Health Net®
COMMUNITY SOLUTIONS

Medi-Cal Pharmacy Benefit Information

*Coverage for
every stage of life™*

Avoid Medication Delays for Members

Follow the steps outlined here to get prior authorization (PA), handle denials and find what medications are excluded.

Decrease the amount of time members have to wait to get their medications by submitting PA requests correctly and timely.

Go online at **provider.healthnet.com** > *Pharmacy Information*, to find out:

- If a medication needs PA.
- The dispensing limits (standard 30-day supply, except oral contraceptives and smoking cessation products).
- If generic is available (mandatory when there is a generic equivalent).

Look for the medication you plan to prescribe on the *Health Net* Preferred Drug List (PDL)*/formulary (previously called the *Recommended Drug List (RDL)*). You'll need to request PA if:

- PA is indicated.
- Medications are not on the list.
- Medications have restrictions or limitations, such as step therapy (ST), quantity limit (QL), age limit (AL), specialty (SP).

If you need PA, submit a request one of two ways:

1 Complete the Prescription Drug Prior Authorization or Therapy Exception Request Form (No. 62-211) (available at provider.healthnet.com and also under *Forms* in the Provider Library).

2 Submit PA request electronically through CoverMyMeds® at **go.covermymeds.com/envolve**.

You must sign and date the PA request form. PA request forms will be returned as invalid without a signature on file (SOF) or missing dates.

Envolve Pharmacy Solutions (EPS) processes medication PA for Health Net. Once we receive your PA request, we will review and fax back decisions to the numbers indicated on the submitted form within 24 hours.

MEMBER NEEDS MEDICATION WHILE WAITING FOR PA
A 72-hour emergency supply[1] of a medication is available to members if lack of the medication could put their health in jeopardy.

We will review and fax back decisions within 24 hours.

Refer to the contacts in the table below if medications require PA or need appeal:

Company or department name	Contact information
Envolve Pharmacy Solutions (EPS) (PDL/formulary, required PA form and other pharmacy benefits)	1-800-867-6564 Monday through Friday, 5:00 a.m. to 6:00 p.m. and Saturdays, 6:30 a.m. to 3:00 p.m. Pacific time (PT)
	Fax PA requests to 1-800-977-8226
CoverMyMeds (for standard PA request form)	go.covermymeds.com/envolve
AcariaHealth (specialty medications)	1-844-538-4661
	Fax PA requests to 1-844-750-0827
DHCS (carve-out drugs list)	http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial_z01.doc
Health Net Provider Services Center	1-800-675-6110
Medi-Cal Member Appeals and Grievance Department	Health Net Attention: Medi-Cal Member Appeals and Grievances Department PO Box 10348 Van Nuys, CA 91410-0348
	1-800-675-6110
	Fax: 1-877-831-6019

[1]Excluded and carved-out medications/products are not eligible.

Talk to a pharmacist if PA is denied

- If a PA is denied, call EPS to discuss the denial with the reviewing pharmacist.

  - Before you initiate an appeal on behalf of the member, the member is required to complete a signed Authorization to Disclose Health Information Form. This allows you to exchange information with Health Net related to the appeal.

- If you are not satisfied with the peer-to-peer outcome or the decision cannot be overturned by the peer-to-peer conversation, you may submit an appeal to Health Net by mail, telephone or fax.

Request continuation of care (COC)

Fax a PA request or call EPS with drug history information to request COC coverage[2] for transitioning and new members.

COC CRITERIA:

- New and transitioned members who were taking a non-PDL/formulary medication immediately prior to enrollment in the plan are eligible for continued coverage of a single-source medication (has no generic equivalent available).

- Medications that require PA will be initially covered for 90 days or the length of the previously approved authorization, whichever is longer, and then reviewed per re-authorization criteria.

Specialty medications

AcariaHealth provides self-administered injectable, high-cost medications, enteral/parenteral nutrition, and limited distribution medications. These medications may require additional review.

HOME HEALTH SELF-ADMINISTERED DRUG

Complete and submit the Prescription Drug Prior Authorization or Step Therapy Exception Request Form (No. 62-211) to EPS.

ENTERAL/PARENTERAL NUTRITION

All parenteral nutrition services require PA. If the member is under age 21, we will verify CCS eligibility for billing purposes.

A home infusion provider may dispense formulas infused at home. For all products and supplies, participating home infusion providers will need to bill the plan via the medical claims process.

Durable medical equipment (DME)

Most DME items require PA and are supplied by Health Net's participating DME vendors. However, members can fill the below DME items at a participating retail pharmacy with a prescription:

- Diabetic test strips
- Lancets
- Syringes
- Aerochambers

Contact Health Net at **1-800-675-6110** for more information.

[2]Excluded and carved-out medications/products are not eligible for COC.

Excluded and carved-out medications

We do not cover the below medications. Members will need to pay out of pocket or they are covered by various state health programs.

Medication category	Coverage
EXCLUDED MEDICATIONS	
• Drugs that are considered experimental. • Drug efficacy study and implementation (DESI) drugs. • Drugs prescribed for infertility. • Drugs prescribed for erectile or sexual dysfunction. • Drugs prescribed for cosmetic purposes or hair growth. • Over-the-counter (OTC) cough and cold preparations, and OTC adult acetaminophen products not already listed on the *PDL/formulary*.	Not covered by Health Net's pharmacy benefit. Not covered by the 72-hour emergency supply.
CARVE-OUTS	

• Drugs listed on DHCS website at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial_z01.doc
• Includes select:
  – HIV AIDS treatment drugs.
  – Alcohol and heroin detoxification and chemical dependency treatment drugs (such as Campral® or Suboxone®).
  – Psychiatric/psychotropic drugs (such as Abilify® or Risperdal®).
  – Hemophilia drugs.
	Covered by the Department of Health Care Services (DHCS).
	Submit authorization requests and claims directly to Medi-Cal fee-for-service (FFS).

• Drugs prescribed for California Children's Services (CCS)-approved conditions by a CCS-paneled provider for members under age 21.	Covered by CCS. Submit authorization requests and claims directly to the CCS program.