

Humana Commercial Preauthorization and Notification List

Effective Date: November 5, 2012

Revised: December 7, 2012

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 providers affiliated with an independent physician association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification. Exclusions may change; refer to Humana.com/providers for the most up-to-date information. Choose "Authorizations/Referrals" and then the appropriate topic.
- **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 or commercial HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana.

Failure to obtain preauthorization for a service could result in payment reductions for the provider and benefit reductions for the member, based upon the provider's contract and the member's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review.

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.

Reminder: Except where noted via the links on the following pages, health care providers and facilities may submit preauthorization requests via the secure provider area of Humana's website at 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. Online preauthorization requests are encouraged.

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.

The following list of services requiring preauthorization applies to participating as well as nonparticipating health care providers.

| 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 |
| | Any other DME item greater than \$750 | |
| Plastic Surgery/Cosmetic | Abdominoplasty | |
| | Blepharoplasty | |
| | Breast Procedures | |
| | Otoplasty | |
| | Penile Implant | |
| | Rhinoplasty | |
| | Septoplasty | |
| Chemotherapy | Chemotherapy Agents | ONLY **Arizona, Chicago, Cincinnati, Kentucky, **Louisiana, Milwaukee, South Florida, Tampa (***Applicable counties listed on page 5) |
| | Supportive Drugs | |
| | Symptom Management Drugs | |
| Other Services | Automatic Implantable Cardioverter Defibrillators (AICD) | |
| | Cardiac Devices | Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®) |
| | Facility-based Sleep Studies (PSG) | |
| | Home Health | Includes Home Hospice, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Uterine Monitoring |
| | Hyperbaric Therapy | |
| | Infertility Testing and Treatment | |
| | Molecular Diagnostic/Genetic Testing | |
| | Obesity Surgeries | |
| | Oral, Orthognathic, Temporomandibular Joint Surgeries | |
| | Pain Management Procedures | Spinal Fusion, Other Decompression Surgeries, Facet Injections, Epidural Injections (provider office and outpatient only), Kyphoplasty, Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator |
| | Radiation Therapy | |
| | Transplant Surgeries | |
| | Uvulopalatopharyngoplasty (UPPP) | |
| | Varicose Vein: Surgical Treatment and Sclerotherapy | |
| | Ventricular Assist Devices | |

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|---|--|---|
| Radiology: Outpatient Imaging | Cardiac Catheterizations | |
| | 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 |
|-----------|------------------------|-------------------------|
| 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 access the fax forms.](#)

| Brand | Generic | Brand | Generic |
|--------------|----------------------------------|--------------|------------------------------------|
| *Abraxane | *paclitaxel-nab | Increlex | mecasermin |
| Actemra | tocilizumab | Istodax | romidepsin |
| *Adcetris | *brentuximab vedotin | Ixempra | ixabepilone |
| *Aldurazyme | *laronidase | Jevtana | cabazitaxel |
| Alimta | Pemetrexed | *Kalbitor | *ecallantide |
| Aloxi | palonosetron HCl | Kineret | anakinra |
| Aranesp | darbepoetin alfa | Krystexxa | pegloticase |
| *Aralast NP | *alpha 1-proteinase inhibitor | *Kyprolis | *carfilzomib |
| Arcalyst | rilonacept | Lucentis | ranibizumab |
| *Arranon | *nelarabine | Lumizyme | alglucosidase alfa |
| Arzerra | ofatumumab | *Macugen | *pegaptanib sodium |
| *Atgam | *lymphocyte immune globulin | Makena | hydroxyprogesterone caproate |
| Avastin | bevacizumab | Mozobil | plerixafor |
| Avonex | interferon beta-1a | Myobloc | rimabotulinumtoxinB |
| Benlysta | belimumab | Myozyme | alglucosidase alfa |
| Berinert | c1 esterase inhibitor | *Naglazyme | *galsulfase |
| Betaseron | interferon beta-1b | Neulasta | pegfilgrastim |
| *Bexxar | *iodine I-131 tositumomab | Nplate | romiplostim |
| Boniva | ibandronate sodium | Nulojix | belatacept |
| Botox | onabotulinumtoxinA | *Omontys | *peginesatide |
| *Brovana | *arformoterol | Orencia | abatacept |
| *Buprenex | *buprenorphine | Ozurdex | dexamethasone intravitreal implant |
| *Campath | *alemtuzumab | Pegasys | peginterferon alfa-2a |
| *Ceredase | *alglucerase | Peg-Intron | peginterferon alfa-2b |
| Cerezyme | imiglucerase | *Perjeta | *pertuzumab |
| Cimzia | certolizumab pegol | *Prialt | *ziconotide |
| Cinryze | c1 esterase inhibitor | Procrit | epoetin alfa |
| Copaxone | glatiramer acetate | *Prolastin-C | *alpha 1-proteinase inhibitor |
| *Cyklokapron | *tranexamic acid | Prolia | denosumab |
| *CytoGam | *cytomegalovirus immune globulin | Provenge | sipuleucel-T |
| Dacogen | decitabine | Qutenza | capsaicin/skin cleanser |
| Dysport | abobotulinumtoxin A | Rebif | interferon beta-1a |
| *Elaprase | *idursulfase | Reclast | zoledronic acid |
| *Elelyso | *taliglucerase alfa | Relistor | methylnaltrexone bromide |
| *Elitek | *rasburicase | Remicade | infliximab |
| *Ellence | *epirubicin HCl | Remodulin | treprostinil (injection) |
| *Eloxatin | *oxaliplatin | Revatio | sildenafil citrate (injection) |
| Emend IV | aprepitant | | |
| Enbrel | etanercept | | |

