



Samaritan  
Health Plans

# Prior Authorization Criteria

Samaritan Advantage Health Plans

**PLEASE READ: This document contains information about the criteria for coverage of provider administered drugs for this plan.**

Updated on 1/10/2023. For more recent information or other questions, please contact Pharmacy Services at **541-768-4550** or toll free **800-832-4580** (TTY 800-735-2900) or visit **[samhealthplans.org](https://www.samhealthplans.org)**. Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

## Medically billed drugs

### Products Affected

- All provider administered drugs that require authorization

PA CRITERIA	
Covered Uses	All medically necessary and appropriate conditions
Exclusion Criteria	Investigational/experimental use, or use specifically excluded by Medicare
Required Medical Information	All requests must contain documentation supporting the medical appropriateness and necessity of the requested medication
Age Restrictions	Per FDA label
Other	Renewal Criteria: Documentation or attestation of positive clinical response to therapy.

**1. Is the requested medication being used for an FDA-approved indication OR being used for an off-label indication with well-established, clinical evidence supporting its use?**

Yes = Go to Q2

No = Deny

**2. Is this an initial or renewal request?**

Initial = Go to Q4

Renewal = Go to Q3

**3. Does the patient have documentation of continued effectiveness of the requested medication?**

Yes = APPROVE X 12 months (or as indicated by FDA label)

No = Deny

**4. Are there any local or national coverage determinations applicable to this drug and if so, does this request meet the criteria?**

Yes = APPROVE X 12 months (or as indicated by FDA label)

No = Deny