



Group benefit changes for PPO plans effective April 1, 2019 upon your group's renewal

- Clarified precertification requirements for home health and rehabilitative services.
- Clarified language regarding Implanted Device Covered Services.
- Certain select injectable drugs will be subject to lower Cost Sharing if administered in the home by designated home infusion preferred providers.
- Manipulative treatment services, if applicable to your plan, will no longer be provided by American Specialty Health Network providers. Instead, manipulative treatment services will be provided by the PPO's network of preferred providers. Visit GeisingerHealthPlan.com/find to find a provider in our network.
- List of covered preventive services has been updated.
- 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.
 - o Aliqopa (copanlisib)
 - o Ameluz (aminolevulinic acid)
 - o Baxdela IV (delafloxacin meglumine)
 - o Besponsa (inotuzumab ozogamicin)
 - o Brineura (cerliponase alfa)
 - o Cinvanti (aprepitant)
 - o Cubicin/Cubicin RF (daptomycin)*
 - o Daptomycin
 - o Duopa (carbidopa/levodopa)
 - o Durolane (sodium hyaluronate)
 - o Fasenra (benralizumab)
 - o Feraheme (ferumoxylol)
 - o Gelsyn-3 (sodium hyaluronate)
 - o Gen Visc 850 (sodium hyaluronate)
 - o Hemlibra (emicizumab-kxwh)
 - o Hymovis (hyaluronan)
 - o Ilumya (tildrakizumab-asmn)
 - o Imfinzi (durvalumab)
 - o Injectafer (ferric carboxymaltose)
 - o Kymriah (tisagenlecleucel)
 - o Lutathera (lutetium lu 177 dotatate)
 - o Luxturna (voretigene neparvovec-rzyl)
 - o Mepsevii (vestronidase Alfa-vjbk)
 - o Mvasi (bevacizumab-awwb)
 - o Mylotarg (gemtuzumab ozogamicin)
 - o Ocrevus (ocrelizumab)
 - o Ogivri (trastuzumab-dkst)
 - o Parsabiv (etelcalcetide)
 - o Prevymis (letermovir)
 - o Radicava (edaravone)

- o Rebinyn (coagulation factor IX (recombinant), glycopegylated)
- o Renflexis (infliximab-abda)
- o Rituxan Hycela (rituximab/hyaluronidase)
- o Sublocade (buprenorphine)
- o Tepadina (thiotepa)
- o Triptodur (triptorelin pamoate)
- o Trisenox (arsenic trioxide)
- o Trogarzo (ibalizumab-uiyk)
- o Vabomere (meropenem/vaborbactam)
- o Varubi IV (rolapitant)
- o Visco-3 (sodium hyaluronate)
- o Vyxeos (daunorubicin/cytarabine (liposomal))
- o Yescarta (axicabtagene ciloleucel)
- o Zilretta (triamcinolone acetonide)

Services and supplies that require precertification

Please note those items with an asterisk () are not covered when provided by non-preferred providers.*

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. Hospice
22. Inpatient Facility Admission
23. Intercostal Nerve Block
24. Intrathecal Infusion Pump
25. Laminectomy (Elective)
26. Lung Volume Reduction Surgery
27. Magnetic Esophageal Sphincter Augmentation

28. 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
 - Transcranial Magnetic Stimulation (TMS)
 - Outpatient treatment of opioid dependence at methadone clinics
29. Nutritional Supplements*
30. Obesity Surgery*
31. Occipital Nerve Block
32. Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)
33. 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.
34. Proton Beam Radiation
35. Restorative or Reconstructive Surgical Procedures (except for a Medically Necessary mastectomy as set forth in the Certificate which is not subject to Precertification)
36. Rhinoplasty as stand-alone procedure or Rhinoplasty with or without major septal repair in conjunction with other planned Medically Necessary surgeries.
37. Sacral Nerve Stimulation (treatment to improve bladder control)
38. Sacroiliac Joint Fusion
39. Sacroiliac Joint Injection
40. Septoplasty as stand-alone procedure/Septoplasty in conjunction with other planned Medically Necessary surgery
41. Skilled Nursing Facility Admission
42. Speech Generating Devices*
43. Spinal Fusion (Elective)
44. Suprascapular Nerve Block
45. Sympathetic Nerve Block
46. Termination of Pregnancy (Abortion)
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

