

Services and Medicare Part B Drugs Requiring Prior Authorization

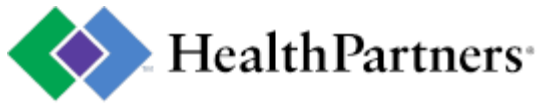
These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

1. Abatacept (Orencia®)
2. Access to out-of-network behavioral health services
3. Advanced drug therapy for pulmonary hypertension: epoprostenol (generic, Flolan® and Veletri®), treprostinil (Remodulin® & Tyvaso®), iloprost (Ventavis®) and sildenafil injection (Revatio®)
4. Agalsidase beta (Fabrazyme®)
5. Airway clearance system/chest compression generator system
6. Alemtuzumab (Lemtrada™)
7. Alpha-1 antitrypsin (AAT) deficiency enzyme replacement therapy: Alpha-1 Proteinase Inhibitor (Aralast NP®, Glassia®, Prolastin®-C, and Zemaira®)
8. Ambulance and medical transportation (fixed wing transport only)
9. Ankle replacement surgery
10. Artificial intervertebral disc replacement – cervical
11. Artificial intervertebral disc replacement, lumbar
12. Asparaginase Erwinia chrysanthemi (Erwinaze®)
13. Belimumab (Benlysta®)
14. Benralizumab (Fasenra)
15. Bevacizumab (Avastin®)
16. Bezlotoxumab (Zinplava)
17. Blepharoplasty/ptosis repair, brow lift
18. Blinatumomab (Blincyto™)
19. Blood factor products
20. Blood pressure monitors
21. Bone anchored hearing aid (BAHA)
22. Bone stimulators, electronic and ultrasonic
23. Botulinum toxins: abobotulinumtoxinA (Dysport®), incobotulinumtoxinA (Xeomin®), onabotulinumtoxinA (Botox®) and rimabotulinumtoxinB (Myobloc®)
24. Breast pumps
25. Breast surgery
26. Buprenorphine (Probuphine)
27. Buprenorphine injectable (Sublocade)
28. Burosumab (Crysvita®)
29. Cardiac event monitoring
30. Category III CPT codes
31. Cerliponase alfa (Brineura)
32. Certolizumab (Cimzia®)
33. Chimeric antigen receptor/genetically engineered T-cell receptor (CAR-T) therapy
34. Chronic pain - multidisciplinary intensive day treatment programs
35. Cognitive rehabilitation
36. Collagenase (Xiaflex®)
37. Compounded medications
38. Cosmetic surgery/treatments
39. Deep brain stimulation for neurological movement disorders
40. Denosumab (Prolia®, Xgeva®)
41. Dental services - accidental dental
42. Dental services - ambulatory hospitalization and anesthesia for dental care
43. Dental services - cone beam computed tomography (CBCT) scan for medically-related dental services
44. Dental services - medically necessary outpatient
45. Dental services - orthognathic surgery
46. Drugs and biologicals – coverage for off-label uses
47. Duopa
48. Eculizumab (Soliris®)
49. Edavarone (Radicava)
50. Eteplirsen (Exondys 51™)
51. Eye surgery – refractive
52. Gender reassignment
53. Golimumab (Simponi ARIA®)
54. Gynecomastia surgery
55. Hereditary angioedema (HAE) drug therapy
56. Home health services
57. Home hospice services

