

# Provider Pharmacy Quick Reference Guide



## Medications Requiring a Prior Authorization

- Medications not listed on the Preferred Drug List (PDL).
- Medications that are on the PDL with Prior Authorization requirements.
- Medications on the PDL that have unmet restrictions or limitations, such as step therapy, quantity limits, or age requirements.

## Prior Authorization Requests

- All self-administered drug prior authorization requests must be submitted on the state-mandated [Prescription Drug Prior Authorization Request Form \(No. 61-211\)](#) located on [www.CAHealthWellness.com](http://www.CAHealthWellness.com). A completed form can be submitted electronically using CoverMyMeds ([www.covermymeds.com](http://www.covermymeds.com)) or by fax to **Envolve Pharmacy Solutions** at **1-866-399-0929**.
- Prior authorization requests are reviewed within ONE business day of receipt.
- All **physician-administered drug prior authorization requests** (except those covered by CCIPA) must be submitted on the state-mandated [Prescription Drug Prior Authorization Request Form \(No. 61-211\)](#) located on [www.CAHealthWellness.com](http://www.CAHealthWellness.com) and faxed to our pharmacy department at **1-877-259-6961**.

### NOTE: Enteral Nutrition

- Submit **Pump Enteral Nutrition Prior Authorizations** to **California Health & Wellness Pharmacy Department**. Billing must be through California Health & Wellness Medical Billing.
- Submit **Bolus (no pump) Enteral Nutrition Prior Authorizations** to **Envolve Pharmacy Solutions**. Billing must be handled through a network pharmacy using pharmacy claims.

## Prior Authorization Contact Information

Prior Authorization Type	Contact	Fax	Phone
<b>Self-Administered Medications (Including CCIPA)</b>	<b>Envolve Pharmacy Solutions</b>	1-866-399-0929	1-877-277-0413
<b>Physician-Administered Medications</b>	<b>CH&amp;W Pharmacy Department</b>	1-877-259-6961	1-877-658-0305
<b>CCIPA Physician-Administered Medications</b> ( <i>only for chemotherapy, including adjunctive therapy, and transplant immunosuppression</i> ).	<b>CH&amp;W Pharmacy Department</b>	1-877-259-6961	1-877-658-0305
<b>CCIPA Physician-Administered Medications</b> ( <i>except for chemotherapy, including adjunctive therapy, and transplant immunosuppression</i> ).	<b>Community Care IPA (CCIPA)</b>	1-562-766-2001	1-855-900-1224

Pharmacy Help Desk

1-844-276-1398

1-877-658-0305

Monday to Friday 8 a.m. to 5 p.m. (PST)

[www.CAHealthWellness.com](http://www.CAHealthWellness.com)

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## Continuation of Care

- New and transitioned members who have been maintained on a non-PDL medication immediately prior to enrollment in CH&W are eligible for continued coverage of a single source medication.
- Either the prescriber or pharmacy may request continuity of care coverage by faxing a prior authorization request, or calling Envolve Pharmacy Solutions with drug history information.
- Continuation of care for medications requiring prior authorization will be initially covered for 90 days or the length of the previously approved authorization, whichever is longer, and then reviewed per re-auth criteria.
- Excluded and carved-out medications/products are not eligible for continuation of care.

## Dispensing Limits

- Mandatory generic when available.
- 30-day supply (90-day supply for smoking cessation drugs, and 365-day supply for self-administered hormonal contraceptives).

## Medi-Cal Fee-For-Service PDL Carve-Outs

Coverage of certain drugs is contractually carved-out to the Department of Health Care Services (DHCS). All authorization requests and claims for the specific drugs listed in the Medi-Cal Provider Manual ([http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial\\_z01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial_z01.doc)) are submitted directly to Medi-Cal Fee-For-Service.

These drugs include:

- Select HIV AIDS treatment drugs.
- Select alcohol and heroin detoxification and dependency treatment drugs (e.g., Campral®, Suboxone®).
- Select psychiatric drugs (e.g., Abilify®, Risperdal®).
- Select hemophilia drugs.

## California Children's Services (CCS) Carve-Outs

Drugs prescribed for CCS approved conditions by a CCS-paneled provider are covered by the CCS program for members under age 21 years. All authorization requests and claims must be submitted directly to the CCS program.

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## Excluded Medications

The following drug categories are not part of the PDL and are not covered by the 72-hour emergency supply policy:

- Drugs that are considered experimental.
- Drug Efficacy Study and Implementation (DESI) drugs.
- Drugs prescribed for infertility.
- Drugs prescribed for erectile dysfunction.
- Drugs prescribed for cosmetic purposes or hair growth.
- Over-the-counter (OTC) cough and cold preparations.
- Over-the-counter (OTC) adult acetaminophen products.
- Medications carved-out to the State.
- Medical foods (e.g., banana flakes), probiotics not on the List of Enteral Nutrition Products
- Common household remedies and the following non-legend drug preparations:
  - Benzoic and Salicylic Acid Ointment (pre-compounded)
  - Salicylic Acid Cream, Ointment or Liquid
  - Sodium Chloride Tablets, 1 gram or 2.5 grams
  - Zinc Oxide Paste
- Herbal product combinations (e.g., hydrocortisone with aloe vera, etc.)
- Food supplements, combinations of vitamins/minerals and multivitamin supplements, unless otherwise defined and described within the Preferred Drug List.

## 72-Hour Emergency Supply

- Pharmacies are covered to dispense a 72-hour emergency supply of a medication to a member awaiting their provider to submit a prior authorization request or awaiting a prior authorization determination.
- An emergency is when lack of medical help could result in danger to a member's health or, in the case of a pregnant member, the health of her unborn child.
- The pharmacy calls Envolve Pharmacy Solutions for a 72-hour emergency override.
- Excluded and carved-out medications/products are not eligible for a 72-hour emergency supply.