

2020 PRIOR AUTHORIZATION LIST

SAMARITAN ADVANTAGE HEALTH PLAN (HMO)

Coverage of certain medical services, procedures, supplies and equipment require Samaritan Advantage Health Plans' (SAHP) written authorization before being performed or supplied. All services are subject to Medicare requirements. **SAHP reserves the right to review or otherwise deny services that are not medically necessary⁴.**

Prior authorization by SAHP is required for the following medical services and surgical procedures:

- All non-contracted services
 - **Exceptions:** labs, X-rays, dialysis, hearing aids, and vision exams/hardware
- Capsule/wireless endoscopy and motility monitoring studies
- Diabetic and therapeutic shoes/inserts
- Durable Medical Equipment (DME) and supplies, prosthetics, and orthotics with billed amount greater than \$500 for purchase. Rental items with rental fee greater than \$500 per month or rental length greater than 3 months
- Genetic testing
 - **Exception:** standard prenatal testing
- Elective coronary angioplasty
- Elective/planned surgeries/procedures in outpatient hospital or Ambulatory Surgery Center (ASC)
 - **Exception:** colonoscopies
 - **Exception:** gastrointestinal (GI) and ear, nose, and throat (ENT) endoscopies
- Enteral and parenteral nutrition
- Health Coaching (SNP only benefit) – SamFit facilities only
- Hyperbaric oxygen therapy
- Hyaluronic acid or viscosupplementation, intra-articular injection (i.e. Orthovisc, Synvisc, etc.)
- Infused/injected drugs (see attached list)
- Inpatient hospital care¹
 - **Exception:** labor & delivery²
 - **Exception:** newborn stays less than 5 days
- Inpatient rehabilitation care
- Medicare-covered dental
- Mental health and chemical dependency/substance use disorder services
- Mohs Micrographic Surgery
- Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials³
- Radiological services (for the following):
 - Magnetic Resonance Imaging (MRI)
 - Nuclear medicine – PET and CTA coronary
 - Virtual colonoscopy
- Skilled Nursing Facility (SNF) stays greater than 7 days
- Skin substitute – tissue engineered
- Speech language therapy
- Spinal surgeries and spinal injections (including in-office procedures)
- Training package (SNP only benefit) – SamFit facilities only
- Transplants
- Urine drug tests (prior authorization required after 12 units per year)

¹ Emergency Services will not require prior authorization in accordance with 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 all of 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 Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials have the following requirements and considerations:

- Cosmetic and experimental services, which may include new and 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 and emerging technologies is required to ensure that the service meets current accepted standards of care.
- Potentially experimental, new and emerging infused/injected drugs include those which are not approved by the Food and Drug Administration (FDA), or have been FDA approved within the last 3 years.

⁴ **Medically necessary:** Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

Prior authorization is required for the following drugs when paid under the medical plan. Any other brand name equivalents of the drugs below also require prior authorization:

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| • Alemtuzumab (Campath, Lemtrada) | • Laronidase (Aldurazyme) | • Ranibizumab (Lucentis) |
| • Belimumab (Benlysta) | • Mecasermin (Increlex) | • RimabotulinumtoxinB (Myobloc) |
| • Bevacizumab (Avastin) | • Mepolizumab (Nucala) | • Rituximab (Rituxan) |
| • Certolizumab (Cimzia) | • Natalizumab (Tysabri) | • Rituximab/hyaluronidase (Rituxan Hycela) |
| • Cetuximab (Erbix) | • Nivolumab (Opdivo) | • Secukinumab (Cosentyx) |
| • Daratumumab (Darzalex) | • Nusinersen (Spinraza) | • Tocilizumab (Actemra) |
| • Denosumab (Prolia, Xgeva) | • Octreotide (Sandostatin) | • Voretigene Neparvovec-rzyl (Luxturna) |
| • Eculizumab (Soliris) | • Ocrelizumab (Ocrevus) | |
| • Edaravone (Radicava) | • Omalizumab (Xolair) | |
| • Elotuzumab (Empliciti) | • OnabotulinumtoxinA (Botox) | |
| • Epoetin and Darbepoetin (Epoen, Procrit, Aranesp) | • Palivizumab (Synagis) | |
| • Golimumab (Simponi, Simponi Aria) | • Panitumumab (Vectibix) | |
| • Infliximab (Remicade, Inflectra, Renflexis) | • Pegfilgrastim (Neulasta) | |
| • Ipilimumab (Yervoy) | • Pembrolizumab (Keytruda) | |
| • Lanreotide (Somatuline) | • Pemetrexed (Alimta) | |
| | • Pertuzumab (Perjeta) | |

Questions? Contact Customer Service at: 541-768-4550 | 800-832-4580 | TTY 800-735-2900 | 8 a.m. to 8 p.m., daily.

Samaritan Advantage Health Plan is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plan depends on contract renewal.