SPECIAL BULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **Feb. 01, 2019**

TWELVE INJECTABLE DRUGS TO REQUIRE PRIOR AUTHORIZATION BEGINNING APRIL 1, 2019

Effective with dates of service of March 27, 2019, and beyond, the twelve injectable drugs below will require prior authorization before administering them to Highmark Delaware members.

Highmark Delaware will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure codes on April 1, 2019:

Procedure Code	Description
C9036	Injection, patisiran, 0.1 mg (Onpattro)
J0517	Injection, benralizumab, 1 mg (Fasenra)
J1301	Injection, edaravone, 1 mg (Radicava)
J1746	Injection, ibalizumab-uiyk, 10 mg (Trogarzo)
J2503	Injection, pegaptanib sodium, 0.3 mg (Macugen)
J2507	Injection, pegloticase, 1 mg (Krystexxa)
J3397	Injection, vestronidase alfa-vjbk, 1 mg (Mepsevii)
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
J9173	Injection, durvalumab, 10 mg (Imfinzi)
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg

Note: The twelve drugs will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, April 1, 2019.

The **List of Procedures/DME Requiring Authorization** for Highmark Delaware is subject to change. During the year, Highmark Delaware 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 or viewing the current list, please visit the Provider Resource Center and look under the **Claims, Payment & Reimbursement** option. The Resource Center is accessible via our Highmark NaviNet® system or under **Helpful Links** on our website.

In order for benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

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Providers should use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services.

Providers who don’t have NaviNet or access to the HIPAA transactions should call Clinical Services to obtain authorization for services.