

2020 PRIOR AUTHORIZATION LIST

FOR SMALL GROUP PLANS IN OREGON

Coverage of certain medical services, procedures, supplies and equipment require written prior authorization by Samaritan Health Plans before being performed or supplied. Your provider can request prior authorization by phone, fax, or mail. If for any reason your provider will not or does not request prior authorization for you, you must contact the Plan yourself. In some cases, additional information or a second opinion can be required before authorizing coverage. **Samaritan Health Plans reserves the right to review or otherwise deny services that are not found to be medically necessary⁴.**

Prior authorization by Samaritan Health Plans is required for the following medical services and surgical procedures:

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| <ul style="list-style-type: none"> • Capsule/wireless endoscopies and motility monitoring studies • Continuous glucose monitors • Durable Medical Equipment (DME) and supplies, prosthetics and orthotics with billed amount greater than \$800 for purchase. Rental items with rental fee greater than \$800 per month or rental length greater than 3 months. • Elective coronary angioplasty • Enteral and parenteral nutrition • Genetic testing <ul style="list-style-type: none"> ○ Exception: standard prenatal testing • Hospitalization for dental procedures, including Ambulatory Surgery Center (ASC) • Hyaluronic acid or viscosupplementation, intra-articular injection (i.e. Orthovisc, Synvisc, etc.) • Hyperbaric oxygen therapy • Infused/injected drugs (see attached list) • Inpatient hospital care (including mental health and substance use disorder)¹ <ul style="list-style-type: none"> ○ Exception: labor & delivery² ○ Exception: newborn stays less than 5 days | <ul style="list-style-type: none"> • Inpatient habilitative/rehabilitative care • Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected medications, and clinical trials³ • Radiological services (for the following): <ul style="list-style-type: none"> ○ Magnetic Resonance Imaging (MRI) ○ Positron Emission Tomography (PET) scans ○ Virtual Colonoscopy • Residential services for mental health and substance use disorder • Skilled Nursing Facility (SNF) • Skin substitute, tissue-engineered • Spinal surgeries and spinal injections (including in-office procedures) • Transplants <ul style="list-style-type: none"> ○ Exception: corneal transplants • Urine drug tests (prior authorization required after 12 units per year) • Uvulopalatopharyngoplasty |
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¹ Emergency services will not require prior authorization in accordance with the Patient Protection and Affordability Care Act. We request notification of all emergency admissions and post-emergency observation stays that exceed 48 hours to ensure that the member's care is appropriately coordinated.

² Inpatient hospitalization admissions for childbirth are covered in accordance with the Newborns' and Mothers' Health Protection Act. Services do not require prior authorization unless the hospital stay exceeds 48 hours for a vaginal delivery, or 96 hours for a cesarean section.

³ Cosmetic, experimental or reconstructive surgery and services, including new or emerging technologies and infused/injected medications, and clinical trials have the following requirements and considerations:

- Cosmetic and experimental services, which may include new or emerging technologies, often do not meet medical necessity and are generally not covered.
- Services which may be considered reconstructive will require prior authorization to demonstrate medical necessity regardless of dollar amounts or codes billed.
- Prior authorization for new or emerging technologies is required to ensure that the service meets current accepted standards of care.
- Potentially experimental, new or emerging infused/injected medications include those which are not approved by Food and Drug Administration (FDA), or have been FDA approved within the last 3 years.

⁴**Medically necessary:** services and medical supplies that are required for prevention, diagnosis or treatment of a health condition which encompasses physical or mental conditions, or injuries, and which are:

- Consistent with the symptoms of a health condition or treatment of a health condition
- Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community, evidence-based medicine and professional standards of care as effective
- Not solely for the convenience of member or a provider of the service or medical supplies; and
- The most cost effective of the alternative levels of medical services or medical supplies, which can be safely provided to the member in the provider's judgment
- In Samaritan's determination as based on available information and documentation, and in accordance with the terms of the Plan

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

Prior authorization by Samaritan Health Plans is required for the following drugs when paid under the medical plan. Any other brand name equivalents of the medications below also require prior authorization:		
<ul style="list-style-type: none"> • Alemtuzumab (Campath, Lemtrada) • Belimumab (Benlysta) • Bevacizumab (Avastin) • Certolizumab (Cimzia) • Cetuximab (Erbix) • Daratumumab (Darzalex) • Denosumab (Prolia, Xgeva) • Eculizumab (Soliris) • Edaravone (Radicava) • Elotuzumab (Empliciti) • Epoetin and Darbepoetin (Epogen, Procrit, Aranesp) • Golimumab (Simponi, Simponi Aria) • Infliximab (Remicade, Inflectra, Renflexis) • Ipilimumab (Yervoy) • Lanreotide (Somatuline) 	<ul style="list-style-type: none"> • Laronidase (Aldurazyme) • Mecasermin (Increlex) • Mepolizumab (Nucala) • Natalizumab (Tysabri) • Nivolumab (Opdivo) • Nusinersen (Spinraza) • Octreotide (Sandostatin) • Ocrelizumab (Ocrevus) • Omalizumab (Xolair) • OnabotulinumtoxinA (Botox) • Palivizumab (Synagis) • Panitumumab (Vectibix) • Pegfilgrastim (Neulasta) • Pembrolizumab (Keytruda) • Pemetrexed (Alimta) 	<ul style="list-style-type: none"> • Pertuzumab (Perjeta) • Ranibizumab (Lucentis) • RimabotulinumtoxinB (Myobloc) • Rituximab (Rituxan) • Rituximab/hyaluronidase (Rituxan Hycela) • Secukinumab (Cosentyx) • Tocilizumab (Actemra) • Voretigene Neparvovec-rzyl (Luxturna)

Questions? Contact Customer Service at: 541-768-4550 | 800-832-4580 | TTY 800-735-2900