

News for all provider types

Revised December 01, 2022

Free Market Health to Facilitate Highmark's Medical Injectable Drug Program

Beginning on **January 1, 2023**, Highmark will be ending its exclusive arrangement with AllianceRx Walgreens Pharmacy and utilizing Free Market Health to support our Medical Injectable Drugs (MID) Program. Providers who are seeing FreedomBlueSM Medicare Advantage members cannot buy and bill for the drugs included on the MID mandatory list, and must have a specialty pharmacy assigned by [Free Market Health](#).

You will have the option to use Free Market Health for members who participate in the following Highmark products/programs:

- PPOBlueSM
- Direct Blue[®]
- EPOBlueSM
- BlueCare[®] PPO - Alpha prefixes QEE, SNQ, and AUV only
- Federal Employee Program
- Blue Card claims



The Medical Injectable Drug Program will be voluntary for certain drugs that are included in the program. When drugs are added as voluntary, providers may choose to purchase and bill Highmark directly for those drugs and be reimbursed by Highmark as outlined in the program.

Reimbursement Rates Effective January 1, 2023

Effective **January 1, 2023**, reimbursement rates are being adjusted for some of the drugs that are part of the Highmark MID Program. Fees may fluctuate, based on changes to the average wholesale price (AWP).

The fees shown below were calculated based on published data available in October 2022 and are intended as a reference point only.

Mandatory Drugs

Procedure Code	Drug Name	Billing Units	Reimbursement
J0800	Acthar	Up to 40 units	\$4,164.14
J1931	Aldurazyme	0.1 mg	\$34.08
J2793	Arcalyst	1 mg	\$23.63

Procedure Code	Drug Name	Billing Units	Reimbursement
J0490	Benlysta IV	10 mg	\$47.89
J1556	Bivigam	500 mg	\$48.63
J0585	Botox	1 unit	\$6.23
J1786	Cerezyme	10 units	\$43.11
J0586	Dysport	5 units	\$8.63
J1743	Elaprase	1 mg	\$524.94
J3380	Entyvio	Per mg	\$25.82
J0180	Fabrazyme	1 mg	\$197.77
J1572	Flebogamma DIF	500 mg	\$47.01
J1569	Gammagard Liquid	500 mg	\$58.49
J1557	Gammaplex	500 mg	\$54.52
J1561	Gamunex-C/Gammaked	500 mg	\$54.43
J7326	Gel-One	Per dose	\$359.28
J7320	GenVisc 850	1 mg	\$5.46
J2941	Growth Hormones - Various	1 mg	\$151.88
J1559	Hizentra	100 mg	\$11.53
J1726	Hydroxyprogesterone	10 mg	\$27.42
J1729	Hydroxyprogesterone	10 mg	\$13.70
J7322	Hymovis	1 mg	\$6.54
J1575	HyQvia	100 mg	\$17.59
J0638	Ilaris	1 mg	\$113.52
J1566	IVIG Various	500 mg	\$70.66
J1290	Kalbitor	1 mg	\$523.90
J2840	Kanuma	1 mg	\$512.75
J0202	Lemtrada	1 mg	\$2,202.38
J0221	Lumizyme	10 mg	\$179.13
J1950	Lupron Depot	3.75 mg	ASP +6%
J7327	Monovisc	Per dose	\$466.20
J0587	Myobloc	100 units	\$11.96
J1458	Naglazyme	1 mg	ASP +4.5%

Procedure Code	Drug Name	Billing Units	Reimbursement
J2182	Nucala	1 mg	\$32.01
J2350	Ocrevus	1 mg	\$59.59
J1568	Octagam	500 mg	\$50.65
J0129	Orencia IV	10 mg	\$50.35
J7324	Orthovisc	Per dose	\$119.09
J1459	Privigen	500 mg	\$44.95
J0596	Ruconest	10 units	\$32.81
J1300	Soliris	10 mg	\$218.13
J3358	Stelara IV	1 mg	\$13.62
J3357	Stelara SC	1 mg	\$270.61
90378	Synagis	50 mg each	\$1,592.46
J7325	Synvisc/Synvisc-one	1 mg	\$9.52
J2323	Tysabri	1 mg	\$26.30
J1322	Vimizim	1 mg	ASP +4.5%
J3385	VPRIV	100 units	\$356.14
J1558	Xembify	100 mg	\$15.64
J0588	Xeomin	1 unit	\$5.08
J2357	Xolair	5 mg	\$40.06

