

All drugs newly approved by the FDA should be considered to require prior authorization until such time as they are formally reviewed by the GHP Pharmacy & Therapeutics Committee. Final determinations to require prior authorization for specific drugs will be added to this list as they are made.

Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
Any referral to a nonparticipating provider/facility for nonemergency services	Contract Dependent		Briefly March 2006	Not Applicable
Abraxane® (paclitaxel protein-bound particles)	04/01/06		Briefly March 2006	MBP 36
Actemra® (tocilizumab)	07/01/10		Briefly June 2010	MBP 76.0
Acupuncture	12/01/96	Prior auth for FEHBP and certain TPAs. This service is excluded from coverage for commercial and Gold.	Briefly March 2006	MP 63
Advanced Molecular Topographic Genotyping (RedPath Pathfinder TG)	01/01/08	Prior auth required for Gold; excluded from coverage for commercial	Briefly December 2007	MP 205
Aldurazyme® (laronidase)	01/01/06		Briefly March 2006	MBP 7
Amevive® (alefacept)	05/01/04		Briefly March 2006	MBP 17
Any referral(s) to contracted Health Plan providers who require Health Plan authorization/precertification as noted in the then current Health Plan Provider List	Contract Dependent		Briefly March 2006	Not Applicable
Aralast™ (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07		Briefly March 2007	MBP 43
Aranesp® (darbepoetin alfa)	06/15/07	darbepoetin alfa	Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
Arranon® (nelarabine)	04/01/09		Briefly March 2009	MBP 64.0
Arzerra™ (ofatumumab)	07/01/10		Briefly June 2010	MBP 73.0
Autologous Chondrocyte Implantation	10/01/10		Briefly September 2010	MP 115
Avastin® (Bevacizumab)	12/01/04	Intraocular Avastin for the treatment of exudative macular degeneration, retinal vein occlusion, choroidal neovascularization and macular edema does NOT require prior authorization.	Briefly March 2006	MBP 30
Benlysta® (belimumab)	10/01/11		Briefly September 2011	MBP 90.0
Berinert® (C1 esterase inhibitor)	01/01/11		Briefly December 2010	MBP 84.0
Bexxar® (Tositumomab and Iodine 131 Tositumomab)	06/15/04		Briefly March 2006	MBP 25
Bioengineered skin equivalents	06/01/02	Includes Apligraf, Dermagraft, Graftskin, Allograft	Briefly March 2006	MP 75
Biofeedback training	09/01/00	Prior auth for Gold, FEHBP and certain TPAs. This service is excluded from coverage for commercial.	Briefly March 2006	MP 04

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Blepharoplasty	10/15/00		Briefly March 2006	MP 10
Blood clotting factors given in a nonemergency outpatient setting	04/01/06	Prior auth for Gold and certain TPAs. For commercial groups and nongroup business, new and renewing as 4/1/06 and forward, blood clotting factors will be covered under the pharmacy benefit.	Briefly March 2006	Not Applicable
Bone and/or Joint SPECT Imaging	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Botox® (Botulinum toxin Type A)	01/01/00	For the PEBTF, Botox can only be purchased through the RX vendor which is MEDCO. MEDCO will be responsible for preauthorizing this drug on behalf of the member.	Briefly March 2006	MBP 11
Brain SPECT Imaging	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Breast Reduction/Reconstruction-unrelated to previous mastectomy for breast cancer	03/01/02	Prior auth required for Gold and TPA members only; excluded from coverage for other LOB's	Briefly March 2006	MP 68, MP 64
Cerebrospinal Fluid Flow Imaging (SPECT)	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Cerezyme® (imiglucerase)	10/01/08		Briefly September 2008	MBP 60.0
Cimzia® (certolizumab pegol)	07/01/10		Briefly June 2010	MBP 74.0
Cinryze™ (C1-esterase inhibitor)	01/01/11		Briefly December 2010	MBP 85.0
Clofar® (clofarabine)	04/01/06		Briefly March 2006	MBP 38
Cochlear Implants	01/01/96		Briefly March 2006	MP 53
Comparative Genomic Hybridization (CHG) for Evaluation of Developmental Delay	07/01/11		Briefly June 2011	MP 255
CT (CAT) Scan (Outpatient/Nonemergency)	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	Not Applicable
Cubicin® (daptomycin)	04/01/06		Briefly March 2006	MBP 37
Dacogen® (decitabine)	07/01/07		Briefly June 2007	MBP 46.0
Deep Brain Stimulation	05/01/03		Briefly March 2006	MP 73

The following list identifies services requiring prior authorization/precertification and replaces the applicable section in the current Provider Guide. To request precertification/prior authorization, unless otherwise noted, please contact the Medical Management Department at (800) 544-3907, option 2, or (570) 271-6497, Monday through Friday, 8 a.m. to 5 p.m. Members may not be held financially liable for a participating provider's failure to obtain prior authorization/precertification of the services listed below.

