



Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502
Tel: 510-747-4500
CRS/TTY: 711 or
1-800-735-2929
www.alamedaalliance.org

Injectable Drug Utilization Management

Effective January 1, 2014, the Alliance began a medical utilization management program for injectable drugs ordered or administered by providers in office, hospital outpatient, or ambulatory surgery center settings. The purpose of this program is to manage the utilization of high-cost injectables while ensuring quality and access to care. These drugs are covered as part of our members' medical benefit. The program affects members in our Alliance delegate only and is separate from our delegates' utilization management programs. The program does not affect the majority of our in-office injectable drug utilizations. Additionally, the program does not affect drugs authorized and paid as a pharmacy benefit.

The new utilization management program results in the following changes to injectable drugs:

- 145 drugs now require prior authorization for claims payment (see accompanying list). Claims without an authorization on file will be denied.
- National Drug Codes (NDCs) are required on claims submissions. Claims without a matching NDC submitted will be denied.

The Alliance encourages providers and clinic staff to submit a prior authorization request before the administration of the drug to ensure reimbursement for appropriate care.

The following sections provide additional information about the injectable utilization management program:

- Authorization and Billing Instructions
- Process for Obtaining Specialty Drugs from Diplomat Specialty Pharmacy
- Injectable Drugs Requiring Utilization Management Authorization
- Diplomat Specialty Pharmacy Drug List
- Diplomat Specialty Pharmacy Limited Distribution Drug List
- National Drug Code Reporting Frequently Asked Questions
- Authorization forms for drugs supplied from Diplomat
 - Medi-Cal and Group Care: PerformRx Medication Request Form
 - Medicare: Request for Medicare Prescription Drug Coverage Determination
- Alliance Authorization Request Form (for drugs purchased by office and billed to the Alliance)

Authorization and Billing Instructions

Providers can supply in-office injectable drugs to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Diplomat Specialty Pharmacy (Diplomat). The authorization and billing processes differ based on the method of obtaining the drug and the member's delegate:

Method of Procurement	Delegate	Requires Authorization	Where to Submit Authorization	Whom to Bill
Diplomat (Pharmacy Benefit)	All	Yes	PerformRx	Not necessary (Pharmacy bills Alliance directly)
Buy and Bill (Medical Benefit)	Alliance	Refer to list below for Alliance delegate or check with member's delegate	Alliance	Alliance
	Children First Medical Group		Children First Medical Group	
	Community Health Center Network		Community Health Center Network	
	Hill Physician Medical Group		Hill Physician Medical Group	

Please use the corresponding authorization form for the type of request:

- **Medical Benefit:** *Alliance Authorization Request* form
- **Pharmacy Benefit :**
 - *PerformRx Medication Request Form* (for Medi-Cal and Alliance Group Care)
 - *Request for Medicare Prescription Drug Coverage Determination* (Medicare)

Process for Obtaining Specialty Drugs from Diplomat

Diplomat is the Alliance's specialty pharmacy for Alliance Medi-Cal and Alliance Group Care members. Retail pharmacies may not dispense these drugs for Medi-Cal or Alliance Group Care members. Specialty drug orders for Alliance CompleteCare members can be filled by Diplomat or any other Alliance contracted pharmacy.

Refer to the attached list of available drugs from Diplomat.

Certain drugs are only available from specific distributors and not Diplomat. The clinic can purchase these drugs directly from the distributors and bill the Alliance or have the distributor bill the Alliance. These drugs, along with the name and contact of the alternate distributors, are listed on the Limited Distribution Drug List.

Prior authorization is required for new specialty drug orders and for renewals (usually annually). The same review process is used for specialty drug orders as is used for other retail drugs that require prior authorization.

Authorization process for Diplomat Drugs:

- Fax the appropriate pharmacy request form to PerformRX (see above)
- Requests are processed (and notification of the decision sent to your office and Diplomat) within 72 hours for urgent requests or 14 days for routine requests.
- Upon PerformRx approval, **Diplomat** will call your office to obtain the prescription and dispense the drug by mail.

Contacts for Additional Information:

- Call Diplomat toll-free at **1-855-347-4783** for:
 - A complete list of specialty drugs provided by Diplomat
 - Questions related to dispensing of the drugs
- Call PerformRx toll-free at **1-855-508-1713** for questions related to prior authorizations
- Call Alliance Pharmacy Services at **510-747-4541** for questions related to specialty drugs from Diplomat

Injectable Drugs Requiring Medical Authorization

HCPC Code	Drug Name (Brand/Generic)	Additional Information
J0129	Orencia (Abatacept)	
J0135	Humira (Adalimumab)	
J0178	Eylea (Aflibercept)	See Limited Distribution Drug List
J0180	Fabrazyme (Agalsidase beta)	
J0205	Ceradase (Alglucerase)	
J0215	Amevive (Alefacept)	
J0220	Myozyme (Alglucosidase alfa)	
J0221	Lumizyme injection (Alglucosidase alfa)	
J0256	Prolastin (Alpha 1 proteinase inhibitor)	See Limited Distribution Drug List
J0257	Glassia (Alpha 1 proteinase inhibitor)	See Limited Distribution Drug List
J0480	Simulect (Basiliximab)	
J0485	Nulojix (Belatacept)	
J0585	Botox (onabotulinumtoxinA)	Cosmetic use a non-covered benefit
J0586	Dysport (AbobotulinumtoxinA)	Non-covered benefit
J0587	Myobloc (rimabotulinumtoxinB)	Cosmetic use a non-covered benefit
J0588	Xeomin (Incobotulinumtoxin a)	Cosmetic use a non-covered benefit
J0597	Berinet (C-1 esterase)	See Limited Distribution Drug List
J0598	Cinryze (C-1 esterase)	See Limited Distribution Drug List
J0638	Ilaris (Canakinumab)	See Limited Distribution Drug List
J0718	Cimzia (Certolizumab pegol)	See Limited Distribution Drug List
J0800	Acthar HP (Corticotropin)	See Limited Distribution Drug List
J0881 or Q0137	Aranesp (Darbepoetin alfa, non-esrd)	Not required for CKD/dialysis; use J0882
J0885 or Q0136	Epogen or Procrit (Epoetin alfa, non-esrd)	Not required for CKD/dialysis; use J0886
J0897	Prolia (Denosumab)	
J1180	Lufyllin (Dyphylline)	
J1300	Soliris (Eculizumab)	
J1325	Flolan (Epoprostenol)	See Limited Distribution Drug List
J1438	Enbrel (Etanercept)	
J1440	Neulasta (Filgrastim 300 mcg)	
J1441	Neulasta (Filgrastim 480 mcg)	
J1458	Naglazyme (Galsulfase)	See Limited Distribution Drug List
J1459 or Q4097	Privigen (immune globulin)	
J1460-1550	Gamma globulin (various strengths)	
J1557	Gammaplex (Immune globulin)	
J1559	Hizentra (immune globulin)	
J1560	Gamma globulin > 10 CC inj	

