



Samaritan
Health Plans

Prior Authorization Criteria

InterCommunity Health Network
DUAL Eligible Members

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PLEASE READ: This document contains information about the criteria for coverage for this plan.

Updated on 10/26/2022. For more recent information or other questions, please contact Pharmacy Services at 541-768-4550 or toll free 800-832-4580 (TTY 800-735-2900) or visit [samhealthplans.org](https://www.samhealthplans.org). Pharmacy Services is available Monday through Friday, from 8 a.m. to 5 p.m.

Budesonide (Rhinocort Aqua)

Products Affected

- BUDESONIDE NASAL

PA Criteria	Criteria Details
Covered Uses	
Exclusion Criteria	
Required Medical Information	Asthma diagnosis where allergies exacerbate asthmatic condition.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial: 12 months. Renewal: 12 months.
Other Criteria	Renewal Criteria: Documentation of continued effectiveness.

Cetirizine (Zyrtec)

Products Affected

- CETIRIZINE SOLUTION
- ALL DAY ALLG SOL
- ALLERGY CHLD SOL
- ALLERGY REL SOL
- ALLER-TEC SOL
- CHILD ALLRGY SOL
- WAL-ZYR SOL
- WAL-ZYR CHLD SOL

PA Criteria	Criteria Details
Covered Uses	
Exclusion Criteria	
Required Medical Information	Covered for allergy induced asthma.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial: 12 months. Renewal: 12 months.
Other Criteria	Renewal Criteria: Documentation of continued need.

Terbinafine Hydrochloride (Lamisil) Cream 1%

Products Affected

- TERBINAFINE CREAM 1%
- ANTIFUNGAL CRE FOOT 1%
- ATHLETE FOOT CRE 1%
- FOOT CARE CRE 1%
- JOCK ITCH CRE 1%
- LAMISIL AT CRE 1%

PA Criteria	Criteria Details
Covered Uses	
Exclusion Criteria	
Required Medical Information	Treatment of onychomycosis of the toenail or fingernail due to dermatophytes (tinea unguium) AND One of the following: Patient is experiencing pain which limits normal activity (i.e., unable to wear shoes, difficulty walking, etc.) OR Patient has diabetes OR Patient has peripheral vascular disease OR Patient is immunocompromised. Treatment of tinea corporis or tinea cruris in a patient who is immunocompromised or has extensive or complicated infection.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial: 3 months. Renewal: 3 months.
Other Criteria	Renewal Criteria: Documentation of continued need.

Triamcinolone Acetonide (Nasacort HFA, Nasacort AQ)

Products Affected

- TRIAMCINOLONE NASAL SPRAY
- 24 HR NASAL SPR ALLERGY
- ALLER-CORT SPR
- ALLERGY NASA SPR
- NASACORT ALR SPR
- NASAL ALLRGY SPR
- RA NASAL SPR

PA Criteria	Criteria Details
Covered Uses	
Exclusion Criteria	
Required Medical Information	Diagnosis of asthma or an above the line comorbid condition that may worsen if not treated.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial: 12 months. Renewal: 12 months.
Other Criteria	Renewal Criteria: Documentation of continued effectiveness.