



2010 Prior Authorization Requirements

Bluegrass Family Health's (BFH) list of medical services and specialty medications that require prior authorization has been updated. The effective date is **January 1, 2010**.

BFH's Healthcare Operations Department should be contacted by the ordering Provider at 877-449-2884 or 859-335-3737 prior to the medical service being rendered or the next business day for urgent/emergent inpatient services.

Changes for the medical service prior authorizations for 2010 are the following:

- **Added:** Genetic Testing and Stereotactic Radiosurgery (Cyberknife™/Gamma Knife)
- **Eliminated:** EMG/NCV; Hysterectomy (outpatient); Cardiac Rehabilitation; Notification for Diabetic Education and Hospice

Also, certain medications, either provider or self administered, delivered in the outpatient setting, i.e. physician office, clinic, outpatient hospital or home setting, require prior authorization. To request prior authorization for one of these medications, the ordering provider should contact **BFH's Pharmacy Department at 877-205-6308**. Please refer to the BFH Preferred Drug List (Drug Formulary) for other medications that are not on this list.

Failure to request or obtain prior authorization for services listed on the Prior Authorization List may result in additional member payments, reduced Plan payments or claim denial.

BFH will not cover any service or supply, including treatment, procedures, hospitalizations, drugs, equipment, diagnostic, biological products or medical devices used in or directly related to the diagnosis, evaluation or treatment of a disease, injury, illness or other health condition which BFH determines to be Experimental/Investigational as defined by the member's Certificate of Coverage.

All prior authorizations are based on medical necessity and benefit limits and are not a guarantee of payment, payment level or member eligibility.

Prior authorization applies to all BFH products/plans and must be initiated by the ordering provider.

If you have any questions or need additional information regarding the 2010 prior authorization requirements, please contact **BFH's Customer Service Department at 800-787-2680 or 859-269-4475**.

The prior authorization list is subject to change with notification.

Note: Self insured, employer sponsored programs for which BFH provides administrative services only, may customize their plans with different prior authorization requirements.

Bluegrass Family Health

Precertification/Authorization List

Effective and Current as of January 1, 2010

Inpatient Admissions	OB (obstetric) & Newborn Inpatient Services
<ul style="list-style-type: none"> • Acute Care Hospital - Medical/Surgical* • Long Term Acute Care (LTAC) • Rehabilitation Facility • Skilled Nursing Facility • Mental Health/Substance Abuse <p><small>*BFH is to be notified within 24 hours of an urgent/emergent admission or next business day; Indiana employer based members within 48 hours</small></p>	<ul style="list-style-type: none"> • OB (obstetrical) related medical stays* • Newborn stays beyond discharge of mother* • Notification of planned C-section or induction of labor <p><small>*BFH is to be notified within 24 hours of an urgent/emergent admission or next business day; Indiana employer based members within 48 hours</small></p>
Outpatient Surgery/Procedures	Radiology Procedures
<ul style="list-style-type: none"> • AICD (Automatic Implantable Cardioverter Defibrillators) • Back surgery • Bariatric (obesity) Surgery** • Blepharoplasty • Colonoscopy (members < 50 years old) • Genetic Testing* • Reduction Mammoplasty • Uvulopalatopharyngoplasty (UPPP) • Varicose Vein Surgical Treatment - Sclerotherapy <p><small>* New precertification requirement ** If a benefit under the member's plan</small></p>	<ul style="list-style-type: none"> • CT scan (excludes CT guided biopsy) • CTA • MRI • MRA • Stereotactic radiosurgery (CyberKnife®/Gamma Knife)* • PET scan • Nuclear Stress/Radionuclide Cardiac Imaging <p><small>*New precertification requirement</small></p>
Therapy Services	Mandatory Notification
<ul style="list-style-type: none"> • Chiropractic Services* <p><small>* If a benefit under the member's plan</small></p>	<ul style="list-style-type: none"> • Dialysis • Obstetric care (outpatient)
Other	
<ul style="list-style-type: none"> • Ambulance Transfers (Non emergent – land and air) • Durable Medical Equipment (\$500 or greater and All Rentals, Repair/Maintenance) • Experimental/Investigational Services/Procedures • Home Health/Home Infusion • In-Network level of benefits for nonparticipating providers for non-emergent services • Mental Health/Substance Abuse • Orthotics (Purchases \$500 or greater) • Prosthetics (Purchases \$2000 or greater) • Transplants – Evaluation/Treatment/Procedure/Follow-up Care (Bone Marrow and Solid Organ) 	