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Dorsal Column Stimulation	02/01/04	Prior authorization required prior to the trial implantation (the implantation before the device becomes permanent); Changes to a generator for a previously placed permanent device does not require prior auth;	Briefly March 2006	MP 21
Durable Medical Equipment (Outpatient)	Contract Dependent	Prior authorization for outpatient Durable Medical Equipment (DME) can be obtained through Medical Management by calling (866) 248-1972 or (570) 271-7127, or faxing your request to (570) 271-7171 Monday through Friday 8:00am to 4:30pm EST	Briefly March 2006	Not Applicable
Elaprase® (idursulfase)	07/01/07		Briefly June 2007	MBP 44.0
Electrical Stimulation to aid bone healing (invasive procedure)	10/01/01		Briefly March 2006	MP 113
Elitek® (rasburicase)	03/01/05		Briefly March 2006	MBP 24
Eloxatin® (oxaliplatin)	06/15/04		Briefly March 2006	MBP 26
Endovenous Radiofrequency Ablation of Varicose Vein	02/01/03	Also referred to as a venous closure procedure for varicose veins	Briefly March 2006	MP 33
Epidural Lysis of Adhesions	10/01/04	Please see "Percutaneous Lysis of Epidural Adhesions"	Briefly March 2006	MP 138
Epogen® (epoetin alpha)	06/15/07	EPO, epoetin alfa, epoetin beta	Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
Eraxis™ (anidulafungin)	01/01/08		Briefly December 2007	MBP 53.0
Erbix® (cetuximab)	07/01/05		Briefly March 2006	MBP 31
Erythropoietin Stimulating Agents	06/15/07	EPO, epoetin alfa, epoetin beta	Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
Extracorporeal Shock Wave Treatment (ESWT)	11/01/02		Briefly March 2006	MP 66
Extraction of teeth, Alveoloplasty and Excision of Tori (limited to extractions that are required prior to organ transplantation, cardiac or radiation procedures)	04/01/10	Example: dental extractions associated with cardiac or transplant surgery and/or radiation therapy	Briefly March 2010	MP 38
Fabrazyme® (agalsidase beta)	01/01/06		Briefly March 2006	MBP 18
Faslodex® (fulvestrant)	05/01/04		Briefly March 2006	MBP 20
Fetal Surgery	04/01/99		Briefly March 2006	MP 59
Flolan® (epoprostenol)	01/01/09		Briefly December 2008	MBP 61.0

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Gamma Knife Stereotactic Radiosurgery	02/01/03		Briefly March 2006	MP 84
Gene Expression Profiling for Breast Cancer (Onco Type DX)	01/01/08		Briefly December 2007	MP 170
Genetic Testing for BRCA1 or BRCA 2 for Breast or Ovarian Cancer	04/01/11		Briefly March 2011	MP 97
Genetic Testing Related to Colorectal Cancer	04/01/11		Briefly March 2011	MP 98
Halaven - T™ (eribulin mesylate)	07/01/11		Briefly June 2011	MBP 88.0
Health Care Services associated with Non-covered Services (including but not limited to deep sedation and general anesthesia)	Contract Dependent		Briefly March 2006	Not Applicable
Home Health/Hospice and Home Phlebotomy	01/01/96	****NOTE: Upon receiving a written or oral order from a Participating Provider, the Home health agency may perform an initial visit. The Home health agency is then responsible to notify Medical Management with a treatment plan within one business day. All services beyond the initial visit require review and approval on a concurrent basis.**** Prior authorization can be obtained by calling Medical Management at (877) 466-3001 or by faxing your request to (570) 271-5507	Briefly March 2006	MP 37
Hyalgan® (hyaluronate sodium)	10/01/09		Briefly September 2009	MBP 13.0
Ilaris® (canakinumab)	07/01/10		Briefly June 2010	MBP 77.0
Injection Therapies for Back and Radicular Pain	07/01/05	Added the "Radicular Pain" in communication of Sept 2006 Briefly	Briefly September 2006	MP 151
Inpatient (planned) hospital admissions	01/01/96	Precertification of planned inpatient hospital admissions should be called to the Geisinger Health Plan Utilization Management Department at (800) 544-3907, Option 1	Briefly March 2006	Not Applicable
Intensity Modulated Radiation Therapy (IMRT)	07/01/07		Briefly June 2007	MP 192
Intravenous (IV) Boniva® (ibandronate sodium)	07/01/07		Briefly June 2007	MBP 42
Intravenous Immune Globulin (IVIG)	01/01/06		Briefly March 2006	MBP 4
Istodax® (romidepsin)	10/01/10		Briefly September 2010	MBP 78.0
Ixempra™ (ixabepilone)	10/01/08		Briefly September 2008	MBP 63.0

