

Biotech/Specialty injectables information for Flex Programs and PPO HSA-qualified High Deductible Health Plan (HDHP) options (PA and DE only)

For AmeriHealth Flex Programs and PPO HSA-qualified HDHP options for Pennsylvania and Delaware, *all listed brand injectables shown on the attached Biotech/Specialty Injectables List, and their generic equivalents, require preauthorization.* Additionally, certain Biotech/Specialty injectables require medical necessity review. Please refer to the *Biotech/Specialty Injectables List* to determine which injectables require medical necessity review.

Procedures for ordering and billing Biotech/Specialty injectables for Flex Programs and PPO HSA-qualified HDHP options:

- *All injectables shown on the attached Biotech/Specialty Injectables List and their generic equivalents must be preauthorized* through the Direct Ship Program administered by FutureScripts®. Please complete the Direct Ship Injectable form, and fax it to [215-761-9165](tel:215-761-9165).
- The Direct Ship Program administered by FutureScripts will facilitate shipping of the Biotech/Specialty injectable to your office for administration or to the member's home for self-administration.
- Biotech/Specialty injectables provided in the physician's office from a physician's supply are subject to applicable member cost-sharing, as follows:
 - For Flex products (HMO, POS, or PPO for Delaware and HMO, POS and Direct POS for Pennsylvania) copayment applies as described in the member's benefits.
 - For PPO HSA-qualified HDHP options, deductible and coinsurance apply as described in the member's benefits.

You must notify the Direct Ship Program administered by FutureScripts prior to the administration of any Biotech/Specialty injectable.

- For Flex Programs, do not collect a copayment for Biotech/Specialty injectables ordered through the Direct Ship Injectable Unit. The injectable vendor will bill the member for his or her Biotech/Specialty injectable copay. For Flex Programs, the physician must collect the Biotech/Specialty copayment when providing any of the Biotech/Specialty injectables from his or her own supply.
- Failure to preauthorize any of the Biotech/Specialty injectables on the attached list will result in a claim denial. *Claims denied for failure to preauthorize are not billable to the member.*

Standard office-based injectables *not* shown on the *Biotech/Specialty Injectables List* should *not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the patient's medical plan (HMO, POS, or PPO for Delaware and HMO, POS and Direct POS for Pennsylvania).

If you have any questions concerning ordering injectables for Pennsylvania and Delaware AmeriHealth Flex Programs and PPO HSA-qualified HDHP options, please call the Direct Ship Program administered by FutureScripts at [1-888-678-7012](tel:1-888-678-7012), [option 3](#).

Biotech/Specialty Injectables List (list subject to change)

Effective July 1, 2008

All listed brand injectables and their generic equivalents require preauthorization.

Injectable product	Medical Necessity review required
ANTICOAGULANT/LOW MOLECULAR WEIGHT HEPARIN AGENTS	
Arixtra®	No
Fragmin®	No
Innohep®	No
Lovenox®	No
ANTIRETROVIRAL AGENTS	
Fuzeon®	No
BOTULINUM TOXIN AGENTS	
Botox®	Yes
Myobloc®	Yes
CENTRAL NERVOUS SYSTEM AGENTS	
Apokyn®	No
Imitrex® Injection	No
Vivitrol®*	No
ENDOCRINE/METABOLIC AGENTS	
Eligard®	No
Faslodex®	No
Forteo™	Yes
Lupron®	No
Sandostatin®	No
Somatuline® Depot*	No
Somavert®	No
Supprelin® LA*	No
Thyrogen®	No
Trelstar®	No
Vantas®	No
Viadur®	No
Zoladex®	No
GROWTH HORMONES and related agents	
Genotropin®	Yes
Humatrope®	Yes
Increlex™	Yes
Norditropin®	Yes

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Injectable product	Medical Necessity review required
GROWTH HORMONES and related agents (cont.)	
Nutropin [®] /Nutropin AQ [®]	Yes
Omnitrope [®]	Yes
Saizen [®]	Yes
Serostim [®] /Serostim LQ [®]	Yes
Tev-Tropin [®]	Yes
Zorbtive [®]	Yes
HEMATOPOIETIC AGENTS	
Aranesp [®]	No
Epogen [®]	No
Leukine [®]	No
Neulasta [®]	No
Neumega [®]	No
Neupogen [®]	No
Procrit [®]	No
HEPATITIS/INTERFERON AGENTS	
Actimmune [®]	No
Alferon N [®]	No
Infergen [®]	No
Intron-A [®]	No
Pegasys [®]	No
PEG-Intron [®]	No
Roferon-A [®]	No
HYALURONATE AGENTS	
Euflexxa [™]	Yes
Hyalgan [®]	Yes
Orthovisc [®]	Yes
Supartz [®]	Yes
Synvisc [®]	Yes
IMMUNOLOGICAL MODIFIERS	
Amevive [®]	Yes
Enbrel [®]	Yes

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Injectable product	Medical Necessity review required
IMMUNOLOGICAL MODIFIERS (cont.)	
Humira®	Yes
Kineret®	Yes
Raptiva®	Yes
INTRA-OCULAR AGENTS	
Lucentis®	No
Macugen®	No
Vitraser®	No
MULTIPLE SCLEROSIS AGENTS/INTERFERON BETA AGENTS	
Avonex®	No
Betaseron®	No
Copaxone®	No
Rebif®	No
RESPIRATORY AGENTS	
Synagis®	Yes
Xolair®	Yes

** Added to the Biotech/Specialty Injectables List, effective July 1, 2008.*