

Geisinger small group ACA benefit changes for products with precertification***

effective January 1, 2020

***** PLEASE NOTE:** For small group ACA plans, effective 1/1/20, this list is applicable to the following 5/7 small group products that require precertification:

- Geisinger All-Access Qualified High Deductible Health Plan POS
- Geisinger Choices PPO
- Geisinger Extra PPO
- Geisinger All-Access PPO
- Qualified High Deductible Health Plan PPO

Benefit changes:

- Precertification is no longer required for home health care.
- List of covered preventive services has been updated
- Contact lenses for treatment of progressive eye diseases are now covered.
- The definition of a full-time student has been revised.
- The following exclusions have been added to Section 4 of the policy, as applicable:
 - All non-emergency inpatient hospital admissions and certain covered services for which prior authorization is required but not obtained;
 - Care, treatment or service for any loss sustained or contracted in consequence of the Member's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- An employer group's employees have 60 days from the date of a qualifying event to apply for enrollment in the plan.
- The following drugs have been *added* to the list of covered injectable drugs for which cost-sharing applies. For a complete list, contact the customer service department.

Akynzeo IV (fosnetupitant/palonosetron)
Andexxa (andexanet alfa)
Asparlas (calaspargase pegol-mknl)
Azedra (iobenguane I 131)
Cablivi (caplacizumab-yhdp)
Crysvita (burosumab-twza)
Elzonris (tagraxofusp-erzs)

Esperoct (turoctocog alfa pegol)
Fulphila (pegfilgrastim-jmdb)
Gamifant (emapalumab-lzsg)
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
Herzuma (trastuzumab-pkrb)
Jivi (antihemophilic factor (recombinant), PEGylated-aucl)
Khapzory (levoleuconovirin)
Libtayo (cemiplimab-rwlc)
Lumoxiti (moxetumomab pasudotox-tdfk)
Nivestym (filgrastim-aafi)
Nuzyra IV (omadacycline tosylate)
Onpattro (patisiran)
Panzyga (immune globulin intravenous, human - ifas)
Perseris (risperidone)
Poteligeo (mogamulizumab-kpkc)
Retacrit (epoetin alfa-epbx)
Revcovi (elapegademase-lvlr)
Trazimera (trastuzumab-qyyp)
Trivisc (sodium hyaluronate)
Truxima (rituximab-abbs)
Udenyca (pegfilgrastim-cbqv)
Ultomiris (ravulizumab-cwvz)
Xerava (eravacycline)
Yutiq (fluocinolone acetonide)
Zemdri (plazomicin sulfate)
Zulresso (brexanolone)

- The following services and/or supplies or agents and/or medications require precertification. **Please note those items with an asterisk (*) are not covered when provided by non-participating/preferred providers.**

A. Services and/or Supplies Requiring Precertification:

1. Ambulance Transport Service (Non-Emergent)
2. Blepharoplasty (plastic surgery of the eyelids)
3. Breast Reduction/Reconstruction – unrelated to previous mastectomy for Breast Cancer
4. Bronchial Thermoplasty
5. Comparative Genomic Hybridization (CGH) or Chromosomal Microarray Analysis (CMA) for Evaluation of Developmental Delay*
6. Deep Brain Stimulation
7. Durable Medical Equipment (DME)*
8. Dorsal Column Stimulation (spinal column stimulation)

