



GATEWAY HEALTH: MEDICATIONS TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE JULY 3, 2017

As a part of our continuous efforts to improve the quality of care for our members, Gateway Health Plan® will implement prior authorization process for the following medications effective with dates of service from July 3, 2017.

The Prior Authorization Process will apply to [all Gateway Health Pennsylvania Medicaid Members](#). Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. [Click here](#) to access the link to Gateway Health's medical policies. Failure to obtain authorization will result in a claim denial.

PROCEDURE CODES REQUIRING AUTHORIZATION

Procedure Code	Description	Procedure Code	Description
J1300	Eculizumab injection	J1599	IVIG, non-lyophilized
J1322	Inj, elosulfase alfa, 1mg	J1745	Infliximab injection
J1459	Inj IVIG privigen 500 mg	J9042	Brentuximab vedotin inj
J1556	Inj, Imm Glob Bivigam, 500mg	J9228	Ipilimumab injection
J1557	Gammaplex injection	J9271	Inj pembrolizumab
J1561	Gamunex-C/Gammaked	J9299	Injection, nivolumab
J1566	Immune globulin, powder	J9305	Pemetrexed injection
J1568	Octagam injection	J9355	Trastuzumab injection
J1569	Gammagard liquid injection	J3490	Unclassified drugs
J1572	Flebogamma injection	J3590	Unclassified biologics

ADDITIONAL INFORMATION

- Any decision to deny a prior authorization or to authorize a service is made by a Medical Director based on individual member needs, characteristics of the local delivery system, and criteria set forth by the DHS/HealthChoices Program.
- 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 will be updated to show prior authorization requirement for these medications.
- For a smooth transition to the prior authorization process, you may begin to submit authorization requests beginning Jun 26, 2017 for dates of service Jul. 3, 2017 and beyond.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Gateway Health 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 & non-covered services.

If you have questions regarding the authorization process and how to submit authorizations electronically, please contact your Gateway Provider Relations Representative directly.