HCPC Code	Drug Name (Brand/Generic)	Additional Information
J1561	Gamunex-C/Gammaked (Immune globulin)	
J1562	Vivaglobin (immune globulin)	See Limited Distribution Drug List
J1565	Respigam (RSV-ivig)	
J1566	Immune globulin, powder	
J1568	Octagam (immune globulin)	
J1569	Gammagard (Immune globulin)	
J1572	Flebogamma (Immune globulin)	
J1595	Copaxone (glatiramer acetate)	
J1599	Ivig non-lyophilized, NOS	Use specific J code when possible
J1620	Fractel (Gonadorelin)	
J1725	Makena (Hydroxyprogesterone caproate)	See Limited Distribution Drug List
J1743	Elaprase (Idursulfase)	See Limited Distribution Drug List
J1745	Remicade (Infliximab)	
J1785	Cerezyme (imiglucerase)	
J1786	Cerezyme (Imuglucerase)	
J1825-1826	Rebif or Avonex (Interferon beta-1a)	
J1830	Betaseron (Interferon beta-1b)	
J1930	Somatuline Depot (Lanreotide)	
J1931	Aldurazyme (Laronidase)	
J2170	Increlex (Mecasermin)	See Limited Distribution Drug List
J2323 or Q4079	Tysabri (Natalizumab)	See Limited Distribution Drug List
J2353	Sandostatin (Octreotide, depot)	
J2354	Sandostatin (Octreotide non-depot)	
J2357	Xolair (Omalizumab)	See Limited Distribution Drug List
J2503	Macugen (Pegaptanib sodium)	See Limited Distribution Drug List
J2504	Adagen (Pegademase bovine)	See Limited Distribution Drug List
J2505	Neulasta (pegfilgrastim)	
J2507	Krystexxa (Pegloticase)	
J2562	Mozobil (Plerixafor)	
J2670	Priscoline (Totazoline hcl)	
J2778	Lucentis (Ranibizumab injection)	See Limited Distribution Drug List
J2783	Elitek (Rasburicase)	
J2793	Arcalyst (Riloncept)	See Limited Distribution Drug List
J2796	Nplate (Romiplostim)	
J2820	Leukine (Sargramostim)	
J2910	Solganal (Aurothioglucose)	
J2940	Protropin (Somatrem)	
J2941	Genotropin (Somatropin)	
J3262	Actemra (Tocilizumab)	
J3285 or Q4077	Remodulin (Treprostinil)	See Limited Distribution Drug List

HCPC Code	Drug Name (Brand/Generic)	Additional Information
J3357	Stelara (Ustekinumab)	
J3385	VPRIV (Velaglucerase alfa)	
J3396	Visudyne (Verteporfin)	See Limited Distribution Drug List
J3470	Hyaluronidase	
J3472	Hyaluronidase, ovine	
J3473	Hyaluronidase recombinant	
J3490	Drugs unclassified injection	Use specific J code when possible
J3590	Unclassified biologics	
J7180	Factor XIII anti-hem factor	
J7183	Wilate injection (von Willebrand factor complex)	
J7184	Wilate injection (von Willebrand factor complex)	
J7185	Xyntha (Antihemophilic factor)	
J7186	Antihemophilic viii/vwf comp	
J7186	Antihemophilic viii/vwf comp	
J7187	Humate-P (von Willebrand factor complex)	
J7189	Factor viia	
J7190	Factor viii	
J7191	Factor VIII (porcine)	
J7192	Factor viii recombinant NOS	
J7193	Factor IX non-recombinant	
J7194	Factor ix complex	
J7195	Factor IX recombinant	
J7199	Hemophilia clot factor noc	
J7321	Hyalgan/supartz (hyaluronate)	
J7322	Synvisc (hyaluronic acid)	
J7323	Euflexxa (sodium hyaluronate)	
J7324	Orthovisc (Hyaluronic acid)	
J7325	Synvisc or Synvisc-One (hyaluronic acid)	
J7326	Gel-one (hyaluronate)	
J7330	Carticel (Cultured chondrocytes implnt)	
J7335	Qutenza (Capsaicin 8% patch)	
J7504	Atgam (Lymphocyte immune globulin)	
J7511	Antithymocyte globuln rabbit	
J7599	Immunosuppressive drug	Use specific J code when possible
J7639	Pulmozyme (Dornase alfa)	
J7682	Tobramycin non-comp unit	
J7685	Tobramycin comp unit	
J7686	Tyvaso (Treprostinil inhalation)	See Limited Distribution Drug List
J9010	Campath (Alemtuzumab)	

HCPC Code	Drug Name (Brand/Generic)	Additional Information
J9015	(Proleukin) Aldesleukin injection	
J9019	Erwinaze (asparaginase Erwinia chrysanthemi)	See Limited Distribution Drug List
J9020	Elspar (Asparaginase)	
J9025	Vidaza (Azacitidine)	See Limited Distribution Drug List
J9160	Ontak (Denileukin diftitox)	
J9165	Diethylstilbestrol injection	
J9202	Zoladex (Goserelin acetate implant)	
J9212-9215	Interferon alfa (various versions)	
J9216	Actimmune (Interferon gamma 1-b)	
J9228	Yervoy (Ipilimumab)	
J9266	Oncaspar (Pegaspargase)	
J9303	Vectibix (Panitumumab)	
J9306	Perjeta (pertuzumab)	
J9307	Folotyn (Pralatrexate)	
J9310	Rituxan (rituximab)	
J9315	Istodax (Romidepsin)	
J9354	Kadcyla (ado-trastuzumab emtansine)	
J9355	Herceptin (Trastuzumab)	
J9999	Chemotherapy drug	Use specific J code when possible
Q0167	Marinol (Dronabinol 2.5 mg)	
Q0168	Marinol (Dronabinol 5 mg)	
Q0515	Geref (Sermorelin acetate)	
Q2043	Provenge (Sipuleucel -T)	See Limited Distribution Drug List
Q4074, Q4080	Ventavis (Illoprost)	See Limited Distribution Drug List
Q9941	Immune Globulin (lyophilized, 1g)	
Q9942	Immune Globulin (lyophilized, 10g)	
Q9943	Immune Globulin (non-lyophilized, 1g)	
Q9944	Immune Globulin (non-lyophilized, 10g)	

National Drug Code Reporting Frequently Asked Questions

1. What is the Drug Rebate Program?

The Medicaid Drug Rebate Program was created by the Omnibus Budget Reconciliation Act of 1990 and became effective January 1, 1991. The law requires that drug manufacturers enter into an agreement with CMS to provide rebates for their drug products that are paid for by Medicaid. The Deficit Reduction Act of 2005 expanded the rebate requirement to include outpatient-administered drugs covered by state Medicaid programs. The Patient Protection and Affordable Care Act (PPACA) has now expanded the rebate requirement to include drugs covered by Medicaid managed care organizations. These new federal regulations require states to collect National Drug Code (NDC) numbers on all physician, outpatient hospital, and dialysis facility claims with outpatient drugs, for the purpose of billing manufacturers for drug rebates. As a result, **the Alliance will require that an NDC, NDC Unit of Measure, and NDC quantity be included for all outpatient-administered drug claims on and after January 1, 2014**, to avoid denials.

