

PPO MEDICAL PRIOR AUTHORIZATION LIST

Prior Authorization is the process by which Unity's Medical Management staff or Unity Pharmacy Program staff provide a written statement that the requested service or supply is medically necessary and appropriate. Prior Authorization may list the specific service or supply that is authorized, the number of visits that are authorized, and the name of the provider or supplier. However, Prior Authorization does not guarantee that the service will be covered. Coverage is determined by the terms of your benefit plan. If you have questions regarding coverage, please call Unity at -800-362-3310.

As an insured under Unity's PPO Plan, you are responsible for obtaining Prior Authorization in order to receive coverage for certain services. Before you receive a service that requires Prior Authorization, you must arrange for Prior Authorization from the UW Medical Foundation's Medical Management Department. Please contact your physician to initiate the prior authorization using Unity's Prior Authorization Request form. To verify that Unity has approved the request for Prior Authorization before you receive the service, please login to MyChart at UnityMyChart.com to review your Authorizations or contact Unity Customer Service through Ask an Expert, or call 800-362-3310.

For Prior Authorization for clinic administered medications, your practitioner must fax a Medication Prior Authorization Request form to 888-450-4711. For more information on the services that require Prior Authorization, please contact Unity Customer Service at 800-362-3310.

Services Requiring Prior Authorization

You must contact Medical Management at least 48 hours before all elective (non-emergent) hospital admissions, skilled nursing facility admissions, and inpatient rehabilitation. Prior Authorization is also required for transplants, genetic testing, home health care services, home IV therapy, hospice care, and the purchase of durable medical equipment (DME) in excess of \$500 in total.

Pharmacy Prior Authorization is also required for the following clinic administered injectible medications:

abatacept (Orencia)	hydroxyprogesterone caproate (Makena)	rimabotulinum toxin B (Myobloc)
abobotulinum toxin A (Dysport)	infliximab (Remicade)	rilonacept (Arcalyst)
alefacept (Amevive)	natalizumab (Tysabri)	rituximab (Rituxan) PA for Rheumatology indications only
alglucosidase alfa (Lumizyme, Myozyme)	omalizumab (Xolair)	romiplostim (Nplate)
canakinumab (Ilaris)	onabotulinum toxin A (Botox)	
chorionic gonadotropin, human (Novarel, Pregnyl)	palivizumab (Synagis)	
	pegfilgrastim (Neulasta)	

Updates are made to the Prior Auth List on a regular basis, but this list may not be all inclusive.