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Jevtana® (cabazitaxel)	01/01/11		Briefly December 2010	MBP 82.0
Kalbitor® (ecallantide)	01/01/11		Briefly December 2010	MBP 86.0
Kidney SPECT Imaging	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Leukine® (sargramostim)	04/01/08	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
Liver SPECT Imaging	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Lumizyme® (Alglucosidase alfa)	01/01/11		Briefly December 2010	MBP 83.0
Magnetic Resonance Angiography (MRA) (Outpatient/Nonemergency)	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	Not Applicable
Magnetic Resonance Imaging (MRI) (Outpatient/Nonemergency)	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	Not Applicable
Mastectomy for Gynecomastia	03/01/02	Prior auth for Gold, FEHBP and certain TPAs. This service is excluded from coverage for commercial.	Briefly March 2006	MP 55
Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)	Contract Dependent	Provider's should refer to the reverse side of the member's Identification Card for the applicable mental health and/or substance abuse services vendor's name and telephone number. Percertification requests for HMO, Gold, GIIC and Select Care PPO can contact United Behavioral Health at (888) 839-7972. For TPA member's, contact TPA Customer Service Team at (800) 504-0443 to verify the mental health/substance abuse vendor.	Briefly March 2006	Not Applicable
Myobloc (botulinum toxin Type B)	01/01/01		Briefly March 2006	MBP 11
Myozyme® (alglucosidase alfa)	01/01/08		Briefly December 2007	MBP 55.0
Naglazyme® (galsulfase)	10/01/06		Briefly September 2006	MBP 39.0
Neulasta® (pegfilgrastim)	04/01/08	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0

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Neupogen® (filgrastim)	04/01/08	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
Nuclear Cardiology	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	Not Applicable
Nonemergency Outpatient Radiology Services (CT, MRI, MRA, PET Scan and/or Nuclear Cardiology services)	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	Not Applicable
Nplate™ (romiplostim)	07/01/09		Briefly July 2009	MBP 68.0
Nulojix® (belatacept)	01/01/12		Briefly December 2011	MBP 93.0
Obesity Surgery	03/01/02		Briefly March 2006	MP 65
Ontak® (denileukin diftitox)	12/01/04		Briefly March 2006	MBP 28
Orencia® (abatacept)	02/01/07		Briefly December 2006	MBP 40.0
Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	04/01/10		Briefly March 2010	MP 38
Orthovisc® (hyaluronate sodium)	10/01/08		Briefly September 2008	MBP 13.0
Osseointegrated Hearing Device (BAHA Hearing Device)	07/01/10		Briefly June 2010	MP 135
Panniculectomy, Lipectomy or other excision of excessive skin or subcutaneous tissue	02/01/02		Briefly March 2006	Not Applicable
Percutaneous Lysis of Epidural Adhesions without endoscopic guidance/approach	10/01/04	Prior Authorization required for Gold line of business only; This is not a covered service for other lines of business; also note, percutaneous lysis of epidural adhesions utilizing endoscopic approach is not covered for any job	Briefly March 2006	MP 138
Physical, Occupational, or Speech Therapy (Outpatient)	01/01/96	Prior authorization for outpatient Physical, Occupational and/or Speech Therapy can be obtained through Medical Management at (800) 270-9981 or (570) 271-5301 or fax to 570-271-5302 Monday through Friday 8:00am to 5:00pm	Briefly March 2006	Not Applicable
Positron Emission Tomography (PET) Scan (Outpatient/Nonemergency)	02/15/05	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	MP 02

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Prialt® (ziconotide intrathecal infusion)	01/01/08		Briefly December 2007	MBP 58.0
Procrit® (epoetin alpha)	06/15/07	EPO, epoetin alfa, epoetin beta	Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
Prolastin® (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07		Briefly March 2007	MBP 43
Prolia™ (denosumab)	01/01/11		Briefly December 2010	MBP 81.0
Proton Beam Radiation	07/01/09		Briefly June 2009	MP 226
Provenge® (sipuleucel-T)	01/01/11		Briefly December 2010	MBP 79.0
Remicade® (infliximab)	03/01/01		Briefly March 2006	MBP 05
Remodulin® (treprostinil)	01/01/09		Briefly December 2008	MBP 62.0
Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit	Contract Dependent		Briefly March 2006	Not Applicable
Rhinoplasty as a stand alone procedure	11/01/02		Briefly March 2006	MP 52
Rhinoplasty including major septal repair	11/01/02		Briefly March 2006	MP 52
Rituxan® (rituximab) for treatment of rheumatoid arthritis	10/01/07	Rituxan requires prior authorization for use in treating rheumatoid arthritis.	Briefly September 2007	MBP 48.0
Sacral Nerve Stimulation - Interstim (including trial implantation)	05/01/03	Prior authorization is required prior to the trial implantation (the implantation prior to the device becoming permanent); providers may also refer to this as Interstim	Briefly March 2006	MP 91
Sclerosing of Varicose Veins	02/01/03		Briefly March 2006	MP 33
Selective Internal Radiation Therapy	10/01/11		Briefly September 2011	MP 208
Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries	11/01/02		Briefly March 2006	MP 52
Skilled Level of Care Admission	01/01/96	Participating providers are also required to notify the Health Plan of an intermediate level of care admission(s)/discharge(s); PRECERT INFORMATION IS TO BE CALLED TO THE GHP UTILIZATION MANAGEMENT DEPARTMENT AT 1-800-544-3907, OPTION #2.	Briefly March 2006	Not Applicable
Soliris® (eculizumab)	10/01/08		Briefly September 2008	MBP 54.0

