

Effective Date: January 24, 2010

Revised: January 3, 2011

We have updated our Preauthorization and Notification list for **all** commercial fully insured plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. The list represents services and medications that are commonly reviewed and may require additional clinical information. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

We believe that guidance to our members can best be achieved when we are notified of specific services. This gives us the ability to provide information on benefits and an opportunity to refer members to appropriate clinical programs. To achieve this goal, we have several items for which we are requesting notification; please note these items on the following pages.

Investigational and experimental procedures are not usually covered benefits. Please consult the member's Certificate of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Humana Medicare Advantage (MA):** This list **does not** affect Humana MA plans. (See Humana's MA Preauthorization and Notification List.)
- **Commercial HMO Members:** The preauthorization requirements apply to Humana commercial HMO members. In addition, certain services outlined in the commercial Preauthorization and Notification list may not be applicable for Chicago providers affiliated with an independent physician association (IPA) via a capitated arrangement. Please refer to your provider agreement for clarification.
- **Administrative Services Only (ASO) Groups:** It is important to note that some employer groups for which Humana provides administrative services only (self-insured, employer-sponsored programs) may customize their plans with different requirements.
- **Exclusions for Back and Neck Procedures:** This preauthorization requirement does not apply to ASO, HumanaOne® members, commercial HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana.

Reminder: Except where noted via the links on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana's Web site at <http://www.humana.com/providers> (registration required), via Availity at <http://www.availity.com> (select markets only, registration required) or via the interactive voice response (IVR) line, available by calling the phone number on the back of the member's ID card.

There are exceptions to this list. Not all procedures are covered by all health plans. Since a single document cannot reflect all possible exceptions, we recommend that an individual practitioner making a specific request for services verify benefits and authorization requirements prior to providing services.

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

CATEGORY	DETAILS	COMMENTS/EFFECTIVE DATE
Inpatient Admissions	Acute Hospital	Includes Inpatient Hospice
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health and Partial Hospital/Residential Treatment	
Durable Medical Equipment (DME)	*Cochlear and Auditory Brainstem Implants	
	CPAP/BiPAP	
	CPM Machines	
	Cranial Orthotics	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	*Pain Infusion Pump	
	Prosthetics	
	Stimulator Devices	Includes Bone Growth, Neuromuscular and *Spinal Cord
Plastic Surgery/ Cosmetic	Any other DME item greater than \$750	
	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
	Septoplasty	
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)	
	Pain Management Procedures	**Spinal Fusion, *Other Decompression Surgeries, **Facet Injections, *Epidural Injections (outpatient only), *Kyphoplasty, *Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator
	Molecular Diagnostic/Genetic Testing	
	Home Health	Includes Home Hospice, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Uterine Monitoring
	Hyperbaric Therapy	
	Infertility Testing and Treatment	
	Obesity Surgeries	
	Oral, Orthognathic, Temporomandibular Joint Surgeries	
	Radiation Therapy	
	Transplant Surgeries	
	Uvulopalatopharyngoplasty (UPPP)	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	
Radiology: Outpatient Imaging	CT Scan	
	MRA	
	MRI	
	Nuclear Stress Test	
	PET Scan	
	SPECT Scan	
Outpatient Therapy Services (Only required for the states listed in the third column)	Physical Therapy	All States
	Occupational Therapy	All States
	Speech Therapy	All States
	Chiropractic Therapy	Arizona***, Georgia, Illinois, Kentucky, Ohio, South Florida

Commercial Medical/Surgical Notification List

CATEGORY	DETAILS	COMMENTS/EFFECTIVE DATE
Nonparticipating Physician/Facility Requests	All Services	Notification Requested
Maternity	Routine Maternity Care	Notification Requested

Commercial Medication Preauthorization List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.
To request authorization/notification, please click [here](#) to link to the fax forms.

Brand	Generic	Brand	Generic
*Actemra	*tocilizumab	Increlex	mecasermin
Aloxi	palonosetron HCl	*Istodax	*romidepsin
Aranesp	darbepoetin alfa	Ixempra	ixabepilone
Arcalyst	rilonacept	*Jevtana	*cabazitaxel
Avastin	bevacizumab	Kineret	anakinra
Avonex	interferon beta-1a	*Krystexxa	*peglicotase
*Arzerra	*ofatumumab	Lucentis	ranibizumab
*Berinert	*c1 esterase inhibitor	*Mozobil	*plerixafor
Betaseron	interferon beta-1b	Myobloc	rimabotulinumtoxinB
*Boniva	*ibandronate sodium	Neulasta	pegfilgrastim
Botox	onabotulinumtoxinA	*Nplate	*romiplostim
*Cerezyme	*imiglucerase	Orencia	abatacept
Cimzia	certolizumab pegol	*Ozurdex	*dexamethasone intravitreal implant
*Cinryze	*c1 esterase inhibitor	Pegasys	peginterferon alfa-2a
Copaxone	glatiramer acetate	PegIntron	peginterferon alfa-2b
Dacogen	decitabine	Procrit	epoetin alfa
*Dysport	*abobotulinumtoxin A	*Prolia	*denosumab
Emend IV	aprepitant	*Provenge	*sipuleucel-T
Enbrel	etanercept	*Qutenza	*capsaicin/skin cleanser
Epogen	epoetin alfa	Rebif	interferon beta-1a
Erbitux	cetuximab	Reclast	zoledronic acid
*Extavia	*interferon beta-1b	Relistor	methylnaltrexone bromide
*Flolan	*epoprostenol (injection)	Remicade	infliximab
Forteo	teriparatide	*Remodulin	*treprostinil (injection)
*Folotylin	*pralatrexate	*Revatio	*sildenafil citrate (injection)
Fusilev	levoleucovorin	Rituxan	rituximab
*Gilenya	*fingolimod	*Sandostatin LAR	*octreotide
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin	*Simponi	*golimumab
*Halaven	*eribulin mesylate	Soliris	eculizumab
Herceptin	trastuzumab	Somavert	pegvisomant
Humira	adalimumab	*Stelara	*ustekinumab
*Ilaris	*canakinumab	Synagis	palivizumab
Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, * Hizentra, Octagam, Polygam S/D, Privigen, Vivaglobin	immune globulin	Torisel	temsirolimus
		Treanda	bendamustine HCl
		*Tyvaso	*treprostinil (inhaled)
		Vectibix	panitumumab
		Velcade	bortezomib
		*Ventavis	*iloprost (inhaled)
		Vidaza	azacitidine
		*Vpriv	*velaglucerase alfa
		*Xeomin	*incobotulinumtoxinA
		*Xgeva	*denosumab
		Xolair	omalizumab
		Zometa	zoledronic acid

*New preauthorization requirement

**New preauthorization process

***Healthways provider contractual requirement only. Members are not required to obtain referrals/authorizations.

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Find precertification request forms for the medications listed above [here](#).

Find a list of medications (dispensed at the pharmacy) that require prior authorization [here](#).