

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, 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.



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