

# 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

*(continued on next page)*

- 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 visit [www.amerihalthexpress.com](http://www.amerihalthexpress.com), or call 1-800-275-2583.

# 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.



**AmeriHealth**

[www.amerhealth.com](http://www.amerhealth.com)