HIGHMARK HEALTH OPTIONS

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Request for Prior Authorization for Oncology Medications
Website Form – www.highmarkhealthoptions.com

To submit authorization requests, visit the Highmark Health Options Provider Portal via NaviNet and select HealthHelp from the Workflows for this plan on the left-side menu: https://navinet.navimedix.com

HealthHelp® manages oncology prior authorization requests for Highmark Health Options (HHO) in Delaware. All requests for Oncology Medications require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below. This policy applies to every oncology product that does not have its own specific policy.

For all requests for oncology medications, all of the following criteria must be met:

- The member has a diagnosis that is indicated in the Food and Drug Administration (FDA) approved package insert, listed in nationally recognized compendia, or peer reviewed medical literature for the determination of medically-accepted indications
- If not indicated as a first line agent, either in the FDA approved package insert, nationally recognized compendia, or peer reviewed medical literature, must provide documentation of previous therapies tried and failed (previous therapies must include those recommended by the FDA approved package insert, nationally recognized compendia, or peer reviewed medical literature)
- Prescribed by, or in consultation with, an oncologist or hematologist
- Unless indicated as monotherapy, must be used in combination with other chemotherapeutic or adjuvant agents according to the FDA approved prescribing information, nationally recognized compendia, or peer reviewed medical literature
- If a test with adequate ability to confirm a disease mutation exists, documentation that the test was performed to confirm the mutation
- The member does not have any contraindications to the requested medication
- Must have a therapeutic failure, contraindication, or intolerance to the biosimilar agent(s) approved or medically accepted for the member's diagnosis
- For requests to start a new non-preferred or non-formulary agent, must have a therapeutic failure, contraindication, or intolerance to the preferred formulary agent(s) approved or medically accepted for the member's diagnosis
- The prescribed quantity and dosing regimen is in accordance with the manufacturer's published dosing guidelines, nationally recognized compendia, or peer reviewed medical literature
- **Initial Duration of Approval:** as requested with a maximum of 12 months
- **Reauthorization criteria:**
    - Documentation that the member had a positive clinical response and is able to tolerate therapy
- **Reauthorization Duration of Approval:** as requested with a maximum of 12 months

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

Drugs are authorized in generic form unless the branded product is on the preferred drug list or the prescriber has indicated in writing that the branded product is medically necessary. If only the branded product is on the preferred drug list, the generic form will be considered non-preferred and shall not require the prescriber to indicate in writing that the branded product is medically necessary.

Accessing NaviNet

If you are an existing NaviNet user, you will need to:

1. Log in to NaviNet with your credentials. https://navinet.navimedix.com
2. Under the drop-down menu for Health Plans, select **Highmark Health Options – Delaware D-SNP OR Highmark Health Options Delaware – Medicaid.**
3. From there, select **HealthHelp** from **Workflows for this Plan** on the left-side menu.
4. If you're a first time single sign on (SSO) user, you will need to register with an email and password.
5. Click register and you will be immediately connected to HealthHelp to enter your authorization request*

* Note: If you already have an email on file, you will need to click "link account".

Registering for NaviNet

If you do not already have a NaviNet account for other health plans, you will need to register to access HealthHelp SSO for prior authorization requests.

Get started with NaviNet today.