9. Electrical and Electromagnetic Stimulation to promote wound healing
10. Epidural Injections
11. Extraction of Teeth and Alveoloplasty (limited to extractions performed by an oral surgeon that are required prior to organ transplantation, cardiac or radiation procedures)
12. Facet Injections
13. Facet or Sacroiliac Joint Denervation
14. Fetal Surgery (surgery on the unborn child)
15. Gastric Electrical Stimulation
16. Gender Dysphoria and Gender Confirmation Treatment
17. Gene Expression Profiling for Breast Cancer (Oncotype DX) *
18. Gene Expression Profiling for Colon Cancer (Oncotype DX) *
19. Genetic Testing Related to Colorectal Cancer*
20. Health Care Services Associated with Non-Covered Services (such as anesthesia related services to non-covered dental extractions)
21. Inpatient Facility Admission
22. Intercostal Nerve Block
23. Intrathecal Infusion Pump
24. Laminectomy (Elective)
25. Lung Volume Reduction Surgery
26. Magnetic Esophageal Sphincter Augmentation
27. Mental Health and Substance Abuse Services:
 - i. Inpatient Services.
 - ii. Non-Hospital Residential Treatment Services
 - iii. Precertification is required for the following non-routine outpatient services:
 - Partial Hospitalization Services
 - Intensive outpatient program treatment
 - Outpatient electro-convulsive treatment
 - Psychological testing
 - Medication Assisted Treatment (MAT) Programs for the treatment of substance-related and addictive disorders
 - Extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management
 - Outpatient treatment provided in the Covered Person's home
 - Applied Behavioral Analysis (ABA)
 - Transcranial Magnetic Stimulation (TMS)
 - Outpatient treatment of opioid dependence at methadone clinics
28. Molecular Profiling of Malignant Tumors to Identify Targeted Therapies
29. Nutritional Supplements*
30. Occipital Nerve Block
31. Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)
32. Outpatient Rehabilitation Services (occupational, physical or speech therapy) - For non-back/neck related pain therapy, Precertification is only required when services are provided by Non-Preferred Providers. **NOTE:** Back/neck related pain therapy

requires Precertification when services are provided by either a Preferred or Non-Preferred Provider.

33. Proton Beam Radiation
34. Restorative or Reconstructive Surgical Procedures (except for a Medically Necessary mastectomy as set forth in the policy which is not subject to Precertification)
35. Rhinoplasty as standalone procedure or Rhinoplasty with or without major septal repair in conjunction with other planned Medically Necessary surgeries
36. Sacral Nerve Stimulation (treatment to improve bladder control)
37. Sacroiliac Joint Fusion
38. Sacroiliac Joint Injection
39. Septoplasty as standalone procedure/Septoplasty in conjunction with other planned Medically Necessary surgery
40. Skilled Nursing Facility Admission
41. Speech Generating Devices*
42. Spinal Fusion (Elective)
43. Suprascapular Nerve Block
44. Sympathetic Nerve Block
45. Termination of Pregnancy (Abortion)
46. Transoral Incisionless Fundoplication
47. Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells. *
48. Tumor Treatment Field (Optune)
49. Vagal Nerve Stimulation (electrical stimulation for seizure control)
50. Varicose Vein Procedures (including injection of sclerosing solution into varicose leg veins and vein stripping)
51. Whole Exome Sequencing

B. Agents and/or Medications Requiring Precertification:

1. Abilify Maintena™ (aripiprazole)
2. Abraxane™ (paclitaxel protein-bound particles)
3. Actemra™ (tocilizumab)
4. Adcetris™ (brentuximab vedotin)
5. Ajovy™ (fremanezumab-vfrm)
6. Akynzeo™ IV (fosnetupitant/palonosetron)
7. Aldurazyme™ (laronidase)
8. Aliqopa™ (copanlisib)
9. Aloxi™ (palonosetron)
10. Ameluz™ (aminolevulinic acid)
11. Andexxa™ (andexanet alfa)
12. Aralast™ (human alpha₁-proteinase inhibitor)
13. Aranesp™ (darbepoetin alfa)
14. Aristada™ (aripiprazole lauroxil)
15. Aristada Initio™ (aripiprazole lauroxil)
16. Arranon™ (nelarabine)
17. Arzerra™ (ofatumumab)
18. Aveed™ (testosterone)

