## Services that require preauthorization

### Services that require preauthorization include but are not limited to:

- all nonemergency hospital admissions (excluding maternity)
- all same day surgery/short-procedure-unit admissions
- blepharoplasty/ptosis repair
- breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- canthopexy/canthoplasty
- cataract surgery
- cervicoplasty
- chemical peels
- cochlear implant surgery
- day rehabilitation programs
- dental services as a result of accidental injury
- dermabrasion
- durable medical equipment purchase items (including repairs and replacements) over \$500, and *all* rentals (except oxygen, diabetic supplies and unit dose medication for nebulizer)
- excision of excessive skin and/or subcutaneous tissue
- genetically and bio-engineered skin substitutes for wound care
- hair transplant
- hyperbaric oxygen
- infusion therapy provided in a home setting or outpatient facility
- injectable dermal fillers
- inpatient alcohol and substance abuse treatment
- inpatient psychiatric care
- keloid removal
- labiaplasty
- lipectomy, liposuction, or any other excess fat removal procedure
- · nonemergency ambulance services
- obesity surgery
- · orthognathic procedures including but not limited to: bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- other facility services: skilled nursing, home health, and hospice
- otoplasty

- outpatient therapies: speech, infusion therapy, Lymphedema
- pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet injections)
- PET scans, MRI, MRA, CT/CTA scans, and nuclear cardiology
- prosthetics and orthotics purchase items (including repairs and replacements) over \$500 (excluding ostomy supplies)
- rhinoplasty
- rhytidectomy
- scar revision
- services that are potentially cosmetic, experimental, or investigative
- sex reassignment surgery
- skin closures including skin grafts, skin flaps, and tissue grafts
- surgery for varicose veins, including perforators and sclerotherapy
- surgical treatment of gynecomastia
- uvulopalatopharyngoplasty (including laser-assisted)

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 contact Customer Services at the number located on your identification card.

# 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®
- Folotyn®
- Halaven<sup>™</sup>
   Herceptin<sup>®</sup>
- Herceptin® DM1\*
- Istodax®
- Jevtana®
- rituximab
- Temodar®
- Yervoy<sup>TM</sup>

## Bisphosphonate agents

- Aredia®
- Boniva®

\* Pending FDA approval.

### Cardiovascular agents

- Flolan®
- Remodulin®

### Coagulation modifiers (C1 esterase inhibitors)

- Berinert®
- Cinryze<sup>®</sup>

## Enzyme replacement agents

- Aldurazyme®
- Ceredase<sup>®</sup>
- Cerezyme®
- Elaprase<sup>®</sup>
- Fabrazyme®
- Lumizyme®
- Myozyme<sup>®</sup>
- Replagal®\*
- Uplyso<sup>®\*</sup>
- VPRIV®

### Hemophilia factors

### Immunological agents

- Actemra®
- Benlysta®
- Orencia®
- Remicade®
- Tvsabri®

## Intravenous immune globulin (IVIG)

### Miscellaneous therapeutic agents

- Ampligen®\*
- Nulojix®
- Provenge<sup>®</sup>
- Soliris<sup>®</sup>

### Respiratory enzymes (Alpha-1 antitrypsin)

- Aralast NP
- Glassia<sup>™</sup>
- Prolastin® C
- Zemaira®

### Medical injectable drugs

#### Antineoplastic agents

Omapro™\*

#### Botulinum toxin agents

Botox®

### Endocrine/metabolic agents

Makena™

#### Hematological agents

- Kalbitor®
- Mozobil<sup>TM</sup>

### Immunological agents

- Prolia®
- Stelara<sup>™</sup>
- Xgeva<sup>TM</sup>

#### Intraocular agents

- Lucentis®
- Macugen®

#### Respiratory agents

- Synagis®
- Xolair®

### Hyaluronate acid products

- Euflexxa™\*\*
- Hyalgan®
- Orthovisc®
- Supartz®
- Synvisc<sup>®\*\*</sup>
- Synvisc-One™\*\*

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

AmeriHealth HMO, Inc.