

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Utilization Management
Date: December 27, 2018
Subject: 2019 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, 2019. Attached to this memo are two documents, the **2019 Medical Services Prior Authorization Grid** and the **2019 Medical Benefit Drug Prior Authorization Grid**, indicating services and drugs that require prior authorization for all SCFHP members. The grids will no longer be separated by lines of business.

The following is a summary of the medical services prior authorization changes effective January 1, 2019:

- Services Added:
 - PET-CT (Positron emission tomography–computed tomography)
 - Unclassified Procedures
- Services Removed:
 - Cardiac Rehabilitation
 - Pulmonary Rehabilitation
 - EEG (Electroencephalogram)
 - EMG (Electromyography)
 - NCV (Nerve conduction velocity)
 - Acupuncture for Non-Contracted Providers

For the full list, please see the attached 2019 prior authorization grids. This information is also available on the SCFHP Provider Forms & Documents webpage, www.scfhp.com/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) for a complete list of covered services.

SCFHP Utilization Management Department:

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or
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 Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Health Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

Durable Medical Equipment (DME) for Medi-Cal & Healthy Kids: Fax CHME at 650-931-8928

| Category of Service | Services Requiring Prior Authorization | |
|--|---|--|
| Behavioral Health Treatment | All Behavioral Health Treatment Services | |
| Durable Medical Equipment | Cal MediConnect | Medi-Cal & Healthy Kids HMO |
| | <ul style="list-style-type: none"> • Custom made items • Any other DME or medical supply item exceeding \$1000 allowable • Prosthetics & customized orthotics exceeding \$1000 allowable | Most DME is capitated to CHME for authorization review including the following: <ul style="list-style-type: none"> • Enteral nutrition • Incontinence supplies • Home medical equipment: walkers, wheelchairs, commodes • Mobility devices including motorized wheelchairs and scooters • Respiratory: Oxygen, BIPAP, CPAP, ventilators |
| | Specialty DME for Medi-Cal, Healthy Kids and Cal MediConnect: <ul style="list-style-type: none"> • All Prosthetics & Orthotics • Hearing Aids • Other Specialty Devices | |
| Experimental Procedure | <ul style="list-style-type: none"> • Experimental Procedures • Investigational Procedures • New Technologies | |
| Home Health | <ul style="list-style-type: none"> • All Home Health Services • Home IV Infusion Services | |
| Inpatient Admissions | All elective medical and surgical inpatient admissions to: <ul style="list-style-type: none"> • Acute Hospital • Long Term Acute Care (LTAC) All admissions for: <ul style="list-style-type: none"> • Acute Inpatient Psychiatric • Partial Hospital Psychiatric Treatment • Substance Use Disorder including Detoxification Rehabilitation and Therapy Services <ul style="list-style-type: none"> • Acute Rehabilitation Facilities • Skilled Nursing Facilities (SNF) | |
| Long-Term Services and Supports (LTSS) | <ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) • Long-Term Care | |
| Medications | <ul style="list-style-type: none"> • Refer to the 2019 Medical Benefit Drug Prior Authorization Grid • Drugs administered in the doctor's office or in an outpatient setting | |
| Non-Contracted Providers | All non-urgent/emergent services provided by non-contracted providers | |
| Organ Transplant | All Organ Transplants | |

| Category of Service | Services Requiring Prior Authorization |
|------------------------------------|--|
| Outpatient Services and Procedures | <ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric Surgery • Breast Reduction and Augmentation Surgery • Cataract Surgery • Cochlear Auditory Implant • Dental Surgery, Jaw Surgery and Orthognathic Procedures • Dermatology: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy (ST) • All Plastic Surgery and Reconstructive Procedures • All Podiatric procedures and surgery • Radiation Therapy: <ul style="list-style-type: none"> • Intensity Modulated Radiation Therapy (IMRT) • Proton Beam Therapy • Stereotactic Radiation Treatment (SBRT) • Sleep studies • Spinal Procedures, except Epidural Injections • Surgery for Obstructive Sleep Apnea • Temporomandibular Disorder (TMJ) Treatment • Transplant-related services (EXCEPT Cornea transplant): Prior to surgery • Unclassified Procedures • Varicose Vein Treatment |
| Transportation | Non-Emergency Medical Transportation for ground and air except ground transportation from facility to facility and hospital to home. |