2. Why do I have to bill with NDCs in addition to HCPCs codes?

The PPACA of 2010 includes a provision about state collection of data for the purpose of collecting Medicaid drug rebates from drug manufacturers for outpatient-administered drugs from managed care claims. Since there are often several NDCs linked to a single HCPCs code, CMS deems the use of NDC numbers as critical to correctly identify the drug and manufacturer to invoice and collect the rebates.

3. What is a National Drug Code?

The NDC is a universal number that identifies a drug. The NDC number consists of 11 digits in a 5-4-2 format. The first five digits identify the manufacturer of the drug and are assigned by the FDA. The remaining digits are assigned by the manufacturer and identify the specific product and package size. Some packages will display less than 11 digits, but leading zeroes can be assumed and need to be used when billing. For example:

XXXX-XXXX-XX = 0XXXX-XXXX-XX
XXXX-XXXX-XX = XXXXX-0XXX-XX
XXXX-XXXX-XX = XXXXX-XXXX-0X

The NDC is found on the drug container (vial, bottle or tube). The NDC submitted must be the actual NDC number on the package or container from which the drug was administered. Do not bill for one manufacturer's product and dispense another. Don't use invalid or obsolete NDCs.

4. The claim form requires that submitted NDCs contain a valid 11-digit numeric NDC in the 5-4-2 format. The package or container lists an NDC with 10 digits. I'm not sure whether I should use the NDC with or without the dashes. What should I do?

Proper billing of claims submitted for an outpatient-administered HCPCs drug code requires an 11-digit all-numeric NDC. You should first determine what format your 10-digit NDC is in by

examining the package information and counting the numbers separated by the dashes. Once you have identified the format as either 4-4-2, 5-3-2 or 5-4-1, insert a 0 according to the following table:

10-Digit NDC to 11-Digit NDC Conversion		
10-Digit format:	Then add a zero (0) in:	Report NDC as:
4-4-2 *#####-###-##	1st Position 0####-	0#####
5-3-2 #####-*###-##	6th Position #####-	#####0#####
5-4-1 #####-###-*#	10th Position #####-	#####0#

5. Are the HCPCs code units different from the NDC units?

Yes. Use the HCPC code and service units as you have in the past because they are the basis for your reimbursement. NDC units are based upon the numeric quantity administered to the patient and the Unit of Measure (UOM). The UOM codes are:

F2=international unit
 GR=gram
 ML=millimeter
 UN=unit (each)

The actual metric decimal quantity administered and the UOM are required for billing. Use a decimal point if reporting a fraction. For example, if three 0.5-ML vials are dispensed, the correct quantity to bill is 1.5 ML.

6. Do I need to include units for both the HCPCs code and the NDC?

Yes. Provider reimbursement is based on the HCPCs description and units of service. The state's federally mandated rebate program is based on the NDC and related units. Examples of NDC units and HCPC units:

HCPCs Code	HCPCs Description	Drug Form	Common Brand/Generic	HCPCs Unit	NDC Quantit	NDC Unit of Measure
J0152	Injection, adenosine For diagnostic use	30MG vial	Adenoscan 3MG/ML-10ML	1	10	ML
J0170	Injection, adrenalin, Epinephrine, up to 1 ML	1 ML ampul	Anzemet 20MG/ML-1ML	1	1	ML
J1260	Injection, dolase-Tron mesylate, 10MG	Vial	Anzemet 20ML/ML-1ML	2	1	ML



Health care you can count on.
Service you can trust.

Effective: **January 1, 2014**

The following list reflects drugs that are a part of the Alameda Alliance for Health's Specialty Pharmacy Program.

This program applies to Alliance Medi-Cal and Group Care plans only.

Providers (including physicians, hospitals, dialysis centers, and infusion centers) can order the drugs on this list from a drug distributor or from Diplomat Specialty Pharmacy (Diplomat).

Retail pharmacies may not dispense these drugs. Diplomat is the only pharmacy that can dispense these drugs.

Prior authorization is required for the drugs on this list. Please submit a Prior Authorization Form to PerformRx via fax at 855-811-9329 or call PerformRx at 855-508-1713. Upon approval, Diplomat will contact the ordering physicians office for prescription.

The list is sorted by drug class and most common brand name.

This list is subject to change. Please visit to www.alamedaalliance.org for updates.



Alliance Medi-Cal and Group Care Specialty Pharmacy Program Drug List

Oncology continued

Docefrez
DOCEtaxel
Doxil
Doxorubicin
Eligard
Ellence
Eloxatin
Elspar
Emcyt
Epirubicin
Eribitux
Erivedge
Etopophos
Etoposide
Fareston
Faslodex
Floxuridine
Fludarabine
Fluorouracil IV
Flutamide
Folotyn
Gemcitabine HCL
Gemzar
Gleevec
Halaven
Idamycin
Ifex
Irinotecan
Jakafi
Leukeran
Leuprolide
Lysodren
Melphalan HCL
Mercaptopurine Tabs
Methotrexate IV
Mitomycin
Mitoxantrone HCL
Mitoxantrone HCL
Myleran
Nexavar
Nipent
Octreotide
Paclitaxel
Pamidronate
Pentostatin
Pomalyst
Revlimid
Rituxan
Sprycel
Stivarga
Sutent
Sylatron
Tarceva
Temodar
Thalomid

Oncology continued

TheraCys
Topotecan
Tretinoin Caps
Tykerb
Xeloda
Yervoy
Zaltrap
Zanosar
Zinecard
Zolinza
Zytiga

Other

Aminocaproic Acid Syr
Aminocaproic Acid Tab
Berinert
Botox
Buphenyl
Decavac
Deferoxamine
Desmopressin
Droperidol
Elitek
Euflexxa
Exjade
Eylea
Hyalgan
Kepivance
Leucovorin
Mannitol
Marcaine
Mesalamine
Pentam
RhoGam Ultra Filtered Plus
Rhophylac PFS
RiaSTAP
Supartz
Synvisc
Zemlar

Parenteral Iron

Dexferrum
Feraheme
Infed
Venofer

Pulmonary Hypertension

Adcirca
Alprostadil
Sildenafil

Rheumatoid Arthritis (RA)

Actemra
Arava
Cimzia
Enbrel
Gengraf
Humira
Kineret
Leflunomide
Neoral
Orencia
Remicade
Xeljanz

Transplant

Atgam
Cellcept IV
Cyclosporine Inj
Mycophenolate

Diplomat is able to provide other drugs that are not listed here. Please contact Diplomat at 855-347-4783 for a complete list of drugs.