Agents and medications that requiring precertification

Please note those items with an asterisk () are not covered when provided by non-preferred providers.*

1. Abilify Maintena™ (aripiprazole)
2. Abraxane™ (paclitaxel protein-bound particles)
3. Actemra™ (tocilizumab)
4. Adcetris™ (brentuximab vedotin)
5. Aldurazyme™ (laronidase)
6. Aliqopa™ (copanlisib)
7. Aloxi™ (palonosetron)
8. Ameluz™ (aminolevulinic acid)
9. Aralast™ (human alpha₁-proteinase inhibitor)
10. Aranesp™ (darbepoetin alfa)
11. Aristada™ (aripiprazole lauroxil)
12. Arranon™ (nelarabine)
13. Arzerra™ (ofatumumab)
14. Aveed™ (testosterone)
15. Avycaz™ (ceftazidime/avibactam)
16. Bavencio™ (avelumab)
17. Beleodaq™ (belinostat)
18. Benlysta™ (belimumab)
19. Berinert™ (C1 esterase inhibitor)
20. Besponsa™ (injection, inotuzumab ozogamicin)
21. Bexxar™ (tositumomab and iodine 131 tositumomab)
22. Blincyto™ (blinatumomab)
23. Botox™ (botulinum toxin A and B)
24. Brineura™ (injection, cerliponase alfa)
25. Carimune™ (intravenous immune globulin)
26. Cerezyme™ (imiglucerase)
27. Cimzia™ (certolizumab pegol)
28. Cinqair™ (reslizumab)
29. Cinryze™ (C1 esterase inhibitor)
30. Clolar™ (clofarabine)
31. Cosentyx™ (secukinumab) vials
32. Cresemba IV™ (isavuconazonium sulfate)
33. Cuvitru™ (subcutaneous immune globulin)
34. Cynamza™ (ramucirumab)
35. Dacogen™ (decitabine)
36. Dalvance™ (dalbavancin)
37. Darzalex™ (daratumumab)
38. Dysport™ (Botulinum toxin Type A)
39. Elaprase™ (idursulfase)
40. Elelyso™ (taliglucerase alfa)
41. Elitek™ (rasburicase)
42. Emend™ IV (fosaprepitant)
43. Empliciti™ (elotuzumab)
44. Entyvio™ (vedolizumab)
45. Epogen™ (epoetin alfa)
46. Eraxis™ (anidulafungin)

47. ErwinaseTM (aspiraginase)
48. Erythropoietin Stimulating Agents
49. Exondys 51TM (eteplirsen)
50. FabrazymeTM (agalsidase beta)
51. FlebogammaTM (intravenous immune globulin)
52. FlolanTM (epoprostenol)
53. GammagardTM (subcutaneous/intravenous immune globulin)
54. GammakedTM (subcutaneous/intravenous immune globulin)
55. GammaplexTM (intravenous immune globuline)
56. Gamunex-CTM (subcutaneous/intravenous immune globulin)
57. GazyvaTM (obinutuzumab)
58. Gel-OneTM (hyaluronan or derivative)
59. GenViscTM 850 (hyaluronan or derivative)
60. GlassiaTM (human alpha1-proteinase inhibitor)
61. GranixTM (tbo-filgrastim)
62. Halaven – TTM (eribulin mesylate)
63. HizentraTM (subcutaneous immune globulin)
64. HyalganTM (hyaluronate sodium)
65. HymovisTM (hyaluronan or derivative)
66. HyQviaTM (immune globulin/hyaluronidase)
67. IlarisTM (canakinumab)
68. IluvienTM (fluocinolone acetonide)
69. ImfinziTM (durvalumab)
70. ImlygicTM (talimogene laherparepvec)
71. Inflectra-DYYBTM (infliximab-dyyb)
72. Intravenous (IV) Boniva (ibandronate sodium)
73. Intravenous and Subcutaneous Immune Globulin (IVIG)
74. Invega SustennaTM (paliperidone palmitate extended release)
75. IstodaxTM (romidepsin)
76. IxempraTM (ixabepilone)
77. JevtanaTM (cabazitaxel)
78. KadcyllaTM (ado-trastuzumab emtansine)
79. KalbitorTM (ecallantide)
80. KanumaTM (sebelipase alfa)
81. KeytrudaTM (pembrolizumab)
82. KymriahTM (tisagenlecleucel)
83. KyprolisTM (carfilzomib)
84. LartruvoTM (olaratumab)
85. LemtradaTM (alemtuzumab)
86. LeukineTM (sargramostim)
87. LumizymeTM (alglucosidase alfa)
88. Makena® (hydroxyprogesterone caproate injection)
89. MarqiboTM (vincristine sulfate liposome injection)
90. MirceraTM (epotin beta)
91. MonoviscTM (hyaluronan or derivative)
92. MylotargTM (gemtuzumab ozogamicin)
93. MyoblocTM (Botulinum toxin Type B)
94. MyozymeTM (alglucosidase alfa)
95. NaglazymeTM (galsulfase)