19. Avycaz TM (ceftazidime/avibactam)
20. Azedra TM (iodine i-131 iobenguane, diagnostic, 1 millicurie)
21. Bavencio TM (avelumab)
22. Baxdela TM IV (delafloxacin)
23. Beleodaq TM (belinostat)
24. Benlysta TM (belimumab)
25. Berinert TM (C1 esterase inhibitor)
26. Besponsa TM (injection, inotuzumab ozogamicin)
27. Bivigam TM (intravenous immune globulin)
28. Blincyto TM (blinatumomab)
29. Botox TM (botulinum toxin A and B)
30. Brineura TM (injection, cerliponase alfa)
31. Carimune TM NF (intravenous immune globulin)
32. Cerezyme TM (imiglucerase)
33. Cimzia TM (certolizumab pegol)
34. Cinqair TM (reslizumab)
35. Cinryze TM (C1 esterase inhibitor)
36. Cinvanti TM (aprepitant)
37. Clolar TM (clofarabine)
38. Cosentyx TM (secukinumab) vials
39. Cresemba TM IV (isavuconazonium sulfate)
40. Crysvita TM (burosumab-twza)
41. Cuvitru TM (subcutaneous immune globulin)
42. Cyramza TM (ramucirumab)
43. Dacogen TM (decitabine)
44. Dalvance TM (dalbavancin)
45. Darzalex TM (daratumumab)
46. Dysport TM (Botulinum toxin Type A)
47. Elaprase TM (idursulfase)
48. Elelyso TM (taliglucerase alfa)
49. Elitek TM (rasburicase)
50. Emend TM IV (fosaprepitant)
51. Empliciti TM (elotuzumab)
52. Entyvio TM (vedolizumab)
53. Epogen TM (epoetin alfa)
54. Eraxis TM (anidulafungin)
55. Erwinase TM (asparaginase)
56. Erythropoietin and Darbepoetin Therapy
57. Exondys 51 TM (eteplirsen)
58. Fabrazyme TM (agalsidase beta)
59. Fasenra TM (benralizumab)
60. Flebogamma TM DIF (intravenous immune globulin)
61. Flolan TM (epoprostenol)
62. Fulphila TM (pegfilgrastim-jmdb)
63. Gammagard TM (subcutaneous/intravenous immune globulin)
64. Gammaked TM (subcutaneous/intravenous immune globulin)

65. Gammaplex™ (intravenous immune globuline)
66. Gamunex-C™ (subcutaneous/intravenous immune globulin)
67. Gazyva™ (obinutuzumab)
68. Gel-One™ (hyaluronan or derivative)
69. GenVisc™ 850 (hyaluronan or derivative)
70. Glassia™ (human alpha1-proteinase inhibitor)
71. Granix™ (tbo-filgrastim)
72. Halaven – T™ (eribulin mesylate)
73. Hemlibra™ (injection, emicizumab-kxwh)
74. Hizentra™ (subcutaneous immune globulin)
75. Hyalgan™ (hyaluronate sodium)
76. Hymovis™ (hyaluronan or derivative)
77. HyQvia™ (immune globulin/hyaluronidase)
78. Ilaris™ (canakinumab)
79. Ilumya™ (tildrakizumab-asmn)
80. Iluvien™ (fluocinolone acetonide)
81. Imfinzi™ (durvalumab)
82. Imlygic™ (talimogene laherparepvec)
83. Inflectra-DYYB™ (infliximab-dyyb)
84. Intravenous (IV) Boniva (ibandronate sodium)
85. Intravenous and Subcutaneous Immune Globulin (IVIG)
86. Invega Sustenna™ (paliperidone palmitate extended release)
87. Invega Trinza™ (paliperidone palmitate extended release)
88. Istodax™ (romidepsin)
89. Ixempra™ (ixabepilone)
90. Jevtana™ (cabazitaxel)
91. Kadcyla™ (ado-trastuzumab emtansine)
92. Kalbitor™ (ecallantide)
93. Kanuma™ (sebelipase alfa)
94. Keytruda™ (pembrolizumab)
95. Kymriah™ (tisagenlecleucel)
96. Kyprolis™ (carfilzomib)
97. Lartruvo™ (olaratumab)
98. Lemtrada™ (alemtuzumab)
99. Leukine™ (sargramostim)
88. Libtayo™ (cemiplimab-rwlc)
89. Lumizyme™ (alglucosidase alfa)
90. Lumoxiti™ (moxetumomab pasudotox-tdfk)
91. Lutathera™ (lutetium Lu 177 dotatate)
92. Luxturna™ (voretigene-neparvovec-rzyl)
93. Makena™ (hydroxyprogesterone caproate injection)
94. Marqibo™ (vincristine sulfate liposome injection)
95. Mepsevii™ (vestronidase alfa-vjbk)
96. Mircera™ (epotin beta)
97. Monovisc™ (hyaluronan or derivative)
98. Mylotarg™ (gemtuzumab ozogamicin)

