



BAPTIST HEALTH PLAN®

Prior Authorization (PA) List for:	Fully Insured Plans
Effective and Current as of:	January 1, 2017
Phone:	877.449.2884 or 859.335.3737

It is recommended to verify benefits and authorization requirements prior to services being received.

Category	Services	Comments
Inpatient Admissions	Acute Care Hospital – Elective/Urgent/Emergent - Medical/Surgical	Baptist Health Plan (BHP) is to be notified within 24 hours of an urgent/emergent/unscheduled admission or next business day. (Notification required within 48 hours for IN members.)
	Long Term Acute Care (LTAC)	
	Rehabilitation Facility	
	Skilled Nursing Facility	
	Obstetrical (OB) Related Medical Stays	
	Newborn Stays Beyond Discharge of Mother	
	NICU Admissions	
	Scheduled C-Section or Induction of Labor	
	Mental Health/Substance Abuse	Managed by Optum Health Behavioral Solutions. Call 877-369-2201 for assistance with benefits.
Outpatient Surgery/ Procedures	Articular surface repair using Autologous Chondrocyte Implantation (ACI) or Osteochondral Autograft Transplant	
	Automatic Implantable Cardioverter-Defibrillator (AICD)	
	Back/Spine Surgery	
	Bariatric (Obesity) Surgeries	PA required if a covered benefit
	Balloon Sinuplasty	
	Blepharoplasty	
	Computer-Aided Surgery for Total Knee Arthroplasty	
	Capsule Endoscopy	
	Genetic Testing/Molecular Diagnostics	Not required for routine prenatal screening, or routine newborn screenings, or HLA testing for transplant
	Gender Dysphoria Procedures	
	Implantable Loop Recorder	
	Intracranial Stimulator	



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Outpatient Surgery/ Procedures, continued	Joint Replacement	
	Orthognathic Surgery	Inclusive of bone grafts, osteotomies and surgical management of TMJ syndrome
	Radiofrequency Ablation, Cardiac	
	Reduction Mammoplasty/Breast Augmentation	
	Spinal Cord Stimulator Insertion/Revision	
	Varicose Vein Surgical Treatment & Sclerotherapy	
	Ventricular Assist Devices	
Other	Ambulance Transfers	Non-emergent air and ground requires Prior Authorization; all other transports are subject to retrospective review for medical necessity
	Experimental/Investigational Services/Procedures	
	Home Health/Home Infusion	PA through Care Continuum at 877-700-3482
	Hyperbaric Oxygen Therapy	
	In-Network Level of Benefits for Nonparticipating Providers for Non-Emergent Services	
	Mental Health/Substance Abuse	Please contact Optum Health Behavioral Solutions at 877-369-2201 for administration of benefits.
	Orthotics	Purchases \$500 or greater
	Power Morcellation for Uterine Fibroids	
	Prosthetics	Purchases \$2000 or greater. (This includes surgically implanted prostheses).
	Real-Time Remote Heart Monitors	
Transplants – bone marrow and solid organ	Evaluation/Treatment/Procedure/Follow-Up Care. Must use a Participated Facility Practitioner and/or Provider approved by the Plan.	



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Category	Services	Comments
Radiology/ Radiation Procedures	Brachytherapy	
	CT Scan	PA is NOT required for CT guided biopsy
	CTA	
	Intensity-Modulated Radiotherapy (IMRT)	
	MRI	
	MRA	
	Nuclear Stress Test	
	PET Scan	
	Proton Beam Therapy	
	Stereotactic Radiosurgery (SRS) & Stereotactic Body Radiotherapy (SBRT)	
3-D Conformal Radiation Therapy		
Therapy Services	Chiropractic Services	PA through Optum Health at 800-873-4575
Durable Medical Equipment	Purchases \$500 or Greater and <u>ALL</u> DME Rentals	Including but not limited to: Bone Growth Stimulator; Communications Devices; CPAP; BiPAP; Wheelchairs; Pneumatic Pressure Devices; Continuous Insulin Infusion Pump; Electric Hospital Beds; Wound Vacuums
Notification	Dialysis	



Medication Prior Authorization List
Effective January 1, 2017

Prior Authorization (PA) is required for the following drugs when delivered in all outpatient settings (i.e. physician office, clinic, outpatient hospital, or home setting). Must bill J-code on appropriate claim form. Home Health/Home Infusion is provided through the home health provider. Unless listed below, all self-administered pharmacy products are covered under the Prescription Drug Benefit ONLY. Please contact BHP's Pharmacy Services Department at 877-205-6308 to request PA.

