

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
- CT/CTA scan
- cochlear implant surgery
- day rehabilitation programs
- dental services as a result of accidental injury
- hyperbaric oxygen
- hysterectomy
- MRI/MRA
- nasal surgery for submucous resection and septoplasty
- nuclear cardiology imaging
- 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)

Maternity admission and birthing center (prenotification requested only)

Elective (nonemergency) ambulance transport

Prosthetics and orthotics

Foot orthotics required for prevention of complication associated with diabetes only.

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
- scar revision
- skin closures including skin grafts, skin flaps, and tissue grafts
- 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, or call 1-800-ASK-BLUE (1-800-275-2583).

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Mental health/substance abuse

- substance abuse treatment (inpatient/outpatient/partial hospitalization)

In most cases members are not responsible for payment of covered services if the network provider does not obtain preauthorization.

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®
- Folotyn®
- 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.



We're here for you every step of the way.

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Independence Blue Cross offers products directly, through its subsidiary Keystone Health Plan East and QCC Insurance Company, with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.