

Commercial Preauthorization and Notification List

Effective Date: January 18, 2014

Revised Date: April 4, 2014

We have updated our preauthorization and notification list for **all** commercial fully insured plans. Please note that precertification, preadmission, preauthorization and notification 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. Medical necessity review for services marked with ++ is only conducted upon purchase of enhanced utilization management programs.

Exclusions for Back and Neck Procedures: This preauthorization requirement does not apply to ASO, HumanaOne® members or commercial HMO members assigned to independent practice 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.

Commercial Medical/Surgical Preauthorization List

Additional information is available by clicking on an underlined listing.

CATEGORY	DETAILS	COMMENTS/EFFECTIVE DATE
Inpatient Admissions	Acute Hospital	Includes Inpatient Hospice
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health, Substance Abuse 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 ^{††}	Bone Growth, Neuromuscular & Spinal Cord
Plastic Surgery/Cosmetic	Any other DME item greater than \$750	
	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
	Septoplasty	
Other Services	Balloon Sinuplasty	
	Cardiac Devices ^{††}	Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®)
	Outpatient Coronary Angioplasty/Stent ^{††}	
	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 ^{††}	
	Surgeries for Obstructive Sleep Apnea	
	Transplant Surgeries	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	

Commercial Medical/Surgical Preauthorization List

Additional information is available by clicking on an underlined listing.

Radiology: Outpatient Imaging	Cardiac Catheterizations ^{††}	
	CT Scan ^{††}	
	MRA ^{††}	
	MRI ^{††}	
	Nuclear Stress Test ^{††}	
	PET Scan ^{††}	
	SPECT Scan ^{††}	
	Outpatient Transthoracic Echocardiogram (TTE) ^{††}	
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
Chemotherapy	Chemotherapy Agents ^{††}	<ul style="list-style-type: none"> Arizona, Chicago, Cincinnati, Kentucky, Milwaukee, South Florida, Tampa, Kansas, Missouri, Louisiana, Tennessee, Wisconsin, Illinois, Indiana, North Carolina, South Carolina, Virginia, West Virginia, Florida, Colorado, Georgia, Michigan, Minnesota Upon completion of training in 2014: Texas, Washington, Oregon, Idaho, Iowa, Nevada, California, Utah, New Mexico, Oklahoma, Arkansas, New Hampshire, Wyoming, Montana, South Dakota, North Dakota, Nebraska, Massachusetts, Pennsylvania, New York, Connecticut, Maine, Delaware, Rhode Island, Mississippi, Alabama, Maryland, New Jersey, Vermont, Alaska, Hawaii. ^{**}
	Supportive Drugs ^{††}	
	Symptom Management Drugs ^{††}	

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
Abilify Maintena	aripiprazole	Jevtana	cabazitaxel
Abraxane	paclitaxel-nab	Kadcyla	ado-trastuzumab emtansine
Actemra	tocilizumab	Kalbitor	ecallantide
Acthar Gel	corticotropin	Kineret	anakinra
Adcetris	brentuximab vedotin	Krystexxa	pegloticase
Aldurazyme	laronidase	Kyprolis	carfilzomib
Alimta	Pemetrexed	Kynamro	mipomersen sodium
Aloxi	palonosetron HCl	Lucentis	ranibizumab
Aralast NP	alpha 1-proteinase inhibitor	Lumizyme	alglucosidase alfa
Aranesp	darbepoetin alfa	Macugen	pegaptanib sodium
Arcalyst	rilonacept	Makena	hydroxyprogesterone caproate
Arranon	nelarabine	Marqibo	vincristine sulfate
Arzerra	ofatumumab	Mozobil	plerixafor
Atgam	lymphocyte immune globulin	Myobloc	rimabotulinumtoxinB
Avastin	bevacizumab	Myozyme	alglucosidase alfa
Benlysta	belimumab	Naglazyme	galsulfase
Berinert	c1 esterase inhibitor	Neulasta	pegfilgrastim
Boniva	ibandronate sodium	Nplate	romiplostim
Botox	onabotulinumtoxinA	Nulojix	belatacept
Brovana	arformoterol	Omontys	peginesatide
Cerezyme	imiglucerase	Ontak	denileukin diftitox
Cimzia	certolizumab pegol	Orencia	abatacept
Cinryze	c1 esterase inhibitor	Ozurdex	dexamethasone intravitreal implant
Cyklokapron	tranexamic acid	Perjeta	pertuzumab
CytoGam	cytomegalovirus immune globulin	Prialt	ziconotide
Dacogen	decitabine	Procrit	epoetin alfa
Dysport	abobotulinumtoxin A	Prolastin-C	alpha 1-proteinase inhibitor
Elaprase	idursulfase	Prolia	denosumab
ElELYso	taliglucerase alfa	Provenge	sipuleucel-T
Elitek	rasburicase	Qutenza	capsaicin/skin cleanser
Ellence	epirubicin HCl	Reclast	zoledronic acid
Eloxatin	oxaliplatin	Remicade	infliximab
Emend IV	aprepitant	Remodulin	treprostinil (injection)
Epogen	epoetin alfa	Revatio	sildenafil citrate (injection)
Erbitux	cetuximab	Rituxan	rituximab
Erwinaze	asparaginase Erwinia chrysanthemi	Sandostatin LAR	octreotide

Eylea	aflibercept		Simponi ARIA	golimumab
Fabrazyme	agalsidase beta		Somatuline Depot	lanreotide
Firazyr	icatibant		Soliris	eculizumab
Flolan	epoprostenol (injection)		Stelara	ustekinumab
Folotylin	pralatrexate		*Supartz	*sodium hyaluronate
Fusilev	levoleucovorin		Sylatron	peginterferon alfa-2b
Gattex	teduglutide		Synagis	palivizumab
Gazyva	obinutuzumab		Synribo	omacetaxine mepesuccinate
*Gel-One	*sodium hyaluronate		Temodar	temozolomide
Gilenya	fingolimod		Testopel	testosterone pellet
Glassia	alpha 1-proteinase inhibitor		Torisel	temsirolimus
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin		Treanda	bendamustine HCl
			Tyvaso	treprostinil (inhaled)
			Tysabri	natalizumab
			Valstar	valrubicin
			Varizig	varicella zoster immune globulin
			Vectibix	panitumumab
			Velcade	bortezomib
			Veletri	epoprostenol
			Ventavis	iloprost (inhaled)
			Vidaza	azacitidine
Halaven	eribulin mesylate		^Vimizim	^elosulfase alfa
Herceptin	trastuzumab		Visudyne	verteporfin
*Hyalgan	*sodium hyaluronate		Vpriv	velaglucerase alfa
Ilaris	canakinumab		Xeomin	incobotulinumtoxin A
Immune Globulin: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privigen, Vivaglobin	immune globulin		Xgeva	denosumab
			Xolair	omalizumab
			Xofigo	radium Ra 223 dichloride
			Yervoy	ipilimumab
			Zaltrap	ziv-aflibercept
			Zevalin	ibritumomab tiuxetan
			Zemaira	alpha 1-proteinase inhibitor
			Zometa	zoledronic acid
			Zyprexa Relprevv	olanzapine
			Chemotherapy	Chemotherapy Agents Supportive Drugs Symptom Management Drugs
Istodax	romidepsin			
Ixempra	ixabepilone			
Jetrea	ocriplasmin			

*New preauthorization requirement

**New preauthorization process

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

^New-to-market drug addition

†Preauthorization not available for ASO groups



††Buy-up option for ASO groups

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

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