Medical Prior Authorization Drug List

Effective and Current as of January 1, 2010

Prior Authorization is required for the following drugs when delivered in all outpatient settings (i.e. physician office, clinic, outpatient hospital, or home setting).
Home Health/Home Infusion prior authorization is administered through the home health provider.
For the Pharmacy Prior Authorization List, please refer to the BFH Preferred Drug List (Drug Formulary).
You may contact BFH's Pharmacy Services Department at 877-205-6308.

Provider-Administered Pharmacy Products		Self-Administered Pharmacy Products	
Brand	Generic	Brand	Generic
Aloxi IV*	palonosetron	Adcirca*	tadalafil
Amevive	alefacept	Afinitor*	everolimus
Aranesp	darbepoetin alfa	Aloxi Cap*	palonosetron
Arranon	nelarabine	Aranesp	darbepoetin alfa
Botox*	botulinum toxin	Avonex	interferon beta-1a
Ceprotrin*	protein-C concentrate	Betaseron	interferon beta-1b
Cimzia*	certolizumab pegol	Cellcept*	mycophenolate
Cinryze*	C1 inhibitor, human	Cimzia*	certolizumab pegol
Dacogen	decitabine	Copaxone	glatiramer acetate
Dysport*	botulinum toxin	Copegus*	ribavirin
Eligard IM*	leuprolide acetate	Eligard SQ*	leuprolide acetate
Emend IV*	fosaprepitant	Enbrel	etanercept
Epogen	epoetin alfa	Epogen	epoetin alfa
Erbitux	cetuximab	Exjade*	deferasirox
Euflexxa	sodium hyaluronate	Forteo*	teriparatide
Hyalgan	sodium hyaluronate	Genotropin	somatropin
Immune globulin		Gleevec*	imatinib
Intron-A IV*	interferon alfa	Humatrope	somatropin
Leukine	sargramostim	Humira	adalimumab
Lucentis*	ranibizumab	Increlex	mecasermin
Lupron Depot	leuprolide acetate	Infergen*	interferon alfacon-1
Macugen*	pegaptanib sodium	Intron-A SQ*	interferon alfa
Myobloc*	botulinum toxin	Kineret*	anakinra
Neulasta	pegfilgrastim	Letairis*	ambrisentan
Neupogen	filgrastim	Lupron SQ*	leuprolide acetate
Nplate*	romiplostim	Neupogen	filgrastim
Orencia	abatacept	Nexavar*	sorafenib
Orthovisc	sodium hyaluronate	Norditropin	somatropin
Pegasys	peginterferon alfa-2a	Nutropin, Nutropin AQ	somatropin
Pegintron	peginterferon alfa-2b	Omnitrope	somatropin
Prialt*	ziconotide	Procrit	epoetin alfa
Procrit	epoetin alfa	Promacta*	eltrombopag
Promacta*	eltrombopag	Rebetol*	ribavirin
Reclast*	zoledronic acid	Rebif	interferon alfa-1a
Remicade	infliximab	Revatio*	sildenafil citrate
Rituxan	rituximab	Ribasphere*	ribavirin
Sandostatin LAR*	octreotide	Roferon A*	interferon alfa-2a
Supartz	sodium hyaluronate	Sandostatin SQ*	octreotide
Supprelin LA*	histrelin acetate	Serostim	somatropin
Synagis	palivizumab	Saizen	somatropin
Synvisc	sodium hyaluronate	Simponi*	golimumab
Tysabri	natalizumab	Somavert	pegvisomant
Vectibix	panitumumab	Sprycel*	dasatinib
Vidaza	azacitadine	Symlin*	pramlintide acetate
Visudyne*	verteporfin	Tev-tropin	somatropin
Vivitrol	naltrexone	Thalomid*	thalidomide
Xolair	omalizumab	Tracleer*	bosentan
Zoladex	goserelin	Tykerb*	lapatinib
Zometa*	zoledronic acid	Zorbtive*	somatropin

*New Prior Authorization Requirement

Avastin has been removed from the 2010 list.