To check the status of prior authorization requests, contact PerformRx at 855-508-1713.

For questions about the specialty pharmacy program, please contact Alliance Pharmacy Services at 510-747-4541.



Health care you can count on.
Service you can trust.

Effective: **January 1, 2014**

The following list reflects drugs that are a part of the Alameda Alliance for Health Specialty Pharmacy Program.

This program applies to Alliance Medi-Cal and Group Care only.

Providers (including physicians, hospitals, dialysis centers, and infusion centers) can order the drugs on this list from a drug distributor or from Diplomat Specialty Pharmacy (Diplomat).

Retail pharmacies may not dispense these drugs. Diplomat is the only pharmacy that can dispense these drugs.

Prior authorization is required for the drugs on this list. Please submit a Prior Authorization Form to PerformRx via fax at 1-855-811-9329 or call PerformRx at 1-855-508-1713. Upon approval, Diplomat will contact the ordering physicians office for prescription.

The list is sorted by drug class and most common brand name.

This list is subject to change. Please visit to www.alamedaalliance.org for updates.



Alliance Medi-Cal and Group Care Specialty Pharmacy Program Drug List

Antibacterials

Colistimethate
Coly-Mycin M
Coly-Mycin S

Antiemetics

Aloxi
Anzemet

Antifungals

Candidas
Vfend

Antithrombotic Agents

Activase
Cathflo Activase
Integrilin

Blood Cell Deficiency

Leukine
Neulasta
Neumega
Neupogen

Bones Resorption Inhibitors

Prolia
Xgeva
Zoledronic Acid
Zometa

CMV

Cidofovir
Cytovene
Valcyte

Growth Hormone

Genotropin
Humatrope CRT
Increlex
Nordiflex
Norditropin
Nutropin
Nutropin AQ
Omnitrope
Serostim
Tev-Tropin

Hemophilia

Alphanate
AlphaNine SD
Bebulin VH
BeneFix
Feiba NF
Hemofil
Humate-P
Koate DVI
Kogenate FS Bio Set
Kogenate FS
Monoclate-P
Mononine
NovoSeven RT
Profilnine SD
Recombinate
Recombinate w/BaxJet
Wilate
Xyntha AHF
Xyntha Intravenous Kit
Xyntha Solofuse
Intravenous

Hepatitis B

Tyzeka
Viread

Hepatitis C

Incivek
Infergen
Intron A
Pegasys
Pegasys Proclick
PegIntron RediPEN
Rebetol
RibaPak
Ribasphere
Ribavirin
Victrelis

Hormonal Therapy

Danazol
Delestrogen

Immune Deficiencies

Carimune NF
Flebogamma DIF
Gammagard LIQ
Gammagard S/D less IgA
Gammagard SD
Gammaked
Gammaplex
Gamunex-C
Hizentra
Octagam
Privigen
WinRho SDF Liquid

Lysosomal Storage Disorders

Aldurazyme
Elaprase
Fabrazyme

Multiple Sclerosis (MS)

Ampyra
Aubagio
Avonex Pen
Avonex PFS
Avonex SDV
Celestone Soluspan
Copaxone
Extavia
Gilenya
Mitoxantrone HCL
Rebif Rebidose
Rebif titration pack
Rebif
Tecfidera

Oncology

Abraxane
Adcetris
Adriamycin
Adrucil
Alimta
Alkeran
Amifostine IV
Arimidex
Aromasin
Arranon
Arzerra
Avastin
Bicnu
Bleomycin
Bosulif
Busulfex
Camptosar
Carboplatin
CeeNU
Cerubidine
Cisplatin
Cladribine
Clolar
Cometriq
Cosmegen
Cyclophosphamide
Cytarabine
Dacarbazine
Dactinomycin
Daunorubicin
Dexrazoxane

Diplomat is able to provide other drugs that are not listed here. For a complete list of drugs, contact Diplomat at 855-347-4783.

To check the status of prior authorization requests, contact PerformRx at 855-508-1713.

For questions about the specialty pharmacy program, please contact Alliance Pharmacy Services at 510-747-4541.

