Medications to Require Medical Prior Authorization

EFFECTIVE April 1, 2025

As a part of our continuous efforts to improve the quality of care for our members, Highmark Wholecare will require prior authorization for the following medications effective with dates of service beginning 04/01/2025. This authorization requirement applies to Medicaid members. Failure to obtain authorization will result in a claim denial.

Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. To access Highmark Wholecare medication policies, please paste the following link in your internet browser: https://wholecare.highmarkprc.com/Medicaid-Resources/ Policy-Search

Procedure Codes Requiring Authorization

Procedure Code	Description	Procedure Code	Description
J3247	secukinumab (IV)	J2354	Octreotide non-depot inj, 25 MCG
J1324	Injection, enfuvirtide, 1 mg	J2402	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg
J1826	Injection, interferon beta- 1a, 30 mcg.	J2405	Ondansetron HCl inj, 1 MG
J2327	Injection, risankizumab- rzaa, 1 mg.	J2425	Palifermin inj, 50 MCG
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	J2430	Pamidronate disodium, 30 MG
J9333	Injection, rozanolixizumab-noli, 1 mg	J2561	Injection, phenobarbital sodium (sezaby), 1 mg
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti- cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	J3315	Triptorelin pamoate, 3.75 MG
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti- cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	J7175	Injection, Coagulation Factor X, human
J0802	Injection, corticotropin (ani), up to 40 units	J7178	Injection, human fibrinogen concentrate, NOS, 1 mg
J1555	Inj cuvitru, 100 mg	J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU
J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg	J7181	Injection, factor xiii a- subunit, (recombinant), per IU
J1812	Insulin (fiasp), per 5 units	J9332	Injection, efgartigimod alfa-fcab, 2mg
J1814	Insulin (lyumjev), per 5 units	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J1941	Injection, furosemide (furoscix), 20 mg	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg

* These medications will be reviewed under the applicable miscellaneous procedure code until a permanent code is assigned

In addition to these codes, it is expected that the Statewide Preferred Drug List (PDL) will be referenced to ensure a preferred drug is prescribed and administered when possible. **Effective January 1, 2020, all**

MA covered drugs designated as non-preferred are covered and available to MA beneficiaries when found to be medically necessary through the prior authorization process. This requirement applies to both the medical benefit and pharmacy benefit. You may access the complete statewide PDL now through the Department of Human Services website at: https://papdl.com/preferred-drug-list. The searchable PDL and prior authorization guidelines will also be located on the Highmark Wholecare Medicaid website at highmark.com/wholecare.

Additional Information

- Any decision to deny a prior authorization is made by a Medical Director based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- NaviNet is the most efficient means to request authorization. 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.
- The prior authorization look up tool (accessed via NaviNet) will be updated to show prior authorization requirements for these medications.
- Oncology and supportive therapy requests are reviewed by OncoHealth (OH). These requests should be submitted via Navinet (https://navinet.navimedix.com) and/or OH directly (www.oncohealth.us) and click on Provider Login from the menu at the top of the page). If you require assistance submitting requests, please contact OH's provider relations at 1-888-916-2616 Ext. 806.
- For a smooth transition to the prior authorization process, you may begin to submit authorization requests beginning 3/17/2024 for dates of service on 4/1/2025 and beyond.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Wholecare 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. Always review member benefits to determine covered and non-covered services.



Questions?

If you have questions regarding the authorization process and how to submit authorizations electronically, please contact your Highmark Wholecare Provider Relations Representative directly or Highmark Wholecare Pharmacy Services using the phone number

Medicaid:
1-800-392-1147

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as routine eligibility, benefits and claims status.