

Provider Pharmacy Quick Reference Guide



Medications Requiring a Prior Authorization

- Medications not listed on the Preferred Drug List (PDL).
- Medications that are on the Preferred Drug List with restrictions or limitations, such as:
 - Prior Authorization
 - Step Therapy
 - Quantity Limit
 - Age Limit

Prior Authorization Requests

- Effective January 1, 2015, all 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. A completed form can be submitted electronically using CoverMyMeds (www.covermymeds.com) or by fax to **US Script** at **1-866-399-0929**.
- Prior authorization requests are reviewed within ONE business day of receipt.
- Effective January 1, 2015, all **specialty 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. Fax the completed form to **Acaria Health** at **1-855-217-0926**.
- Effective January 1, 2015, all **physician-administered specialty 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. Fax the completed form to the CH&W pharmacy department at **1-877-259-6961**.

Prior Authorization Contact Information

Type	Contact	Fax	Phone
Self-Administered Non-Specialty Medications	US Script	1-866-399-0929	1-877-277-0413
Self-Administered Specialty Medications	AcariaHealth	1-855-217-0926	1-855-535-1815
Physician-Administered Specialty Medications	California Health & Wellness Pharmacy Department	1-877-259-6961	1-877-658-0305

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 US Script 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.

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Dispensing Limits

- Mandatory generic when available.
- 30-day supply (90-day supply for oral 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) 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.

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.

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.
- The pharmacy calls US Script for a 72-hour emergency override.
- Excluded and carved-out medications/products are not eligible for a 72-hour emergency supply.