

# PROVIDER UPDATE

## MARCH 2019: MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION, EFFECTIVE JUNE 3, 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 **June 3, 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
J0584	Crysvita (Burosumab-twza)	Q2042	Kymriah (Tisagenlecleucel)
J0180	Fabrazyme (Agalsidase Beta)	J9217	Lupron (Leuprolide acetate)
Q5108	Fulphila (Pegfilgrastim-jmdb)	Q5107	Mvasi (Bevacizumab-awwb)
J1559	Hizentra (immune globulin)	Q5110	Nivestym (Filgrastim-aafi)
J1575	Hyqvia (immune globulin/hyaluronidase)	Q5104	Renflexis (Infliximab-abda)
Q5103	Inflectra (Infliximab-dyyb)	Q2041	Yescarta (Axicabtagene Ciloleucel)
Q5109	Ixifi (infliximab-qbtx)		

### 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 **May 27, 2019** for dates of service on **June 3, 2019** 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 **June 3, 2019**. 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.