Santa Clara Family Health Plan™

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers

From: Utilization Management

Date: December 31, 2019

Subject: Updated 2020 Prior Authorization Grid

Dear Providers,

Santa Clara Family Health Plan (SCFHP) has made some changes to our prior authorization requirements, effective for dates of service on or after January 1, 2020. Attached to this memo are two documents, the **2020 Medical Services Prior Authorization Grid** and the **2020 Medical Benefit Drug Prior Authorization Grid**, indicating services and drugs that require prior authorization for all SCFHP members. Podiatric information to follow supersedes details provided in a December 19, 2019 communication.

The following is a summary of prior authorization changes effective January 1, 2020:

- Added:
  - Requests over the benefit limit
  - Zolgensma (onasemnogene abeparvovec-xioi)
  - Xembify (IV immune globulin)
- Removed:
  - Intensity Modulated Radiation Therapy (IMRT)
  - Fulphila (pegfilgrastim-jmdb)
  - Podiatric services provided in a nursing or skilled nursing facility

For the full list, please see the attached 2020 prior authorization grids. This information is also available on the SCFHP Provider Forms & Documents webpage, www.scfhp.com/for-providers/forms.

If you have any questions regarding this information, please contact the SCFHP Utilization Management department at 408-874-1821.

Thank you for your continued partnership in providing care to SCFHP members.

Medical Covered Services Prior Authorization Grid

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC), available online at www.scfhp.com, for a complete list of covered services.

Santa Clara Family Health Plan (SCFHP) Utilization Management Department:

Telephone: 1-408-874-1821
Prior Authorization Request Submission Fax Lines: 1-408-874-1957 or 1-408-376-3548

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at www.scfhp.com
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

Other Contact Information:

SCFHP Automated Eligibility: 1-800-720-3455
SCFHP Customer Service:
Medi-Cal: 1-800-260-2055
Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT) contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services
Denti-Cal: 1-800-322-6384
Vision Services
Vision Service Plan (VSP): 1-844-613-4779

<table>
<tr><th>Category of Service</th><th colspan="2">Services Requiring Prior Authorization</th></tr>
<tr><td>Behavioral Health Treatment</td><td colspan="2">All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum</td></tr>
<tr><td rowspan="2">Durable Medical Equipment (DME)

*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</td><td>Cal MediConnect</td><td>Medi-Cal</td></tr>
<tr><td>• Custom made items
• Any other DME or medical supply exceeding $1000
• Prosthetics & customized orthotics exceeding $1000
• Hearing aids and repairs
• Other specialty devices
• Requests over the benefit limit</td><td>• CPAP and BIPAP
• Enteral formula and supplies
• Hospital bed and mattress
• Power wheelchairs, scooters, manual wheelchairs <u>except</u> standard adult and pediatric, and motorized wheelchairs and accessories
• Respiratory: Oxygen, BIPAP, CPAP, ventilators
• Prosthetics & customized orthotics <u>except</u> off-the-shelf covered items
• Hearing aids and repairs
• Other specialty devices
• Requests over the benefit limit</td></tr>
<tr><td>Experimental Procedure</td><td colspan="2">• Experimental procedures
• Investigational procedures
• New technologies</td></tr>
<tr><td>Home Health</td><td colspan="2">• All home health services
• Home IV infusion services</td></tr>
<tr><td>Inpatient Admissions</td><td colspan="2">• All elective medical and surgical inpatient admissions to:
    ◦ Acute hospital
    ◦ Long Term Acute Care (LTAC)
• All admissions for:
    ◦ Acute inpatient psychiatric
    ◦ Partial hospital psychiatric treatment
    ◦ Substance use disorder including detoxification
• Rehabilitation and therapy services:
    ◦ Acute rehabilitation facilities
    ◦ Skilled Nursing Facilities (SNF)</td></tr>
<tr><td>Long-Term Services and Supports (LTSS)</td><td colspan="2">• Community-Based Adult Services (CBAS)
• Long-Term Care (LTC)</td></tr>
</table>

Category of Service	Services Requiring Prior Authorization
Medications	• Refer to the 2020 Medical Benefit Drug Prior Authorization Grid • Physician administered drugs in the doctor's office or in an outpatient setting
Non-Contracted Providers	All non-urgent/non-emergent services provided by non-contracted providers
Organ Transplant	All organ transplants

Outpatient Services and Procedures	• Abdominoplasty/Panniculectomy
	• Bariatric surgery
	• Breast reduction and augmentation surgery
	• Cataract surgery
	• Cochlear auditory implant
	• Dental surgery, jaw surgery and orthognathic procedures
	• Dermatology:
	    • Laser treatment
	    • Skin injections
	    • Implants
	• All types of endoscopy **except colonoscopy**
	• Gender reassignment surgery
	• Genetic testing and counseling
	• Hyperbaric oxygen therapy
	• Intensive Outpatient Palliative Care (IOPC)
	• Neuro and spinal cord stimulators
	• Outpatient diagnostic imaging:
	    • Magnetic Resonance Imaging (MRI)
	    • Magnetic Resonance Angiography (MRA)
	    • Nuclear cardiology procedures
	    • Single-Photon Emission Computerized Tomography (SPECT)
	    • Positron-Emission Tomography (PET/PET-CT)
	• Outpatient therapies
	    • Occupational Therapy (OT)
	    • Physical Therapy (PT)
	    • Speech Therapy (ST)
	• All plastic surgery and reconstructive procedures
	• Podiatric surgeries
	• Radiation therapy:
	    • Proton beam therapy
	    • Stereotactic Radiation Treatment (SBRT)
	• Sleep studies
	• Spinal procedures **except epidural injections**
	• Surgery for Obstructive Sleep Apnea (OSA)
	• Temporomandibular Disorder (TMJ) treatment

Category of Service	Services Requiring Prior Authorization
	• Transplant-related services prior to surgery **except cornea transplant** • Unclassified procedures • Varicose vein treatment
Transportation	Non-Emergency Medical Transportation (NEMT) for ground and air **except ground transportation from facility to facility and hospital to home**.

