

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

AUG. 8, 2017

## THREE ADDITIONAL DRUGS TO REQUIRE PRIOR AUTHORIZATION BEGINNING OCT. 6, 2017

Effective with dates of service of Oct. 6, 2017, and beyond, the three drugs listed below will require prior authorization before administering them to Highmark members.

Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following three procedure codes on Oct. 6, 2017:

| Procedure Code | Description   |
|----------------|---|
| Q5102          | Injection, infliximab, biosimilar, 10 mg (Renflexis)                    |
| Q9985          | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg |
| Q9986          | Injection, hydroxyprogesterone caproate (Makena), 10 mg                 |

**Note:** The codes will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, Oct. 6, 2017.

During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization. For more information on obtaining prior authorization and to view the current list, please look under **Administrative Reference Materials** on the Provider Resource Center, which is accessible via our NaviNet® system or under **Quicklinks** at [highmarkbcbs.com](http://highmarkbcbs.com).

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit. Please use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and also to obtain authorization for services. If you don't have NaviNet or access to the HIPAA transactions you may call Medical Management & Policy, toll-free, at 1-800-547-3627, Option 4, for assistance with obtaining authorization for services.

