, pemetrexed, not otherwise specified, 10 mg	J9305	3/5/2018
pertuzumab (Perjeta)	Injection, pertuzumab, 1 mg	J9306	9/3/2018
plerixafor (Mozobil)	Injection, plerixafor, 1 mg	J2562	10/1/2018
porfimer sodium (Photofrin)	Injection, porfimer sodium, 75 mg	J9600	12/3/2018
pralatrexate (Folotyng)	Injection, pralatrexate, 1 mg	J9307	11/4/2019
Radium Ra 223 Dichloride (Xofigo)	Radium ra-223 dichloride, therapeutic, per microcurie	A9606	11/4/2019
ranibizumab (Lucentis)	Injection, ranibizumab, 0.1 mg	J2778	10/1/2018
ravulizumab-cwvz (Ultomiris )	Injection, ravulizumab-cwvz, 10 mg	J1303	11/4/2019
reslizumab (Cinqair)	Injection, reslizumab, 1 mg	J2786	12/3/2018
rituximab (Rituxan)	Injection, rituximab, 10 mg	J9312	9/3/2018
rituximab and hyaluronidase (Rituxan Hycela)	Injection, rituximab 10 mg and hyaluronidase	J9311	11/4/2019
rituximab-abbs (Truxima)	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Q5115	11/4/2019
romiplostim (Nplate)	Injection, romiplostim, 10 micrograms	J2796	10/1/2018
sargramostim (Leukine)	Injection, sargramostim (gm-csf), 50 mcg	J2820	9/3/2018
tagraxofusp-erzs (Elzonris)	Injection, tagraxofusp-erzs, 10 micrograms	J9269	11/4/2019
tbo-filgrastim (Granix)	Injection, tbo-filgrastim, 1 microgram	J1447	9/3/2018
tisagenlecleucel (Kymriah)	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2042	6/3/2019
tocilizumab (Actemra)	Injection, tocilizumab, 1 mg	J3262	11/4/2019
trastuzumab (Herceptin)	Injection, trastuzumab, excludes biosimilar, 10 mg	J9355	3/5/2018
trastuzumab and hyaluronidase-oysk (Herceptin Hylecta)	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	J9356	11/4/2019

DRUG NAME	CODE DESCRIPTION	HCPCS	DE Medicaid
trastuzumab-dkst (Ogivri)	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	Q5114	11/4/2019
trastuzumab-dttb (Ontruzant)	Injection, trastuzumab-dttb, <b>biosimilar</b> , (ontruzant), 10 mg	Q5112	11/4/2019
trastuzumab-pkrb (Herzuma)	Injection, trastuzumab-pkrb, <b>biosimilar</b> , (herzuma), 10 mg	Q5113	11/4/2019
treprostinil (Remodulin)	Injection, treprostinil, 1 mg	J3285	11/4/2019
ustekinumab (Stelara)	Ustekinumab, for <b>subcutaneous</b> injection, 1 mg	J3357	11/4/2019
ustekinumab (Stelara)	Ustekinumab, for <b>intravenous</b> injection, 1 mg	J3358	11/4/2019
vedolizumab (Entyvio)	Injection, vedolizumab, 1 mg	J3380	11/4/2019
verteporfin (Visudyne)	Injection, verteporfin, 0.1 mg	J3396	11/4/2019
von willebrand factor recombinant (Vonvendi)	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	J7179	11/4/2019
voretigene neparovvec-rzyl (Luxturna)	Injection, voretigene neparovvec-rzyl, 1 billion vector genomes	J3398	12/3/2018

## 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. If unable to access NaviNet, your request can be faxed to the Medical Drug Management team at 1-855-476-4185.
- 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 exist. Always review member benefits to determine covered & non-covered services.

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