

Commercial Preauthorization and Notification List

Effective Date: Jan. 26, 2015

Revised Date: Jun. 23, 2015

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 usually are not 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 and dual Medicare-Medicaid 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	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	Pain Infusion Pump ††	
	Prosthetics	
	Stimulator Devices ††	Bone Growth, Neuromuscular and Spinal Cord
	Any other DME item greater than \$750	
Plastic Surgery/Cosmetic	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
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 ^{††}	
	Occupational Therapy ^{††}	
	Speech Therapy ^{††}	
	†Chiropractic Therapy	Arizona, Georgia, Illinois, Kentucky, Ohio, South Florida
Chemotherapy	Chemotherapy Agents ^{††}	<ul style="list-style-type: none"> Alabama, Alaska, Arizona, Arkansas, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Missouri, Louisiana, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming Connecticut, Delaware, Florida, Georgia, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Texas, Vermont
	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
Abraxane	paclitaxel-nab	Jevtana	cabazitaxel
Actemra	tocilizumab	Kadcyla	ado-trastuzumab emtansine
Acthar Gel	corticotropin	Kalbitor	ecallantide
Adcetris	brentuximab vedotin	Kineret	anakinra
Aldurazyme	laronidase	Krystexxa	pegloticase
Alimta	Pemetrexed	Kyprolis	carfilzomib
Aloxi	palonosetron HCl	Kynamro	mipomersen sodium
Aralast NP ¹	alpha 1-proteinase inhibitor ¹	▲Lemtrada	▲alemtuzumab
Aranesp	darbepoetin alfa	Lucentis	ranibizumab
Arcalyst	riloncept	Lumizyme	alglucosidase alfa
Arzerra	ofatumumab	Macugen	pegaptanib sodium
Atgam	lymphocyte immune globulin	Makena	hydroxyprogesterone caproate
Avastin	bevacizumab	Marqibo	vincristine sulfate
Beleodaq	belinostat	Monovisc	sodium hyaluronate
Benlysta	belimumab	Mozobil	plerixafor
Berineret	c1 esterase inhibitor	Myobloc	rimabotulinumtoxinB
▲Blincyto	▲blinatumomab	Myozyme	alglucosidase alfa
Boniva	ibandronate sodium	Naglazyme	galsulfase
Botox	onabotulinumtoxinA	Neulasta	pegfilgrastim
Brovana	arformoterol	Nplate	romiplostim
Cerezyme	imiglucerase	Nulojix	belatacept
Cimzia	certolizumab pegol	▲Opdivo	▲nivolumab
Cinryze	c1 esterase inhibitor	Orencia	abatacept
Cyklokapron	tranexamic acid	Ozurdex	dexamethasone intravitreal implant
Cyramza	ramucirumab	Perjeta	pertuzumab
CytoGam	cytomegalovirus immune globulin	Prialt	ziconotide
Dacogen	decitabine	Procrit ¹	epoetin alfa ¹
▲Duopa	▲carbidopa / levodopa	Prolastin-C ¹	alpha 1-proteinase inhibitor ¹
Dysport	abobotulinumtoxin A	Prolia ¹	denosumab ¹
Elaprase	idursulfase	Provenge	sipuleucel-T
Elelyso	taliglucerase alfa	Qutenza	capsaicin/skin cleanser
Elitek	rasburicase	Reclast ¹	zoledronic acid ¹
Emend IV	aprepitant	Remicade	infliximab
Entyvio	vedolizumab	Remodulin	treprostinil (injection)
Epogen ¹	epoetin alfa ¹	Revatio	sildenafil citrate (injection)
Erbitux	cetuximab	Rituxan	rituximab
Erwinaze	asparaginase Erwinia chrysanthemi	Ruconest	c1 esterase inhibitor
Eylea	aflibercept	Sandostatin LAR	octreotide
Fabrazyme	agalsidase beta	Simponi ARIA	golimumab
		▲Signifor LAR	▲pasireotide

Firazyr	icatibant	Somatuline Depot	lanreotide
Flolan¹	epoprostenol (injection) ¹	Soliris	eculizumab
Folotyng	pralatrexate	Stelara	ustekinumab
Fusilev	levoleucovorin	Supartz¹	sodium hyaluronate ¹
Gattex	teduglutide	Sylatron	peginterferon alfa-2b
Gazyva	obinutuzumab	Synagis	palivizumab
Gel-One	sodium hyaluronate	Synribo	omacetaxine mepesuccinate
Gilenya	fingolimod	Temodar	temozolomide
Glassia	alpha 1-proteinase inhibitor	Testopel	testosterone pellet
Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive	somatropin	Torisel	temsirolimus
Halaven	eribulin mesylate	Treanda	bendamustine HCl
Herceptin	trastuzumab	Tyvaso	treprostinil (inhaled)
Hyalgan¹	sodium hyaluronate ¹	Tysabri	natalizumab
Ilaris	canakinumab	Valstar	valrubicin
^Iluvien	[^] fluocinolone acetonide	Varizig	varicella zoster immune globulin
Immune Globulin¹: Carimune NF, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gamunex, Hizentra, Octagam, Privilgen, Vivaglobin	immune globulin ¹	Vectibix	panitumumab
Istodax	romidepsin	Velcade	bortezomib
Ixempra	ixabepilone	Veletri¹	epoprostenol ¹
Jetrea	ocriplasmin	Ventavis	iloprost (inhaled)
		Vidaza	azacitidine
		Vimizim	elosulfase alfa
		Visudyne	verteporfin
		Vpriv	velaglucerase alfa
		Xeomin	incobotulinumtoxin A
		Xgeva¹	denosumab ¹
		Xolair	omalizumab
		Xofigo	radium Ra 223 dichloride
		Yervoy	ipilimumab
		Zaltrap	ziv-aflibercept
		Zevalin	ibritumomab tiuxetan
		Zemaira¹	alpha 1-proteinase inhibitor ¹
		Zometa¹	zoledronic acid ¹
		Zyprexa Relprevv	olanzapine
		Chemotherapy	Chemotherapy Agents Supportive Drugs Symptom Management Drugs

**New preauthorization process

[^]New-to-market drug addition

†Preauthorization not available for ASO groups

††Buy-up option for ASO groups

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

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

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