Limited Distribution Drug List*

Drug	Generic Name	LDD	Orphan	FDA approved Indication(s)	Route	Available at DSP	Supplier	Alternate Distributors
Actemra	tocilizumab	Yes	Yes	Rheumatoid Arthritis	Intravenous; Subcutaneous	Yes	Genentech	
Acthar	repository corticotropin	Yes	Yes	Multiple Sclerosis; Other	Intramuscular; Subcutaneous	No	Questor	Accredo (800.601.7149); Curascript (866.883.2568); Walgreens SP (888.782.8443); Caremark (800.237.2767); OputmRX (866.218.5445)
Actimmune	interferon gamma 1b	Yes	Yes	Chronic Granulomatous Disease (CGD); Malignant Osteopetrosis	Subcutaneous	No	Intermune	Curascript (866.883.2568)
Adagen	pegademase bovine	Yes	Yes	Severe Combined Immunodeficiency Disease	Intramuscular	No	Sigma Tau	Accredo (800.601.7149)
Adcetris	brentuximab vedotin	Yes	Yes	Cancer	Intravenous	Yes	Seattle Genetics	
Adempas	Riociguat	Yes	Yes	Pulmonary arterial hypertension	Oral	No	Bayer	Accredo (800.601.7149)
Afinitor	everolimus	Yes	Yes	Cancer	Oral	Yes	Novartis	
Aldurazyme	laronidase	Yes	Yes	Mucopolysaccharidosis	Intravenous	Yes	BioMarin	
Ampyra	dalfampridine	Yes	Yes	Multiple Sclerosis	Oral	Yes	Acorda	
Apokyn	apomorphine	Yes	Yes	Parkinson's Disease	Subcutaneous	No	Tercica	Accredo (800.601.7149); Pharmacare (800.864.4199)
Aralast	alpha 1-antitrypsin, human	Yes	Yes	Congenital deficiency of alpha-1 antitrypsin and emphysema	Intravenous	Yes	Baxter	
Arcalyst	rilonacept	Yes	Yes	Cryopyrin-Associated Periodic Syndromes	Subcutaneous	No	Regeneron	Accredo (800.601.7149); Caremark (800.237.2767)
Arestin	minocycline microspheres	Yes	No	Gingival Scaling and Root Planting	Other	No	OraPharma, Inc	Curascript (866.883.2568)
Arzerra	ofatumumab	Yes	Yes	Cancer	Intravenous	Yes	GSK	
Asclera	polidocanol	Yes	No	Varicose veins	Intravenous	No	Merz Aesthetics	Doctors and hospitals only
Aubagio	teriflunomide	Yes	No	Multiple Sclerosis	Oral	Yes	Sanofi	
Avandia	rosiglitazone	Yes	No	Type 2 Diabetes	Oral	No	GSK	Accredo (800.601.7149); Aetna (866.782.2779); Biologics (919.546.9816); Cigna (800.882.4462); Curascript (866.883.2568); Oncology Rx Care Advantage (888.479.6337); US Bioservices (888.418.7246); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Berinert	human C1-esterase Inhibitor	Yes	Yes	Hereditary Angiodema	Intravenous	Yes	CSL Behring	
Bexxar	tositumomab	Yes	Yes	Cancer	Intravenous	No	GSK	Accredo (800.601.7149); Aetna (866.782.2779); Biologics (919.546.9816); Cigna (800.882.4462); Curascript (866.883.2568); Oncology Rx Care Advantage (888.479.6337); US Bioservices (888.418.7246); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Caprelsa	vandetanib	Yes	Yes	Cancer	Oral	No	AstraZeneca	Biologics (919.546.9816)
Carbaglu	carglumic acid	Yes	Yes	Hyperammonemia	Oral	No	Recordati	Accredo (800.601.7149)
Cayston	aztreonam	Yes	Yes	Cytic fibrosis with pseudomonas aeruginosa bacterial infection	Inhalation (Oral)	No	Gilead	Cystic Fibrosis Services (800.541.4959); Foundation Care (877.291.1122); IV Solutions (800.658.6046); Pharmaceutical Specialties (800.818.6486)
Ceproin	protein C concentrate, human	Yes	Yes	Protein C deficiency	Intravenous	No	Baxter	Accredo (800.601.7149)
Ceredase	alglucerase	Yes	Yes	Type 1 Gaucher Disease	Intravenous	No	Genzyme	Genzyme Direct (800.745.4447)
Cerezyme	imiglucerase	Yes	Yes	Gaucher Disease	Intravenous	Yes	Genzyme	
Chenodal	chenodiol	Yes	No	Gallstones	Oral	No	Manchester Pharma Inc	Centric Health Resources (866.758.7068)
Cinryze	c-1 esterase inhibitor, human	Yes	Yes	Hereditary Angiodema	Intravenous	No	Viropharma	Curascript (866.883.2568); Caremark (800.237.2767)
Cometriq	cabozantinib	Yes	Yes	Cancer	Oral	Yes	Exelixis	
Corifact	factor XIII concentrate, human	Yes	Yes	Hemophilia	Intravenous	No	CSL Behring	Accredo (800.601.7149); Caremark (800.237.2767)
Cuvposa	glycopyrrolate	Yes	Yes	Excessive drooling	Oral	Yes	Shionogi, Inc	
Cystadane	betaine anhydrous	Yes	Yes	Homocystinuria	Oral	No	Swedish Orphan Biovitrum	Accredo 888.454.8860, Option 2
Cystagon	cysteamine bitartrate	Yes	Yes	Nephropathic cystinosis	Oral	No	Mylan	CVS Procure 800-238-7828
Dacogen	decitabine	Yes	Yes	Cancer	Intravenous	Yes	Eisai	
DysPort	abobotulinumtoxinA	Yes	No	Cervical dystonia and glabellar lines (facial frown lines)	Intramuscular	Yes	Medicis	
Egrifta	tesamorelin	Yes	No	HIV/AIDS; HIV-related belly fat	Subcutaneous	No	Serono Labs	Approved List Only
Elaprase	idursulfase	Yes	Yes	Hunter syndrome	Intravenous	Yes	Shire	
Elelyso	taliglucerase alfa	Yes	Yes	Type 1 Gaucher Disease	Intravenous	No	Pfizer	Centric CTCP (866.758.7068)
Erivedge	vismodegib	Yes	No	Cancer	Oral	Yes	Genentech	
Erwinaze	asparaginase	Yes	Yes	Cancer	Intramuscular	No	Eusa	Accredo (800.601.7149)

