Medications to Require Medical Prior Authorization

EFFECTIVE August 15, 2023 July 2023

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 **August 15, 2023**. This authorization requirement applies to Medicare Assured 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://highmarkwholecare.com/Provider/Medicare-Resources/Medicare-Medical-Policies.

Procedure Codes Requiring Authorization

Procedure Code	Description	Procedure Code	Description
J3590*	pegunigalsidase alfa-iwxj (Elfabrio)	J3590*	velmanase alfa-tycv (Lamzede)
J3590*	omidubicel-onlv (Omisirge)	J3490*	pegcetacoplan (Syfovre)
J8499*	leniolisib (Joenja)	J3590*	adalimumab-atto (Amjevita)
J8499*	trofinetide (Daybue)	J3590*	antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl (Altuviiio)
J3490*	tofersen (Qalsody)		

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

Additional Information

- Any decision to deny a prior authorization is made by a licensed pharmacist 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 August 1, 2023 for dates of service on August 15, 2023 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 exists. 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

Medicare:
1-800-685-5209.

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").