

Medical Prior Authorization List

Effective June 1, 2011

THIS LIST APPLIES TO ALL MEDICARE MEMBERS AND COMMERCIAL FULLY-INSURED MEMBERS

Prior authorization requests may be made by faxing the Prior Authorization Fax form to 330-996-8904. Urgent requests for care occurring within 48 hours may be made by calling the Benefit Determination Unit at 330-996-8710 or 888-996-8710. Forms may be obtained by calling the Benefit Determination Unit or online at www.summacare.com. Coverage decisions are based on plan benefits and appropriateness of care and service.

For Members: Your in-network providers must obtain authorization 48 hours prior to rendering service for the services listed below. If you utilize an out-of-network provider, it is your responsibility to obtain any required prior authorization. Prior authorization lists for self-funded groups can be obtained by calling Customer Service at the number on the back of your Member ID card.

For Providers: Prior authorization lists for self-funded groups are available in the Provider Documents link through Plan Central. To log in to Plan Central, visit www.summacare.com and click the Plan Central link in the *Find it Fast* section. Network providers must obtain authorization 48 hours prior to rendering service. Please contact the Provider Support Services Unit at 330-996-8400 or the Benefit Determination Unit at 330-996-8710 for specific CPT inquiries.

INPATIENT SERVICES

- Elective Inpatient Admissions
- Acute Inpatient Rehabilitation
- Skilled Nursing Facility (SNF), Transitional and Sub Acute Care
- Human Organ, Bone Marrow and Stem Cell Transplants

DIAGNOSTIC TESTS

- Computed Tomography (CAT) Scan (CT) with exception of CT of Sinus
- Magnetic Resonance Imaging (MRI, MRA, MRV)
- PET/SPECT
- Nuclear Cardiac Stress Procedures
- Genetic Testing
- Echocardiograms

AMBULATORY SERVICES

- Ambulance Services/Non-Emergency: Call 330-996-8791 or toll-free 866-996-8791
- Durable Medical Equipment, Orthotics and Prosthetics: Call 330-996-8428 or toll-free at 866-728-8797
- Hospice Care

SERVICES REQUIRING DETERMINATION OF BENEFIT COVERAGE

- Potentially Cosmetic, Experimental or Investigational Procedures
- Genetic Testing
- Infertility
- Sclerotherapy
- Drugs administered in an office, home or outpatient setting (as listed on page 2)
- Temporomandibular Joint Testing

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DRUGS ADMINISTERED IN AN OFFICE, HOME OR OUTPATIENT SETTING

The following is a list of injectables and infusions that require prior authorization (PA). SummaCare's criteria for these drugs can be viewed on our website at www.summacare.com. Please call 330-996-8805 to initiate the prior authorization process.

ACTEMRA® (tocilizumab)	MYOBLOC® (rimabotulinumtoxin B)
ADAGEN® (pegademase)	NAGLAZYME® (galsulfase)
ALDURAZYME® (aronidase)	NPLATE® (romiplostim injection)
AMEVIVE® (alefacept)	ORENCIA® (abatacept)
ARALAST (alpha proteinase inhibitor)	OFORTA™ (fludarabine) – Medicare only
ARCALYST® (riloncept)	PROLASTIN® (alpha proteinase inhibitor)
AVONEX® (interferon beta-1a) – Medicare only	PROLIA® (denosumab)
BONIVA®IV (ibandronate)	QUTENZA® (capsaicin 8% patch)
BOTOX® (onabotulinumtoxin A)	RECLAST® (zoledronic acid)
CEREDASE® (alglucerase) – Medicare only	REMICADE® (infliximab)
CEREZYME® (imiglucerase) – Medicare only	RITUXAN® (rituximab) - No PA needed for oncology diagnoses
CIMZIA® (certolizumab pegol)	SOLIRIS® (eculizumab)
CINRYZE® (C1 inhibitor, human)	STELARA® (ustekinumab)
DYSPORT® (abobotulinumtoxin A)	SUPPRELIN®LA (histralin) implant
ELAPRASE® (idursulfase)	SYNAGIS® (palivizumab)
FABRAZYME® (agalsidase)	TEMODAR® oral (temozolomide) – Medicare only
FACTOR PRODUCTS	TYSABRI® (natalizumab)
FLOLAN® (epoprostenol)	TYVASO® (treprostinil) – Medicare only
HIZENTRA® (immune globulin, sq)	XEOMIN® (incobotulinumtoxin A)
ILARIS® (canakinumab)	XGEVA™ (denosumab)
INFERTILITY INJECTIONS - Unless excluded by plan	XIAFLEX® (collagenase, clostridium histolyticum)
IVIG (immune globulin)	VENTAVIS® (iloprost) – Medicare only
LUMIZYME® (alglucosidase)	VPRIV® (velaglucerase) – Medicare only
LEUKINE® (sargramostim)	VIVAGLOBIN® (immune globulin, sq)
LUPRON DEPOT® (leuprolide acetate) - No PA needed for oncology diagnosis	XOLAIR® (omalizumab)
MOZOBIL® (plerixafor)	ZEMAIRA® (alpha proteinase inhibitor)

Coverage decisions are based on plan benefits and appropriateness of care. This list is updated periodically. For the most current list, contact SummaCare Customer Service at 330-996-8700 or 800-996-8701 (TTY 800-750-0750) or visit www.summacare.com. Medicare members should visit www.medicare.summacare.com or contact SummaCare Secure Customer Service at 330-996-8885 or 800-996-6250 (TTY 800-750-0750). A customer service representative will be available to take your call between 8 a.m. and 8 p.m. Monday through Friday.