Drug	Generic Name	LDD	Orphan	FDA approved Indication(s)	Route	Available at DSP	Supplier	Alternate Distributors
Exjade	deferasirox	Yes	Yes	Chronic iron overload	Oral	Yes	Novartis	
Eylea	afibercept	Yes	No	Macular edema	Other	Yes	Regeneron	
Ferriprox	deferiprone	Yes	Yes	Transfusional iron overload	Oral	No	ApoPharma	Accredo (800.601.7149); Centric (866.758.7071); Curascript (866.883.2568); CVS/Caremark (800.237.2767)
Firazyr	icatibant	Yes	Yes	Hereditary angiodema	Subcutaneous	Yes	Shire	
Flolan	epoprostenol sodium	Yes	Yes	Pulmonary arterial hypertension	Intravenous	No	GSK	Accredo (800.601.7149); Aetna (866.782.2779); Biologics (919.546.9816); Curascript (866.883.2568); Oncology Rx Care Advantage (888.479.6337); US Bioservices (888.418.7246); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Gattex	teduglutide, rDNA origin	Yes	Yes	Short bowel syndrome	Subcutaneous	No	NPS Pharmaceuticals	Curascript (866.883.2568); ThriveRX (888.684.7483)
Gilotrif	afatinib	Yes	Yes	Cancer	Oral	No	Boehringer Ingelheim	Accredo (800.601.7149)
Glassia	alpha 1 proteinase inhibitor, human	Yes	No	Emphysema	Intravenous	No	Baxter	Accredo (800.601.7149); Coram (866-367-2174); Curascript (866.883.2568); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Healon	sodium hyaluronate	Yes	No	Viscoelastic-intraocular	Other	Yes	Advanced Med	
Hizentra	immune globulin, human	Yes	No	Primary immunodeficiency	Subcutaneous	Yes	CSL Behring	
Hycamtin	topotecan hydrochloride	Yes	No	Cancer	Intravenous	Yes	GSK	
Iclusig	ponatinib	Yes	Yes	Cancer	Oral	Yes	Ariad	
Ilaris	canakinumab	Yes	Yes	Cryopyrin associated periodic syndrome, familial cold urticaria, Muckle-Wells syndrome	Subcutaneous	No	Novartis	Curascript (866.883.2568); Caremark (800.237.2767)
Implanon	nexplanon	Yes	No	Birth control	Subcutaneous	No	Organon Pharm	Curascript (866.883.2568); Caremark (800.237.2767)
Increlex	mecasermin	Yes	Yes	Primary IGF-1 deficiency	Subcutaneous	Yes	Tercica	
Inlyta	axitinib	Yes	Yes	Cancer	Oral	Yes	Pfizer	
Iplex	mecasermin rinfabate	Yes	Yes	Primary IGF-1 deficiency	Subcutaneous	No	Insmed	Available through health care professionals
Iressa	gefitinib	Yes	No	Cancer	Oral	No	AstraZeneca	Curascript (866.883.2568)
Istodax	romidepsin	Yes	Yes	Cancer	Intravenous	Yes	Celgene	
Jakafi	ruxolitinib	Yes	Yes	Cancer	Oral	Yes	Incyte	
Juxtapid	lomitapide	Yes	No	Homozygous familial hypercholesterolemia	Oral	No	Aegerion	For a list of certified pharmacies (855.898.2749)
Kalbitor	ecallantide	Yes	Yes	Hereditary Angiodema	Subcutaneous	No	Dyax Corp.	Accredo (800.601.7149); US Bioservices (888.418.7246); Walgreens SP (888.782.8443)
Kalydeco	ivacaftor	Yes	Yes	Cystic fibrosis	Oral	Yes	Vertex	
Korlym	mifepristone	Yes	Yes	Cushing's Syndrome	Oral	No	Corcept Thera	Curascript (866.883.2568)
Krystexxa	pegloticase	Yes	Yes	Gout	Intravenous	Yes	Savient	
Kuvan	saproterin dihydrochloride	Yes	Yes	Phenylketonuria (PKU)	Oral	No	BioMarin	Fairview (800.595.7140)
Kynamro	mipomersen sodium	Yes	Yes	Homozygous familial hypercholesterolemia	Subcutaneous	No	Genzyme	Accredo (800.601.7149); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Kyprolis	carfilzomib	Yes	Yes	Multiple Myeloma	Intravenous	No	ONYX	Accredo (800.601.7149); OptumRx (800.788.4863); Walgreens SP (888.782.8443)
Letairis	ambrisentan	Yes	Yes	Pulmonary Arterial Hypertension	Oral	No	Gilead	Accredo (800.601.7149); Aetna (866.782.2779); Cigna (800.882.4462); Curascript (866.883.2568); Fairview (800.595.7140); Wellpoint (800.962.8192)
Lucentis	ranibizumab	Yes	No	Macular degeneration, macular edema	Other	No	Genentech	Accredo (800.601.7149); Aetna (866.782.2779); Biologics (919.546.9816); Oncology Rx Care Advantage (888.479.6337); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Lumizyme	alglucosidase alfa	Yes	Yes	Pompe Disease	Intravenous	Yes	Genzyme	
Macugen	pegaptanib sodium	Yes	No	Macular degeneration	Other	No	Eyetech Inc	Curascript (866.883.2568); MckessonSpecialty (800.482.6700) Besse Medical (888.767.7123)
Makena	hydroxyprogesterone caproate	Yes	No	Preterm labor prophylaxis	Intramuscular	No	US Bio	Curascript (866.883.2568); Theracom (800.517.2396)
Matulane	procarbazine	Yes	No	Cancer	Oral	No	Sigma Tau	Accredo (800.601.7149)
Mekinist	trametinib	Yes	Yes	Cancer	Oral	Yes	GSK	
Mirena	levonorgestrel	Yes	No	Birth control	Other	No	Bayer	Caremark (800.237.2767)
Myozyme	alglucosidase alfa	Yes	Yes	Pompe disease	Intravenous	Yes	Genzyme	
Naglazyme	galsulfase	Yes	Yes	Maroteaux-Lary Syndrome (Mucopolysaccharidosis VI)	Intravenous	No	BioMarin	Accredo (800.601.7149); Curascript (866.883.2568); Caremark (800.237.2767)
Nexavar	sorafenib	Yes	Yes	Cancer	Oral	Yes	Bayer	
Nexplanon	etonogestrel implant	Yes	No	Contraception	Other	No	Merck	Curascript (866.883.2568); Caremark (800.237.2767)