Voluntary Drugs

Procedure Code	Drug Name	Billing Units	Reimbursement
J3262	Actemra IV	1 mg	\$6.17
Q5121	Avsola	10 mg	Contracted Rate
J0717	Cimzia	1 mg	Contracted Rate
J0178	Eylea	1 mg	\$929.07
J3245	Ilumya	1 mg	Contracted Rate
Q5103	Inflectra	10 mg	Contracted Rate
J2778	Lucentis	0.1 mg	\$351.00
J2503	Macugen	Per syringe	\$744.30
J1745	Remicade	10 mg	Contracted Rate
Q5104	Renflexis	10 mg	Contracted Rate

Procedure Code	Drug Name	Billing Units	Reimbursement
J1602	Simponi Aria	1 mg	Contracted Rate
J3241	Tepezza	1 I.U.	\$346.17

Drugs Removed From the Voluntary Drug List

Procedure Code	Drug Name	Billing Units	Reimbursement
J9216	Actimmune	3 million units	Contracted Rate
J9042	Adcetris	1 mg	Contracted Rate
J9305	Alimta	10 mg	Contracted Rate
J9035	Avastin	10 mg	Contracted Rate
Q3027	Avonex	1 mcg	\$60.19
J1830	Betaseron/Extavia	0.25 mg	\$433.55
J1595	Copaxone/Glatopa	20 mg	\$52.26
J3590	Cosentyx	50mg/0.5ml	\$6,382.32
J7318	Durolane	1 mg	\$8.41
J9217	Eligard/Lupron	7.5 mg	Contracted Rate
J9055	Erbix	10 mg	Contracted Rate
J7323	Euflexxa	Per dose	\$123.14
J3110	Forteo	10 mcg	\$50.12
J9395	Fulvestrant	25 mg	Contracted Rate
J7328	Gelsyn-3	0.1 mg	\$0.83
J9179	Halaven	0.1 mg	Contracted Rate
J7321	Hyaluronan, Hyalgan, Supartz or Vsico-3	Per dose (2ml)	\$69.00
J9354	Kadcyla	1 mg	Contracted Rate
J9047	Kyprolis	1 mg	Contracted Rate
J3590	Natpara	50mg/0.5ml	\$6,382.32
J2796	Nplate	10 mcg	\$87.74
J9266	Oncaspar	Per single dose vial	Contracted Rate
J9299	Opdivo	1mg	Contracted Rate
J9306	Perjeta	1 mg	Contracted Rate
J3590	Plegridy	50mg/0.5ml	\$6,382.32

Procedure Code	Drug Name	Billing Units	Reimbursement
J3590	Praluent	50mg/0.5ml	\$6,382.32
Q3028	Rebif	1 mcg	\$34.02
J2794	Risperdal Consta	0.5 mg	\$11.23
J9312	Rituxan	100 mg	Contracted Rate
J3590	Simponi	50mg/0.5ml	\$6,382.32
J9226	Supprelin LA	50 mg	Contracted Rate
J2860	Sylvant	10 mg	\$127.50
J3240	Thyrogen	0.9 mg in 1.1 mg vial	\$1,845.24
J9033	Treanda	1 mg	Contracted Rate
J9357	Valstar	200 mg	Contracted Rate
J9041	Velcade	0.1 mg	Contracted Rate
J3396	Visudyne	0.1 mg	\$11.45
J9228	Yervoy	1 mg	Contracted Rate

Learn More About Free Market Health

Information about Free Market Health is available in the following locations:

- [Free Market Health](#) page on the Provider Resource Center
- Chapter 4 Unit 6 of the [Highmark Provider Manual](#)

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