| | | | | |
|---|------------------------------------|--|--------------------------|-------------------------------|
| Epogen | epoetin alfa | | Rituxan | rituximab |
| Erbix | cetuximab | | Sandostatin LAR | octreotide |
| *Erwinaze | *asparaginase Erwinia chrysanthemi | | Simponi | golimumab |
| Extavia | interferon beta-1b | | *Somatuline Depot | *lanreotide |
| *Eylea | *aflibercept | | Soliris | eculizumab |
| *Fabrazyme | *agalsidase beta | | Somavert | pegvisomant |
| Firazyr | icatibant | | Stelara | ustekinumab |
| Flolan | epoprostenol (injection) | | Sylatron | peginterferon alfa-2b |
| Forteo | teriparatide | | Synagis | palivizumab |
| Foloty | pralatrexate | | *Synribo | *omacetaxine mepesuccinate |
| Fusilev | levoleucovorin | | Torisel | temsirolimus |
| Gilenya | fingolimod | | Treanda | bendamustine HCl |
| *Glassia | *alpha 1-proteinase inhibitor | | Tyvaso | treprostinil (inhaled) |
| Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive | somatropin | | *Valstar | *valrubicin |
| Halaven | eribulin mesylate | | Vectibix | panitumumab |
| Herceptin | trastuzumab | | Velcade | bortezomib |
| Humira | adalimumab | | Ventavis | iloprost (inhaled) |
| Ilaris | canakinumab | | Vidaza | azacitidine |
| Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin | immune globulin | | *Visudyne | *verteporfin |
| Chemotherapy | Chemotherapy Agents | ONLY **Arizona, Chicago, Cincinnati, Kentucky, **Louisiana, Milwaukee, South Florida, Tampa (****Applicable counties listed below) | Vpriv | velaglucerase alfa |
| | Supportive Drugs | | Xeomin | incobotulinumtoxin A |
| | Symptom Management Drugs | | Xgeva | denosumab |
| | | | Xolair | omalizumab |
| | | | Yervoy | ipilimumab |
| | | | *Zaltrap | *ziv-aflibercept |
| | | | *Zevalin | *ibritumomab tiuxetan |
| | | | *Zemaira | *alpha 1-proteinase inhibitor |
| | | | Zometa | zoledronic acid |
| | | | *Zyprexa Relprevv | *olanzapine |

*New preauthorization requirement

**New preauthorization process

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

****Applies to entire states of Arizona, Kentucky and Louisiana. Applies to the Chicago market, including McHenry, Lake, Cook, Will, Kane, DuPage and Kendall counties in Illinois. Applies to the Cincinnati market, including Brown, Butler, Clermont, Hamilton and Warren counties in Ohio, and Dearborn, Franklin and Ohio counties in Indiana. Applies to the Milwaukee market, including Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Walworth, Washington and Waukesha counties in Wisconsin. Applies to the Tampa market, including Charlotte, Collier, Hernando, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties in Florida. Applies to the South Florida market, including Broward, Dade and Palm Beach counties.

†Preauthorization not available for ASO groups

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

Find authorization requirements for medications dispensed at the pharmacy [here](#).