Drug	Generic Name	LDD	Orphan	FDA approved Indication(s)	Route	Available at DSP	Supplier	Alternate Distributors
Nithiodote	sodium nitrite, sodium thiosulfate	Yes	No	Cyanide poisoning	Intravenous	Yes	Hope Pharmaceuticals	
Nplate	romiplostim	Yes	Yes	Thrombocytopenia	Subcutaneous	Yes	Amgen	
Onsolis	fentanyl buccal	Yes	No	Pain	Other	No	Meda Pharmaceutical	Approved List Only
Opsumit	Macitentan	Yes	Yes	Pulmonary arterial hypertension	Oral	No	Actelion Pharmaceuticals	Specialty panel is unknown at this time
Orfadin	nitisinone	Yes	Yes	Hereditary tyrosinemia type 1	Oral	No	Rare Disease	Accredo (800.601.7149); Caremark (800.237.2767)
Ozurdex	dexamthasone	Yes	Yes	Macular edema and non-infectious uveitis	Other	Yes	Allergen	
ParaGard	intrauterine copper contraceptive	Yes	No	Birth control	Other	No	Barr	ParaGard Direct (877.727.2427)
Plenaxis	abarelix	Yes	No	Cancer	Intramuscular	No	Praecis	Outside of US Only
Pomalyst	pomalidomide	Yes	Yes	Cancer	Oral	Yes	Celgene	
Prialt	ziconotide	Yes	No	Pain	Other	Yes	Jazz Pharma	
Procysbi	cysteamine bitartrate*	Yes	Yes	Nephropathic Cystinosis	Oral	No	Raptor	Accredo (800.601.7149); Curascript (866.883.2568)
Prolastin	alpha 1 proteinase inhibitor	Yes	Yes	Emphysema	Intravenous	No	Talecris Bio	Approved List Only
Promacta	eltrombopag	Yes	Yes	Idiopathic thrombocytopenia purpura, Hepatitis C thrombocytopenia	Oral	Yes	GSK	
Provenge	sipuleucel-T	Yes	No	Cancer	Intravenous	No	Dendreon	Must be a registered treatment center
Ravicti	glycerol phenylbutyrate	Yes	Yes	Urea Cycle Disorders	Oral	No	Hyperion Therapeutics	Accredo (800.601.7149); Caremark (800.237.2767)
Remodulin	treprostinil	Yes	Yes	Pulmonary hypertension	Intravenous; Subcutaneous	No	United Therapeutics	Accredo (800.601.7149); Curascript (866.883.2568); Caremark (800.237.2767)
Revlimid	lenalidomide	Yes	Yes	Cancer	Oral	Yes	Celgene	
Sabril	vigabatrin	Yes	Yes	Epilepsy	Oral	No	Lundbeck Inc	Accredo (800.601.7149); Curascript (866.883.2568); Pharmacare (800.864.4199); Caremark (800.237.2767)
Serostim	somatropin, rDNA origin	Yes	No	HIV/AIDS	Subcutaneous	Yes	EMD Serono	
Signifor	pasireotide	Yes	Yes	Cushing's disease	Subcutaneous	No	Novartis	Exclusive
Simponi - Ulcerative Colitis Only	golimumab*	Yes	No	Ulcerative Colitis	Subcutaneous	Yes	Janssen Biotech, Inc	
Simponi ARIA	golimumab	Yes	No	Rheumatoid Arthritis	Intravenous	Yes	Janssen Biotech	
Sirturo	bedaquiline	Yes	Yes	Multi drug resistant TB	Oral	No	Janssen	MMS Solutions Specialty Pharmacy 866-716-5486
Solesta	dextranomer microspheres, sodium hyaluronate	Yes	No	Fecal incontinence	Subcutaneous	No	Oceana Therapeutics	Curascript (866.883.2568)
Soliris	eculizumab	Yes	Yes	Paroxysmal nocturnal hemoglobinuria and atypical hemolytic uremic syndrome	Intravenous	Yes	Alexion	
Soltamox	tamoxifen citrate	Yes	No	Cancer	Oral	Yes	Dara Bioscience	
Somatuline	lanreotide	Yes	Yes	Growth Hormone	Intramuscular	Yes	Tercica	
Somavert	pegvisomant	Yes	Yes	Acromegaly	Subcutaneous	No	Pfizer	Accredo (800.601.7149); Biologics (919.546.9816); Curascript (866.883.2568)
Stivarga	regorafenib	Yes	Yes	Cancer	Oral	Yes	Bayer	
Sucraid	sacrosidase	Yes	Yes	Congenital sucrase-isomaltase deficiency	Oral	No	QOL Medical	Curascript (866.883.2568)
Supprelin LA	histrelin acetate	Yes	Yes	Prostate Cancer, Central precocious puberty	Subcutaneous	Yes	Endo	
Synagis	palivizumab	Yes	No	Respiratory syncytial virus	Intramuscular	Yes	Medimmune	
Synribo	omacetaxine mepesuccinate	Yes	Yes	Cancer	Subcutaneous	No	TEVA	Aetna (866.782.2779); Cigna (800.882.4462); Curascript (866.883.2568); CVS/Caremark (800.237.2767); Walgreens SP (888.782.8443)
Tafinlar	dabrafenib	Yes	Yes	Cancer	Oral	Yes	GSK	
Tarceva	erlotinib	Yes	Yes	Cancer	Oral	Yes	Genentech/Astellas Oncology	
Tecfidera	dimethyl fumarate	Yes	No	Multiple Sclerosis	Oral	Yes	Biogen Idec	
Thalomid	thalidomide	Yes	Yes	Cancer	Oral	Yes	Celgene	
Thyrogen	thyrotropin alfa	Yes	Yes	Hypothyroidism	Intramuscular	Yes	Genzyme	
Tobi Inhalation Solution	tobramycin	Yes	Yes	Cystic Fibrosis	Inhalation (Oral)	Yes	Novartis	
Tobi Podhaler	tobramycin podhaler	Yes	Yes	Cystic Fibrosis	Inhalation (Oral)	Yes	Novartis	
Tracleer	bosentan	Yes	Yes	Pulmonary arterial hypertension	Oral	No	Actelion	Accredo (800.601.7149); Aetna (866.782.2779); Cigna (800.882.4462); Curascript (866.883.2568); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Tykerb	lapatinib	Yes	No	Cancer	Oral	Yes	GSK	
Tysabri	natalizumab	Yes	Yes	Crohn's Disease; Multiple Sclerosis	Intravenous	No	Elan	Accredo (800.601.7149); Curascript (866.883.2568)

Drug	Generic Name	LDD	Orphan	FDA approved Indication(s)	Route	Available at DSP	Supplier	Alternate Distributors
Tyvaso	treprostinil	Yes	Yes	Pulmonary arterial hypertension	Inhalation (Oral)	No	United Therapeutics	Curascript (866.883.2568)
Tyzeka	telbivudine	Yes	No	Hepatitis B	Oral	Yes	Novartis	
Valstar	valrubicin	Yes	Yes	Cancer	Other	Yes	Endo	
Vantas	histrelin acetate	Yes	Yes	Cancer	Subcutaneous	Yes	Endo	
Veletri	epoprostenol	Yes	Yes	Pulmonary arterial hypertension	Intravenous	No	Actelion	Accredo (800.601.7149)
Ventavis	iloprost	Yes	Yes	Pulmonary arterial hypertension	Inhalation (Oral)	No	Actelion	Curascript (866.883.2568)
Vidaza	azacitidine	Yes	Yes	Cancer	Intravenous	Yes	Celgene	
Visudyne	verteporfin	Yes	No	Macular degeneration, pathologic myopia, and fungal infection of the eye	Intravenous	No	QLT Inc.	Accredo (800.601.7149); CVS/Caremark (800.237.2767); OptumRx (800.788.4863)
Votrient	pazopanib	Yes	Yes	Cancer	Oral	Yes	GSK	
VPRIV	velaglucerase alfa	Yes	Yes	Gaucher disease	Intravenous	Yes	Shire	
Xalkori	crizotinib	Yes	Yes	Cancer	Oral	No	Pfizer	Accredo (800.601.7149); Curascript (866.883.2568); US Bioservices (888.418.7246); Walgreens SP (888.782.8443); Caremark (800.237.2767)
Xenazine	tetrabenazine	Yes	Yes	Huntington's disease	Oral	No	Lundbeck Inc	Accredo (800.601.7149); Curascript (866.883.2568); Pharmcare (800.864.4199); Caremark (800.237.2767)
Xiaflex	collagenase clostridium histolyticum	Yes	Yes	Dupuytren's contracture	Other	No	Auxilium	Accredo (800.601.7149); Aetna (866.782.2779); Cigna (800.882.4462); Coram (866-367-2174); Curascript (866.883.2568); Walgreens SP (888.782.8443); Caremark (800.237.2767); OptumRX (888.441.9827) ARCO (800.906.7798)
Xofigo	radium 223 dichloride	Yes	No	Cancer	Intravenous	No	Bayer HealthCare Pharmaceuticals, Inc.	Must be ordered and administered at a licensed radiopharmaceutical infusion center
Xolair	omalizumab	Yes	No	Asthma	Subcutaneous	No	Genentech	Accredo (800.601.7149); Curascript (866.883.2568); CVS/Caremark (800.237.2767)
Xtandi	enzalutamide	Yes	No	Cancer	Oral	Yes	Astellas	
Xyrem	gamma hydroxybutyric acid	Yes	Yes	Narcolepsy	Oral	No	Jazz Pharma	SDS Pharmacy (866.997.3688)
Yervoy	ipilimumab	Yes	Yes	Cancer	Intravenous	Yes	BMS Primary	
Zaltrap	ziv-aflibercept	Yes	No	Cancer	Intravenous	Yes	Sanofi-Aventis	
Zavesca	miglustat	Yes	Yes	Gaucher disease	Oral	No	Actelion	Curascript (866.883.2568)
Zelboraf	vemurafenib	Yes	Yes	Cancer	Oral	Yes	Genentech	
Zemaira	alpha-proteinase inhibitor, human	Yes	Yes	Emphysema	Intravenous	No	CSL Behring	Accredo (800.601.7149); Coram (866-367-2174)
Zevalin	ibritumomab tiuxetan	Yes	Yes	Cancer	Intravenous	No	Spectrum Pharma	Infusion Centers Only
Zolinza	vorinostat	Yes	Yes	Cancer	Oral	Yes	Merck/ABC-DS	
Zorbtive	somatropin	Yes	No	Growth Hormone; Cachexia associated with AIDS, Short Bowel Syndrome	Subcutaneous	Yes	Serono	
Zytiga	abiraterone	Yes	No	Cancer	Oral	Yes	Janssen	