96. Neulasta™ (pegfilgrastim)
97. Neupogen™ (filgrastim)
98. Nplate™ (romiplostim)
99. Nucala™ (mepolizumab)
100. Nulojix™ (belatacept)
101. Ocrevus™ (ocrelizumab)
102. Octagam™ (intravenous immune globulin)
103. Off Label Drug Use for Oncologic Indications
104. Onivyde™ (irinotecan liposome)
105. Ontak™ (denileukin diftitox)
106. Opdivo™ (nivolumab)
107. Orendia™ (abatacept)
108. Orthovisc™ (hyaluronate sodium)
109. Portrazza™ (necitumumab)
110. Praxbind™ (idarucizumab)
111. Prialt™ (ziconotide intrathecal infusion)
112. Privigen™ (intravenous immune globulin)
113. Probuphine™ (buprenorphine implant)
114. Procrit™ (epoetin alfa)
115. Prolastin™ (human alpha₁-proteinase inhibitor)
116. Prolia™ (denosumab)
117. Provenge™ (sipuleucel-T)
118. Radicava™ (edaravone)
119. Remicade™ (infliximab)
120. Remodulin™ (treprostinil)
121. Risperdal Consta™ (risperidone microspheres)
122. Rituxan™ (rituximab)
123. Rituxan Hycela™ (rituximab/hyaluronidase)
124. Ruconest™ (C1 esterase inhibitor [recombinant])
125. Sandostatin LAR™ (octreotide acetate)
126. Signofo™ LAR (pasireotide)
127. Simponi Aria™ (golimumab)
128. Sivextro™ (tedizolid phosphate)
129. Soliris™ (eculizumab)
130. Spinraza™ (nusinersen)
131. Stelara™ (ustekinumab)
132. Supartz™ (hyaluronate sodium)
133. Supprelin™ LA (histrelin acetate implant)
134. Sustol™ (granisetron ER)
135. Sylvant™ (siltuximab)
136. Synagis™ (palivizumab)
137. Synribo™ (omacetaxine mepesuccinate)
138. Tecentriq™ (atezolizumab)
139. Tepadina™ (thiotepa)
140. Torisel™ (temsirolimus)
141. Tysabri™ (natalizumab)
142. Unituxin™ (dinutuximab)
143. Vectibix™ (panitumumab)
144. Velcade™ (bortezomib)

145. VeletriTM (epoprostenol)
146. VimizimTM (elosulfase alfa)
147. Viscosupplementation
148. VitrasertTM (ganciclovir intravitreal implant)
149. VoraxazeTM (glucarpidase)
150. VPRIVTM (velaglucerase alfa)
151. VyxeosTM (daunorubicin/cytarabine liposomal)
152. White Blood Cell Stimulating Factors
153. XeominTM (Botulinum toxin Type A)
154. XgevaTM (denosumab)
155. XiaflexTM (collagenase clostridium histolyticum)
156. XofigoTM (radium RA 223 dichloride)
157. XolairTM (omalizumab)
158. YervoyTM (Ipilimumab)
159. YescartaTM (axicabtagene ciloleucel)
160. YondelisTM (trabectedin)
161. ZaltrapTM (ziv-aflibercept)
162. ZarxioTM (filgrastim-sndz)
163. ZemairaTM (human alpha₁-proteinase inhibitor)
164. ZevalinTM (ibritumomab tiuxetan)
165. ZinplavaTM (bezlotoxumab)
166. Zyprexa RelprevvTM (olanzapine)

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