Table with 4 columns: Drug Name (Brand, Generic), Jcode, and Quantity Limit (if applicable). Rows include drugs like Abraxane, Actemra IV, Adcetris, Akynzeo, Alimta, Aloxi, Antihemophilic Factor Agents, Aranesp, Arcalyst, Arranon, Arzerra, Avastin, Beleodaq, Bendeka*, Benlysta, Berinert, Blincyto, Botox, Buprenex, Ceprotin, Cerezyme, Cinqair*, Cimzia, Cinryze, Cyramza, Dacogen, Darzalex*, and Dysport.



Medication Prior Authorization List
Effective January 1, 2017

Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Ellyso	<i>taliflucerase</i>	J3060	
Eligard IM	<i>leuprolide acetate</i>	J9217	7.5mg = 1 kit x 30 days; 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Ellence	<i>epirubicin</i>	J9178	
Emend PO & IV	<i>fosaprepitant</i>	J1453; J8501	40mg, 115mg, 125mg & 150mg = 2 x 30 days; 80mg = 4 x 30 days; Therapy Pack = 6 x 30 days
Empliciti*	<i>elotuzumab</i>	J9999	
Entyvio	<i>vedolizumab</i>	J3380	Initial = 4 x 4 months Maintenance = 7 x Calendar Year
Epogen	<i>epoetin alfa</i>	J0885; J0886	12 x 30 days
Erbix	<i>cetuximab</i>	J9055	
Euflexxa	<i>sodium hyaluronate</i>	J7323	
Eylea	<i>aflibercept</i>	J0178	
Factor IX Concentrates		J7193; J7194; J7195; J7200; J7201	
Flolan	<i>epoprostenol sodium</i>	J1325	
Gazyva	<i>obinutuzumab</i>	J9301	
Gel-One	<i>sodium hyaluronate</i>	J7326	
Gelsyn-3*	<i>sodium hyaluronate</i>	J7328	
Granix	<i>tbo-filgrastim</i>	J1447	
Growth Hormone	<i>Somatropin</i>	J2941	
H.P. Acthar Gel	<i>corticotropin, ACTH</i>	J0800	
Halaven	<i>eribulin mesylate</i>	J9179	
Herceptin	<i>trastuzumab</i>	J9355	
Hyalgan	<i>sodium hyaluronate</i>	J7321	
Hymovis*	<i>hyaluronan</i>	J3490	
Ilaris	<i>canakinumab</i>	J0638	
Immune globulin	<i>IVIG</i>	J1459; J1460; J1556; J1557; J1559; J1560; J1561; J1562; J1566; J1568; J1569; J1572; J1575; J1599; 90281; 90283; 90284	



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Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Intron-A IV	<i>interferon alfa</i>	J9214	12 vials x 30 days
Ixempra	<i>ixabepilone</i>	J9207	
Jetrea	<i>ocriplasmin</i>	J7316	
Jevtana	<i>cabazitaxel</i>	J9043	
Kadcyla	<i>ado-trastuzumab emtansine</i>	J9354	
Kanuma*	<i>sebelipase alfa</i>	J3590	
Keytruda	<i>pembrolizumab</i>	J9271	
Krystexxa	<i>pegloticase</i>	J2507	
Kyprolis	<i>carfilzomib</i>	J9047	
Lemtrada	<i>alemtuzumab</i>	J0202	
Leukine	<i>sargramostim</i>	J2820	
Lucentis	<i>ranibizumab</i>	J2778	
Lupron Depot	<i>leuprolide acetate</i>	J9217; J9218; J9219; J1950	3.75mg, 7.5mg, & Pediatric Formulations = 1 kit x 30 days; 11.25 & 22.5mg = 1 kit x 90 days; 30mg = 1 kit x 120 days; 45mg = 1 kit x 180 days
Macugen	<i>pegaptanib sodium</i>	J2503	
Makena	<i>hydroxyprogesterone</i>	J1725	
Mircera	<i>methoxy polyethylene glycol-epoetin</i>	J0887; J0888	
Monovisc	<i>sodium hyaluronate</i>	J7327	
Mozobil	<i>plerixafor</i>	J2562	
Myobloc	<i>botulinum toxin</i>	J0587	
Neulasta	<i>pegfilgrastim</i>	J2505	
Neupogen	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Nplate	<i>romiplostim</i>	J2796	
Nucala*	<i>mepolizumab</i>	J3590	100mg x 28 days
Omontys	<i>peginesatide</i>	J0890	
Onivyde*	<i>irinotecan liposomal</i>	J3490; J9999	
Opdivo	<i>Nivolumab</i>	J9299	
Orencia	<i>abatacept</i>	J0129	4 vials x 30 days
Orthovisc	<i>sodium hyaluronate</i>	J7324	
Perjeta	<i>pertuzumab</i>	J9306	
Portrazza*	<i>necitumumab</i>	J3490; J3590; J9999	
Prialt	<i>ziconotide</i>	J2278	