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58. Home phototherapy - full body cabinet
59. Hospital beds
60. Ibalizumab-uiyk (Trogarzo™)
61. Immune globulin therapy
62. In-home mental health psychotherapy services
63. In-network benefit requests
64. Infliximab (Remicade®, Inflectra®, Renflexis®)
65. Intra-articular hyaluronan (viscosupplementation)
66. Investigational services
67. Ipilimumab (Yervoy)
68. Lift chair mechanism
69. Medications for risk reduction of primary breast cancer in women
70. Mepolizumab (Nucala®)
71. Minimally invasive and laser spine procedures
72. Mucopolysaccharidoses (MPS) drug therapy (Aldurazyme®, Elaprased®, Naglazyme®, Vimizim®)
73. Natalizumab (Tysabri®)
74. Necitumumab (Portrazza®)
75. Neuromuscular electrical stimulators (NMES) and functional electrical stimulators (FES)
76. Nusinersen (Spinraza)
77. Nutritional support
78. Ocrelizumab (Ocrevus)
79. Omalizumab (Xolair®)
80. Oncology drug coverage
81. Oral appliances for sleep disorders
82. Panniculectomy
83. Pegloticase (Krystexxa®)
84. Percutaneous tibial nerve stimulation (PTNS) for overactive bladder
85. Physical and occupational therapy – habilitative
86. Plerixafor (Mozobil®)
87. Pneumatic compression devices and heat/cold therapy units
88. Pompe disease enzyme replacement therapy – alglucosidase alfa (Lumizyme®)
89. Pressure reducing support services
90. Prosthesis - lower limb
91. Prosthesis - upper limb
92. Proton beam radiation therapy
93. Recent Food and Drug Administration (FDA) approved medications
94. Reconstructive surgery
95. Reduction mammoplasty
96. Repetitive transcranial magnetic stimulation
97. Reslizumab (Cinqair)
98. Rhinoplasty and septorhinoplasty
99. Rituximab (Rituxan®, Rituxan Hycela®)
100. Sacroiliac joint fusion surgery
101. Sebelipase Alfa (Kanuma®)
102. Sex therapy, sexual dysfunctions and paraphillic disorders
103. Skilled nursing facility (SNF)
104. Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®)
105. Speech therapy - habilitative
106. Spinal cord and implanted peripheral nerve stimulation
107. Spinal fusion, lumbar
108. Spine surgical practice - low back pain office visits
109. Stereotactic radiosurgery and stereotactic body radiation therapy
110. Sublingual immunotherapy (SLIT)
111. Sympathectomy (thoracic) for the treatment of primary hyperhidrosis
112. Synagis (palivizumab) injections for respiratory syncytial virus (RSV) prophylaxis
113. Temporomandibular disorder (TMD) treatments
114. Tildrakizumab-asmn (Ilumya™)
115. Tocilizumab (Actemra®)



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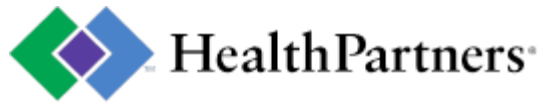
- 116. Transplants
- 117. Type I Gaucher disease enzyme replacement therapy: imiglucerase (Cerezyme®), velaglucerase (Vpriv®), telaglucerase (Elelyso®)
- 118. Ustekinumab (Stelara®)
- 119. Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnea (OSA)
- 120. Varicose vein procedures
- 121. Vedolizumab (Entyvio®)
- 122. Ventricular assist devices (VADs) & total artificial hearts
- 123. Voretigene neparvovec-rzyl (Luxturna™)
- 124. Wearable cardioverter defibrillator and non-wearable automatic external defibrillator
- 125. Weight loss surgery
- 126. Wheelchairs - mobility assistive equipment (MAE) - (includes manual, power & scooter)
- 127. Wigs

Medicare Drug Coverage Policies Apply but HealthPartners Does Not Require Prior Authorization:

1. Abarelix (Plenaxis®) for the Treatment of Prostate Cancer
2. Anti-Inhibitor Coagulant Complex (AICC)
3. Antigens Prepared for Sublingual Administration
4. Aprepitant for Chemotherapy-Induced Emesis
5. Autologous Cellular Immunotherapy Treatment (Provenge®)
6. Bortezomib (Velcade®)
7. Erythropoiesis Agents in Cancer and Related Neoplastic Conditions (Aranesp®, Epogen®, Omontys®, Procrit®)
8. Filgrastim, Pegfilgrastim, Tbo-filgrastim, Filgrastim-sndz (Neupogen®, Neulasta™, Granix™, Zarxio™)
9. Ibandronate Sodium (Boniva®)
10. Intravenous Iron Therapy
11. L-Dopa
12. Levocarnitine for use in the Treatment of Carnitine Deficiency
13. Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (Leuprolide, Goserelin, Triptorelin, Histrelin)
14. Nesiritide (Natrecor®) for Treatment of Heart Failure Patients
15. Paclitaxel (Taxol®/Abraxane™)
16. Ranibizumab (Lucentis™)
17. Verteporfin (Visudyne™)
18. Zoledronic Acid (Zometa®, Reclast®)

Please use this link to find coverage for medications on Medicare Part D:

<https://www.healthpartners.com/hp/insurance/medicare/prescription-drug-coverage/drug-list/index.html>



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