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

MCG: MCG Health Care Guidelines

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

| 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 | Immune globulin, Immune globulin lyophilized, Immune globulin non-lyophilized | MCG |
| MULTIPLE SCLEROSIS | | |
| Tysabri | Natalizumab | MCG |
| Ocrevus | Ocrelizumab | MCG |
| NEUROMUSCULAR BLOCKING AGENTS | | |
| Dysport | AbobotulinumtoxinA | MCG |
| Xeomin | IncobotulinumtoxinA | MCG |
| Botox | OnabotulinumtoxinA | MCG |
| Myobloc | RimabotulinumtoxinB | MCG |
| OPHTHALMIC AGENTS | | |
| Eylea | Aflibercept | MCG |
| Lucentis | Ranibizumab | MCG |
| Luxturna | Voretigene neparvovec-rzyl | MCG |
| OSTEOPOROSIS OR BONE MODIFIERS | | |
| Prolia, Xgeva | Denosumab | MCG |
| Boniva | Ibandronate sodium (IV) | MCG |
| Aredia | Pamidronate disodium | MCG |
| Reclast, Zometa | Zoledronic acid | MCG |
| PULMONARY HYPERTENSION | | |
| Flolan, Veletri | Epoprostenol | MCG |
| Remodulin | Treprostinil (injection) | MCG |
| RESPIRATORY | | |
| Aralast NP, Glassia, Prolastin-C, Zemaira | α -1 proteinase inhibitor | MCG |
| Nucala | Mepolizumab | MCG |
| Xolair | Omalizumab | MCG |
| Synagis | Palivizumab | MCG |
| Cinqair | Reslizumab | MCG |

| Brand | Generic | Necessary Actions, Restrictions, or Limits on Use |
|--|----------------------------------|---|
| RHEUMATOLOGY/IMMUNOSUPPRESSANTS | | |
| Orencia | Abatacept | MCG |
| Humira | Adalimumab | Pharmacy Benefit Only |
| Cyltezo, Amjevita | Adalimumab-adbm, adalimumab-atto | Pharmacy Benefit Only |
| Cimzia | Certolizumab pegol | Pharmacy Benefit Only |
| Enbrel | Etanercept | Pharmacy Benefit Only |
| Erelzi | Etanercept-szszs | Pharmacy Benefit Only |
| Simponi Aria | Golimumab | ST: Adalimumab and Etanercept & MCG |
| Tremfya | Guselkumab | ST: Adalimumab and Etanercept & MCG |
| Remicade | Infliximab | ST: Inflectra, Renflexis*, or Ixifi* & MCG |
| Inflectra | Infliximab-dyyb | MCG |
| Renflexis | Infliximab-abda | MCG |
| Ixifi | Infliximab-qbtx | MCG |
| Rituxan | Rituximab | ST: Truxima* |
| Actemra | Tocilizumab IV | MCG |
| Stelara | Ustekinumab IV | ST: Adalimumab & MCG |
| Entyvio | Vedolizumab | ST: Adalimumab & MCG |
| MISCELLANEOUS | | |
| Exondys 51 | Eteplirsen | MCG |
| Spinraza | Nusinersen | MCG |
| Onpattro | Patisiran | MCG |
| Krystexxa | Pegloticase | MCG |
| Nplate | Romiplostim | MCG |
| Radicava | Edaravone | MCG |
| FreeStyle, Precision, Contour, Assure, Infinity, Prodigy, True Metrix, Rightest, Fora, EZ Smart, OneTouch, TrueTrack, Verasens, Accu-Chek, Clever Choice, Advocate, Breeze | Blood glucose test strips | FreeStyle or Precision, Pharmacy Benefit Only |
| UNCLASSIFIED | | |
| Unclassified drugs and biologics | | MCG* |

* If available