99. Myobloc™ (Botulinum toxin Type B).
100. Naglazyme™ (galsulfase)
101. Neulasta™ (pegfilgrastim)
102. Neupogen™ (filgrastim)
103. Nplate™ (romiplostim)
104. Nucala™ (mepolizumab)
105. Nulojix™ (belatacept)
106. Ocrevus™ (ocrelizumab)
107. Octagam™ (intravenous immune globulin)
108. Off Label Drug Use for Oncologic Indications
109. Onivyde™ (irinotecan liposome)
110. Onpattro™ (patisiran)
111. Opdivo™ (nivolumab)
112. Orencia™ (abatacept)
113. Orthovisc™ (hyaluronate sodium)
114. Outpatient Drug Administration at Hospital Based Infusion Center
115. Parsabiv™ (etelcalcetide)
116. Poteligeo™ (mogamulizumab-kpkc)
117. Portrazza™ (necitumumab)
118. Praxbind™ (idarucizumab)
119. Prevymis IV™ (letermovir)
120. Prialt™ (ziconotide intrathecal infusion)
121. Privigen™ (intravenous immune globulin)
122. Procrit™ (epoetin alfa)
123. Prolastin™ (human alpha₁-proteinase inhibitor)
124. Prolia™ (denosumab)
125. Provenge™ (sipuleucel-T)
126. Radicava™ (edaravone)
127. Remicade™ (infliximab)
128. Remodulin™ (treprostinil)
129. Renflexis™ (infliximab-abda)
130. Retacrit™ (epoetin alfa-epbx)
131. Revcovi™ (elapegademase-lvIr)
132. Risperdal Consta™ (risperidone microspheres)
133. Rituxan™ (rituximab)
134. Rituxan Hycela™ (rituximab/hyaluronidase)
135. Ruconest™ (C1 esterase inhibitor [recombinant])
136. Sandostatin LAR™ (octreotide acetate)
137. Signifor™ LAR (pasireotide)
138. Simponi Aria™ (golimumab)
139. Sivextro™ (tedizolid phosphate)
140. Soliris™ (eculizumab)
141. Spinraza™ (nusinersen)
142. Stelara™ (ustekinumab)
143. Supprelin™ LA (histrelin acetate implant)
144. Sustol™ (granisetron ER)

145. Sylvant™ (siltuximab)
146. Synagis™ (palivizumab)
147. Synribo™ (omacetaxine mepesuccinate)
148. Tecentriq™ (atezolizumab)
149. Tepadina™ (thiotepa)
150. Torisel™ (temsirolimus)
151. Tremfya™ (guselkumab)
152. Trisenox™ (arsenic trioxide)
153. Tysabri™ (natalizumab)
154. Unituxin™ (dinutuximab)
155. Vabomere™ (meropenem/vaborbactam)
156. 1Varubi™ IV (rolapitant)
157. Vectibix™ (panitumumab)
158. Velcade™ (bortezomib)
159. Veletri™ (epoprostenol)
160. Vimizim™ (elosulfase alfa)
161. Visco-3™ (sodium hyaluronate)
162. Viscosupplementation
163. Vivaglobin (immune globulin)
164. Voraxaze™ (glucarpidase)
165. VPRIV™ (velaglucerase alfa)
166. Vyxeos™ (daunorubicin/cytarabine liposomal)
167. White Blood Cell Stimulating Factors
168. Xeomin™ (Botulinum toxin Type A)
169. Xerava™ (eravacycline)
170. Xgeva™ (denosumab)
171. Xiaflex™ (collagenase clostridium histolyticum)
172. Xofigo™ (radium RA 223 dichloride)
173. Xolair™ (omalizumab)
174. Yervoy™ (Ipilimumab)
175. Yescarta™ (axicabtagene ciloleucel)
176. Yondelis™ (trabectedin)
177. Zaltrap™ (ziv-aflibercept)
178. Zarxio™ (filgrastim-sndz)
179. Zemaira™ (human alpha₁-proteinase inhibitor)
180. Zemdri™ (plazomicin)
181. Zevalin™ (ibritumomab tiuxetan)
182. Zilretta™ (triamcinolone acetonide ER injection)
183. Zinplava™ (bezlotoxumab)
184. Zyprexa Relprevv™ (olanzapine)

Please note that those items with an asterisk (*) are not covered when performed by a Non-Participating/Non-Preferred Provider.