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Stab Phlebectomy for Varicose Vein	02/01/03		Briefly March 2006	MP 33
Stelara™ (ustekinumab)	07/01/10		Briefly June 2010	MBP 75.0
Stereotactic Radiosurgery	02/01/03	Including but not limited to Cyberknife, GammaKnife, LINAC, Neuromate, Mehrkoordinaten Manipulator (MKM)	Briefly March 2006	MP 84
Stress Echocardiography	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Surgical Correction of Pectus Deformity	12/01/01	Pectus Excavatum or carinatum surgical procedures; Surgical correction of a chest deformity	Briefly March 2006	MP 50
Supartz™ (hyaluronate sodium)	10/01/09		Briefly September 2009	MBP 13.0
Supprelin® LA (histrelin acetate implant)	07/01/09		Briefly June 2009	MBP 67.0
Synagis® (palivizumab)	10/01/05	For those providers participating in the Specialty Vendor Program, this drug must be acquired through the vendor.	Briefly March 2006	MBP2
Torisel™ (temsirolimus)	04/01/09		Briefly March 2009	MBP 65.0
Transilluminated Powered Phlebectomy (TriVex) for Varicose Vein	02/01/03		Briefly March 2006	MP 33
Transmyocardial laser revascularization (Stand alone procedure only)	03/01/03		Briefly March 2006	MP 62
Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells	08/01/03		Briefly March 2006	MP 20
Transesophageal Echocardiology	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Transthoracic Echocardiology	02/01/11	Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Operational Bulletin (05-10), Outpatient Advanced Diagnostic Imaging Services	Not Applicable
Treanda® (bendamustine)	04/01/10		Briefly March 2010	MBP 72.0
Tysabri® (natalizumab)	01/01/08		Briefly December 2007	MBP 57.0
Vagal Nerve Stimulation	12/01/01		Briefly March 2006	MP 51

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Varicose Vein Ligation	02/01/03		Briefly March 2006	MP 33
Varicose Vein Stripping	02/01/03		Briefly March 2006	MP 33
Vectibix® (panitumumab)	07/01/07		Briefly June 2007	MBP 50.0
Velcade® (bortezomib)	08/01/04		Briefly March 2006	MBP 23
Vfend® (voriconazole)	05/01/04		Briefly March 2006	MBP 21
Virtual Colonoscopy (Outpatient/Nonemergency)	02/15/05	This is a CT Scan; Prior auth obtained through National Imaging Associates (NIA); phone number 1-866-305-9729 Monday through Friday 8:00am to 8:00pm EST	Briefly March 2006	MP 132
Viscosupplementation (Hyalgan®, Orthovisc®, and Supartz™)	10/01/09	Hyalgan®, Orthovisc® and Supartz™ require prior auth. (Synvisc®, Synvisc One™, Euflexxa™ DOES NOT require prior auth.)	Briefly September 2009	MBP 13.0
Vitrasert® (ganciclovir intravitreal implant)	07/01/05		Briefly March 2006	MBP 34
Vivitrol® (naltrexone microspheres)	10/01/07		Briefly September 2007	MBP 51.0
White Blood Cell Stimulating Factors (Neulasta®, Neupogen® and Leukine®)	04/01/08	All locations require prior auth except emergency room locations; Neupogen®, Neulasta® and Leukine	Briefly March 2008	MBP 59.0
Xgeva™ (denosumab)	07/01/11		Briefly June 2011	MBP 89.0
Xiaflex® (collagenase clostridium histolyticum)	01/01/11		Briefly December	MBP 87.0
Xolair® (omalizumab)	02/01/04		Briefly March 2006	MBP 22
Yervoy™ (Ipilimumab)	10/01/11		Briefly September 2011	MBP 91.0
Zemaira® (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07		Briefly March 2007	MBP 43
Zevalin® In-111 and Zevalin® Y-90 (ibritumomab)	01/01/03		Briefly March 2006	MBP 15