

Services that require preauthorization



All nonemergency inpatient admissions

(except maternity admissions)

Outpatient facility/office services (other than inpatient)

- arthroscopic knee surgery/diagnostic arthroscopy
- bunionectomy
- cataract surgery
- cochlear implant surgery
- hemorrhoidectomy
- hernia repair
- hyperbaric oxygen
- laparoscopic cholecystectomy
- ligation and stripping of varicose veins
- obesity surgery
- pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)
- prostate surgery
- spinal/vertebral surgery
- submucous resection (nasal surgery)
- tonsillectomy and/or adenoidectomy
- uvulopalatopharyngoplasty (including laser-assisted)

Transplants

Operative and diagnostic endoscopies

MRI/MRA

CT/CTA scan

PET scan

Nuclear cardiac studies

Outpatient therapies

- speech

Outpatient private-duty nursing

Other facility services

- birth center
- home health
- inpatient hospice
- skilled nursing

Reconstructive procedures and potentially cosmetic procedures

- blepharoplasty/ptosis
- breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- canthopexy/canthoplasty
- cervicoplasty
- chemical peels
- dermabrasion
- excision of excessive skin and/or subcutaneous tissue
- genetically and bio-engineered skin substitutes for wound care
- hair transplant
- injectable dermal fillers
- keloid removal
- labiaplasty
- lipectomy, liposuction, or any other excess fat removal
- orthognathic surgery procedures including but not limited to: bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- otoplasty

In most cases members are not responsible for payment of covered services if the network provider does not obtain preauthorization.

For more information regarding preauthorization requirements, please visit www.amerihealthexpress.com, or call 1-800-275-2583.

(continued on next page)

- rhinoplasty
- rhytidectomy
- scar revision
- skin closures including: skin grafts, skin flaps, and tissue grafts
- sex reassignment surgery
- surgical treatment of gynecomastia
- surgery for varicose veins, including perforators and sclerotherapy

Inpatient mental health, substance abuse/dependency, and serious mental illness treatment

Day rehabilitation programs

Dental services as a result of accidental injury

Nonemergency ambulance

Prosthesis and orthotics

Purchase items (including repairs and replacements) more than \$500 (excluding ostomy supplies)

Durable medical equipment

Purchase items (including repairs and replacements) more than \$500, and *all* rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

Infusion therapy in a home setting

Covered services by a nonparticipating physician/provider for nonemergency services (in-network/referred care)

In most cases members are not responsible for payment of covered services if the network provider does not obtain preauthorization.

Specialty drugs requiring precertification

When administered in an outpatient facility or in a professional provider's office, all of the following brands and their generic equivalents require precertification. This list is subject to change.

Infusion therapy drugs

Antineoplastic agents

- Abraxane®
- Alimta®
- Arzerra™
- Avastin®
(except for ophthalmological conditions)
- Eloxatin®
- Erbitux®
- Folutyn®
- Halaven™
- Herceptin®
- Herceptin® DM1*
- Istodax®
- Jevtana®
- rituximab
- Temodar®
- Yervoy™

Bisphosphonate agents

- Aredia®
- Boniva®

Cardiovascular agents

- Flolan®
- Remodulin®

Coagulation modifiers (C1 esterase inhibitors)

- Berinert®
- Cinryze®

Enzyme replacement agents

- Aldurazyme®
- Ceredase®
- Cerezyme®
- Elaprase®
- Fabrazyme®
- Lumizyme®
- Myozyme®
- Replagal®*
- Uplyso®*
- VPRIV®

Hemophilia factors

Immunological agents

- Actemra®
- Benlysta®
- Orencia®
- Remicade®
- Tysabri®

Intravenous immune globulin (IVIG)

Miscellaneous therapeutic agents

- Ampligen®*
- Nulojix®
- Provenge®
- Soliris®

Respiratory enzymes (Alpha-1 antitrypsin)

- Aralast NP
- Glassia™
- Prolastin® C
- Zemaira®

Medical injectable drugs

Antineoplastic agents

- Omapro™*

Botulinum toxin agents

- Botox®

Endocrine/metabolic agents

- Makena™

Hematological agents

- Kalbitor®
- Mozobil™

Hyaluronate acid products

- Euflexxa™**
- Hyalgan®
- Orthovisc®
- Supartz®
- Synvisc®**
- Synvisc-One™**

Immunological agents

- Prolia®
- Stelara™
- Xgeva™

Intraocular agents

- Lucentis®
- Macugen®

Respiratory agents

- Synagis®
- Xolair®

* Pending FDA approval.

**Choosing one of these preferred brands does not affect the member's cost-sharing for the drug.



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