

# Services that require preauthorization



## **Inpatient services**

- acute rehabilitation
- inpatient hospice
- skilled nursing facility
- surgical and nonsurgical inpatient admissions

## **Outpatient facility/office services (other than inpatient)**

- cataract surgery
- cochlear implant surgery
- CT/CTA scan
- day rehabilitation programs
- dental services as a result of accidental injury
- hyperbaric oxygen
- hysterectomy
- MRI/MRA
- nasal surgery for submucous resection and septoplasty
- nuclear cardiac studies
- obesity surgery
- pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)
- PET scan
- transplants (except cornea)
- uvulopalatopharyngoplasty (including laser-assisted)

## **All home-care services (including infusion therapy in the home)**

### **Elective (nonemergency) ambulance transport**

### **Prosthetics and orthotics**

Purchase items (including repairs and replacements) over \$500 (excluding ostomy supplies)

### **Durable medical equipment**

Purchase items (including repairs and replacements) over \$500 and *all* rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

## **Reconstructive procedures and potentially cosmetic procedures**

- blepharoplasty/ptosis
- breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion, and removal of breast implants
- canthopexy/canthoplasty
- cervicoplasty
- chemical peels
- dermabrasion
- excision of excessive skin and/or subcutaneous tissue
- genetically and bio-engineered skin substitutes for wound care
- hair transplant
- injectable dermal fillers
- keloid removal
- labiaplasty
- lipectomy/liposuction, or any other fat removal procedure
- orthognathic surgery procedures including but not limited to: bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies
- otoplasty
- rhinoplasty
- rhytidectomy
- skin closures including skin grafts, skin flaps, and tissue grafts
- subcutaneous mastectomy for gynecomastia
- sex reassignment surgery
- surgical treatment of gynecomastia
- surgery for varicose veins including perforators and sclerotherapy

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.ibxpress.com](http://www.ibxpress.com), or call 1-800-ASK-BLUE (1-800-275-2583).

*(continued on next page)*

# Specialty drugs requiring precertification

All listed 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.

# Specialty drugs requiring precertification *(continued)*

For members enrolled in all Flex products, these drugs require precertification and are subject to applicable cost-sharing.

## Botulinum toxin agents

- Botox®
- Myobloc®

## Central nervous system agents

- Vivitrol®

## Endocrine/metabolic agents

- Eligard®
- Faslodex®
- Lupron Depot®
- Sandostatin LAR®
- Somatuline® Depot
- Supprelin® LA
- Thyrogen®
- Trelstar®
- Vantas®
- Viadur®
- Zoladex®

## Hematological agents

- Aranesp®
- Epogen®
- Leukine®
- Neulasta®
- Neumega®
- Neupogen®
- Procrit®

## Hyaluronate acid products

- Euflexxa™\*\*
- Hyalgan®
- Orthovisc®
- Supartz®
- Synvisc®\*\*
- Synvisc-One™\*\*

## Immunological agents

- Alferon N®
- Amevive™

## Intraocular agents

- Lucentis®
- Macugen®
- Vitrasert®

## Respiratory agents

- Synagis®
- Xolair®

\*\*Choosing one of these preferred brands does not affect the member's cost-sharing for the drug.



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