

Effective Sept. 1, 2021

Prior Authorization Required for Aduhelm, Amondys 45, Evkeeza, Nulibry, and Uplizna

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 |
|-----------------------------|--------------|
| aducanumab-avwa (Aduhelm) | J3590* |
| casimersen (Amondys 45) | J3490* |
| evinacumab-dgnb (Evkeeza) | J3590* |
| fosdenopterin (Nulibry) | J3490* |
| inebilizumab-cdon (Uplizna) | J1823 |

**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.