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Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Procrit	<i>epoetin alfa</i>	J0885; J0886	12 vials x 30 days
Prolia	<i>denosumab</i>	J0897	
Provenge	<i>sipuleucel-T</i>	Q2043	1 treatment cycle per lifetime
Reclast	<i>zoledronic acid</i>	J3489	
Remicade	<i>infliximab</i>	J1745	1 dose every 6-8 weeks
Remodulin	<i>treprostinil</i>	J3285	
Rituxan	<i>rituximab</i>	J9310	300mL x 30 days
Ruconest	<i>c1 esterase inhibitor</i>	J3590	
Sandostatin IV/LAR	<i>octreotide</i>	J2353; J2354	
Simponi ARIA	<i>golimumab</i>	J1602	5 vials every 8 weeks
Soliris	<i>eculizumab</i>	J1300	
Stelara	<i>ustekinumab</i>	J3357	1 vial x 12 weeks
Supartz	<i>sodium hyaluronate</i>	J7321	
Supprelin LA	<i>histrelin acetate</i>	J9226	
Sylvant	<i>siltuximab</i>	J2860	
Synagis	<i>palivizumab</i>	90378	2 vials x 30 days
Synvisc/Synvisc-One	<i>sodium hyaluronate</i>	J7325	
Tecentriq*	<i>atezolizumab</i>	J3490; J3590; J9999	
Testosterone cypionate and enanthate injections and Testopel Pellet	<i>testosterone</i>	J1070; J1071; J1080; J3121; J3145; S0189	Testopel: 6 pellets every 3 months*
Treanda*	<i>bendamustine</i>	J9033	
Tysabri	<i>natalizumab</i>	J2323	1 vial x 30 days
Unituxin	<i>dinutuximab</i>	J3490; J3590; J9999	
Vantas	<i>histrelin acetate</i>	J9225	
Vectibix	<i>panitumumab</i>	J9303	
Veletri	<i>epoprostenol sodium</i>	J1325	
Vidaza	<i>azacitadine</i>	J9025	
Vimizim	<i>elosulfase alfa</i>	J1322	
Visudyne	<i>verteporfin</i>	J3396	
Vivitrol	<i>naltrexone</i>	J2315	
Vpriv	<i>velaglucerase</i>	J3385	



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Drug Name		Jcode	Quantity Limit (if applicable)
Brand	Generic		
Xeomin	<i>incobotulinumtoxinA</i>	J0588	
Xgeva	<i>denosumab</i>	J0897	
Xiaflex	<i>collagenase clostridium histolyticum</i>	J0775	
Xolair	<i>omalizumab</i>	J2357	
Yervoy	<i>ipilimumab</i>	J9228	
Zaltrap	<i>ziv-aflibercept</i>	J9400	
Zarxio	<i>filgrastim</i>	J1440; J1441; J1442	14 syringes x 30 days
Zoladex	<i>goserelin</i>	J9202	3.6mg = 1 kit x 30 days; 10.8mg = 1 kit x 90 days
Zometa	<i>zoledronic acid</i>	J3489	

** New Prior Authorization Requirement for 2017*

Discrimination is Against the Law.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.787.2680 (TTY: 1-844.708.1389).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1.800.787.2680 (TTY : 1.844.708.1389).