Medical Benefit Drug Prior Authorization Grid

Santa Clara Family Health Plan

The following drugs require prior authorization for all Santa Clara Family Health Plan members. Additional required actions, restrictions, or limits on use are indicated in the right column.

Abbreviations used in this document include:

ST: Step Therapy
PA: Prior Authorization

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)		
Cinvanti	Aprepitant	PA
Emend IV	Fosaprepitant	PA
Aloxi	Palonosetron	PA
ANTIHEMOPHILIC AGENTS		
Hemlibra	Emicizumab-kxwh	PA
CAR-T CELL IMMUNOTHERAPY		
Yescarta	Axicabtagene ciloleucel	PA
Kymriah	Tisagenlecleucel	PA
ERYTHROPOIESIS STIMULATING AGENTS		
Aranesp	Darbepoetin alfa	PA, ST: Retacrit
Epogen, Procrit	Epoetin alfa	PA, ST: Retacrit
Retacrit	Epoetin alfa-epbx	PA
COLONY STIMULATING FACTORS		
Neupogen	Filgrastim	PA, ST: Zarxio or Nivestym
Neulasta, Neulasta Onpro	Pegfilgrastim	PA, ST: Fulphila or Udenyca
Granix	Tbo-filgrastim	PA, ST: Zarxio or Nivestym
Leukine	Sargramostim	PA, ST: Zarxio, Nivestym, Fulphila, or Udenyca
GAUCHER DISEASE		
Cerezyme	Imiglucerase	PA
Elelyso	Taliglucerase alfa	PA
Vpriv	Velaglucerase alfa	PA
HEREDITARY ANGIOEDEMA		
Berinert, Cinryze, Haegarda	C1 esterase inhibitor, human	PA
Ruconest	C1 esterase inhibitor, recombinant	PA
Kalbitor	Ecallantide	PA
Firazyr	Icatibant	PA
Takhzyro	Lanadelumab-flyo	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
IV IMMUNOGLOBULIN (IVIG)		
Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan, Gamastan S/D, Gammagard, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Hizentra, Hyqvia, Octagam, Panzyga, Privigen, Xembify	Immune globulin, Immune globulin lyophilized, Immune globulin non- lyophilized	PA
MULTIPLE SCLEROSIS		
Tysabri	Natalizumab	PA
Ocrevus	Ocrelizumab	PA
NEUROMUSCULAR BLOCKING AGENTS		
Dysport	AbobotulinumtoxinA	PA
Xeomin	IncobotulinumtoxinA	PA
Botox	OnabotulinumtoxinA	PA
Myobloc	RimabotulinumtoxinB	PA
OPHTHALMIC AGENTS		
Eylea	Aflibercept	PA
Lucentis	Ranibizumab	PA
Luxturna	Voretigene neparvovec-rzyl	PA
OSTEOPOROSIS OR BONE MODIFIERS		
Prolia, Xgeva	Denosumab	PA
Boniva	Ibandronate sodium (IV)	PA
Aredia	Pamidronate disodium	PA
Reclast, Zometa	Zoledronic acid	PA
PULMONARY HYPERTENSION		
Flolan, Veletri	Epoprostenol	PA
Remodulin	Treprostinil (injection)	PA
RESPIRATORY		
Aralast NP, Glassia, Prolastin-C, Zemaira	α-1 Proteinase inhibitor	PA
Nucala	Mepolizumab	PA
Xolair	Omalizumab	PA
Synagis	Palivizumab	PA
Cinqair	Reslizumab	PA

Brand	Generic	Necessary Actions, Restrictions, or Limits on Use
RHEUMATOLOGY/IMMUNOSUPPRESSANTS		
Orencia	Abatacept	PA
Humira, Cyltezo, Amjevita, Hyrimoz, Hadlima	Adalimumab, Adalimumab-adbm, Adalimumab-atto, Adalimumab-adaz, Adalimumab-bwwd	Pharmacy Benefit Only
Cimzia	Certolizumab pegol	Pharmacy Benefit Only
Enbrel, Erelzi	Etanercept, Etanercept-szzs	Pharmacy Benefit Only
Simponi Aria	Golimumab	PA
Tremfya	Guselkumab	PA
Remicade	Infliximab	PA, ST: Inflectra, Renflexis, or Ixifi
Inflectra, Renflexis, Ixifi	Infliximab-dyyb, Infliximab-abda, Infliximab-qbtx	PA
Taltz	Ixekizumab	Pharmacy Benefit Only
Rituxan, Rituxan Hycela	Rituximab, Rituximab/hyaluronidase	PA, ST: Truxima or Ruxience
Truxima, Ruxience	Rituximab-abbs, Rituximab-pvvr	PA
Actemra	Tocilizumab IV	PA
Stelara	Ustekinumab IV	PA
Entyvio	Vedolizumab	PA
MISCELLANEOUS		
Exondys 51	Eteplirsen	PA
Spinraza	Nusinersen	PA
Onpattro	Patisiran	PA
Krystexxa	Pegloticase	PA
Nplate	Romiplostim	PA
Radicava	Edaravone	PA
Zolgensma	Onasemnogene abeparvovec-xioi	PA
UNCLASSIFIED		
Unclassified drugs and biologics		PA