



Posted on 03-12-2021

MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION

Effective **May 1, 2021**, Highmark Health Options will be implementing a prior authorization process for the medications listed below. **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, review the following link: <https://www.highmarkhealthoptions.com/providers/medication-information.html>.

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. If you are unable to access NaviNet, fax your request to the Medical Drug Management team at 1-855-476-4185.

PROCEDURE CODES REQUIRING AUTHORIZATION

DRUG NAME	CODE DESCRIPTION	HCPCS
abobotulinumtoxina (Dysport)	Injection, abobotulinumtoxina, 5 units	J0586
antihemophilic factor (recombinant), Fc fusion protein (Eloctate)	Injection, factor viii fc fusion protein (recombinant), per iu	J7205
antihemophilic factor, Human/Von Willebrand factor, Human (Alphanate/VWF Complex/Human)	Injection, antihemophilic factor viii/von Willebrand factor complex (human), per factor viii i.u.	J7186
betamethasone acetate/betamethasone sodium phosphate (Celestone Soluspan)	Injection, betamethasone acetate, 3 mg, and betamethasone sodium phosphate, 3 mg	J0702
collagenase, clostridium histolyticum (Xiaflex)	Injection, collagenase, clostridium histolyticum, 0.01 mg	J0775
crizanlizumab-tmca (Adakveo)	Injection, crizanlizumab-tmca, 5 mg	J0791



denosumab (Prolia; Xgeva)	Injection, denosumab, 1 mg	J0897
testosterone pellet (Testopel)	Testosterone pellet, 75 mg	S0189
zoledronic acid (Reclast; Zometa)	Injection, zoledronic acid, 1 mg	J3489

ADDITIONAL INFORMATION

Any decision to deny or authorize a prior authorization service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.

Receiving a prior authorization does not guarantee payment of claims. Any medication 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 exist.**

If you have questions regarding the authorization process and/or how to submit authorizations electronically, contact Highmark Health Options Pharmacy Services Department at 1-844-325-6251.