



MEDICAL / SURGICAL / OFFICE INJECTIONS & INFUSIONS PRIOR AUTHORIZATION REQUIREMENTS

- **EFFECTIVE 10/1/2009 YOUR PLAN REQUIRES PRIOR AUTHORIZATION OF THE SERVICES LISTED ON THE FOLLOWING PAGES.**
- **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.**
- **AS A NEW MEMBER TO HUMANA, YOU MAY BE INVOLVED IN A CURRENT TREATMENT PROGRAM WITH A NON-NETWORK PROVIDER. PLEASE USE THE *TRANSITION OF CARE (TOC)* FORM FOR SPECIAL APPROVAL OF THESE ONGOING NON-NETWORK TREATMENTS. THE TOC FORM MAY BE FOUND IN YOUR OPEN ENROLLMENT PACKET.**
- **YOU AND/OR YOUR HEALTH CARE PROVIDER MAY REQUEST AUTHORIZATIONS VIA CUSTOMER CARE.**

**HUMANA CUSTOMER CARE
1-888-357-6767**

(on or after 10/1/2009)

Commercial Medical/Surgical Notification List

CATEGORY	DETAILS	COMMENTS
Inpatient Admissions	Acute Hospital Acute Rehab Facilities Transplants	Includes Inpatient Hospice
	Long-term Acute Care Skilled Nursing Facilities	
	Mental Health and Partial Hospital/Residential Treatment	
Durable Medical Equipment(DME)	CPAP/BiPAP CPM Machines	
	Cranial Orthotics	
	Electric Beds Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	Prosthetics	
	Stimulator Devices	Includes Bone Growth and Neuromuscular
	Any other DME item greater than \$750.00	
Plastic Surgery/ Cosmetic	Abdominoplasty Blepharoplasty Rhinoplasty Septoplasty Otoplasty Breast Procedures	
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)	
	Facet Injections	
	Molecular Diagnostic/Genetic Testing	
	Home Health	Includes Home Hospice, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy and Home Uterine Monitoring
	Hyperbaric Therapy	
	Infertility Testing	
	Lumbar and Cervical Fusion Surgery	
	Obesity Surgeries	
	Oral, Orthognathic, Temporomandibular Joint Surgeries	
	Uvulopalatopharyngoplasty (UPPP)	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	

Commercial Medication Preauthorization List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.				
Brand	Generic		Brand	Generic
Aloxi	palonosetron HCl		Neulasta	pegfilgrastim
Arcalyst	rilonacept		Neupogen	filgrastim
Aranesp	darbepoetin alfa		Norditropin	somatropin
Arranon	nelarabine		Nutropin, Nutropin AQ	somatropin
Avastin	bevacizumab		Octagam	immune globulin
Avonex	interferon beta-1a		Omnitrope	somatropin
Baygam	immune globulin		Orencia	abatacept
Betaseron	interferon beta-1b		Orthovisc	high molecular weight hyaluronan
Botox	botulinum toxin type A		Pegasys	peginterferon alfa-2a
Carimune NF	immune globulin		PegIntron	peginterferon alfa-2b
Cimzia	certolizumab pegol		Polygam S/D	immune globulin
Copaxone	glatiramer acetate		Privigen	immune globulin
Dacogen	decitabine		Procrit	epoetin alfa
Emend IV	aprepitant		Rebif	interferon beta-1a
Enbrel	etanercept		Reclast	zoledronic acid
Epogen	epoetin alfa		Relistor	methylalntrexone bromide
Erbix	cetuximab		Remicade	infliximab
Euflexxa	sodium hyaluronate		Rituxan	rituximab
Flebogamma 5%	immune globulin		Serostim	somatropin
Forteo	teriparatide		Saizen	somatropin
Fusilev	levoleucovorin		Soliris	eculizumab
Gamastan	immune globulin		Somavert	pegvisomant
Gamunex	immune globulin		Synvisc	hylan G-F 20
Genotropin	somatropin		Tev-tropin	somatropin
Herceptin	trastuzumab		Torisel	temsirolimus
Humatrope	somatropin		Treanda	bendamustine hydrochloride
Humira	adalimumab		Tysabri	natalizumab
Hyalgan	sodium hyaluronate		Vectibix	panitumumab
Increlex	mecaserman		Velcade	bortezomib
Iveegam EN	immune globulin		Vidaza	azacitidine
Ixempra	ixabepilone		Vivaglobulin	immune globulin
Kineret	anakinra		Visudyne	verteporfin

Leukine	sargramostim		Xolair	omalizumab
Lucentis	ranibizumab		Zometa	zoledronic acid
Macugen	pegaptanib sodium		Zorbtive	somatropin
Myobloc	botulinum toxin type B			