**Alameda Alliance for Health
Medication Request Form**
Attn: Prior Authorization Department



200 Stevens Drive
Philadelphia, PA 19113
Phone (Medi-Cal/Group Care): 1-855-508-1713
Phone (AllianceSELECT): 1-855-508-1717
Fax: 1-855-811-9329

Instructions:

This form is to be used by participating providers to obtain coverage for a formulary drug with PA guideline, other restrictions, or a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax it to **PerformRx** at 1-855-811-9329 or call with this information. If you have any questions regarding this process, please contact **PerformRx's** Provider Service Line at 1-855-508-1713 for Medi-Cal/Group Care and 1-855-508-1717 for AllianceSELECT.

Urgent Request (Must be reserved for requests that, in the provider's best professional judgment, are potentially life threatening or pose a significant risk to the continuous care of the patient.)

Patient Name		
Patient DOB		Patient ID Number
Prescriber Name		Specialty
Prescriber Phone	Prescriber Fax	NPI#
Prescriber Address		
Pharmacy Name	Pharmacy Phone	Pharmacy Fax
Medication Name and Strength Requested:		
<input type="checkbox"/> Brand Medically Necessary request (Rationale required below)		
Directions:		Quantity Requested:
Anticipated Length of Therapy:		
<input type="checkbox"/> _____ Days <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months		
Diagnosis:		
Preferred Medications tried/previous therapy, please include strength, frequency and duration:		
Rationale and/or additional information, which may be relevant to the review of this prior authorization request:		
Prescriber Signature		Date

Please Fax Completed Form to 1-855-811-9329

REQUEST FOR MEDICARE PRESCRIPTION DRUG COVERAGE DETERMINATION

This form may be sent to us by mail or fax:

Address:
Alliance CompleteCare (HMO SNP)/PerformRx
Attention: Prior Authorizations
200 Stevens Drive
Philadelphia, PA 19113

Fax Number:
Standard:
1-855-811-9327
Expedited:
1-855-851-4054

You may also ask us for a coverage determination by phone at 1-855-251-0966 or through our website at www.alliancecompletecare.org.

Who May Make a Request: Your prescriber may ask us for a coverage determination on your behalf. If you want another individual (such as a family member or friend) to make a request for you, that individual must be your representative. Contact us to learn how to name a representative.

Enrollee's Information

Enrollee's Name		Date of Birth
Enrollee's Address		
City	State	Zip Code
Phone	Enrollee's Member ID #	

Complete the following section ONLY if the person making this request is not the enrollee or prescriber:

Requestor's Name		
Requestor's Relationship to Enrollee		
Address		
City	State	Zip Code
Phone		

Representation documentation for requests made by someone other than enrollee or the enrollee's prescriber:

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representation Form CMS-1696 or a written equivalent). For more information on appointing a representative, contact your plan or 1-800-Medicare.

Name of prescription drug you are requesting (if known, include strength and quantity requested per month):

Type of Coverage Determination Request

- I need a drug that is not on the plan's list of covered drugs (formulary exception). *
- I have been using a drug that was previously included on the plan's list of covered drugs, but is being removed or was removed from this list during the plan year (formulary exception). *
- I request prior authorization for the drug my prescriber has prescribed.*
- I request an exception to the requirement that I try another drug before I get the drug my prescriber prescribed (formulary exception).*
- I request an exception to the plan's limit on the number of pills (quantity limit) I can receive so that I can get the number of pills my prescriber prescribed (formulary exception).*
- My drug plan charges a higher copayment for the drug my prescriber prescribed than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception). *
- I have been using a drug that was previously included on a lower copayment tier, but is being moved to or was moved to a higher copayment tier (tiering exception). *
- My drug plan charged me a higher copayment for a drug than it should have.
- I want to be reimbursed for a covered prescription drug that I paid for out of pocket.

***NOTE: If you are asking for a formulary or tiering exception, your prescriber MUST provide a statement supporting your request. Requests that are subject to prior authorization (or any other utilization management requirement), may require supporting information. Your prescriber may use the attached "Supporting Information for an Exception Request or Prior Authorization" to support your request.**

Additional information we should consider (*attach any supporting documents*):

Important Note: Expedited Decisions

If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received.

CHECK THIS BOX IF YOU BELIEVE YOU NEED A DECISION WITHIN 24 HOURS (if you have a supporting statement from your prescriber, attach it to this request).

Signature:	Date:
-------------------	--------------

Supporting Information for an Exception Request or Prior Authorization

FORMULARY and TIERING EXCEPTION requests cannot be processed without a prescriber's supporting statement. PRIOR AUTHORIZATION requests may require supporting information.

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Prescriber's Information			
Name			
Address			
City	State	Zip Code	
Office Phone		Fax	
Prescriber's Signature			Date

Diagnosis and Medical Information		
Medication:	Strength and Route of Administration:	Frequency:
New Prescription OR Date Therapy Initiated:	Expected Length of Therapy:	Quantity:
Height/Weight:	Drug Allergies:	Diagnosis:

Rationale for Request

- Alternate drug(s) contraindicated or previously tried, but with adverse outcome, e.g., toxicity, allergy, or therapeutic failure** [Specify below: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s)]
- Patient is stable on current drug(s); high risk of significant adverse clinical outcome with medication change** [Specify below: Anticipated significant adverse clinical outcome]
- Medical need for different dosage form and/or higher dosage** [Specify below: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason]
- Request for formulary tier exception** [Specify below: (1) Formulary or preferred drugs contraindicated or tried and failed, or tried and not as effective as requested drug; (2) if therapeutic failure, length of therapy on each drug and adverse outcome; (3) if not as effective, length of therapy on each drug and outcome]
- Other** (explain below)

Required Explanation _____

Alliance CompleteCare (HMO SNP) is a coordinated care plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Alliance CompleteCare (HMO SNP) depends on contract renewal.

This information is available for free in other languages. Please call our customer service number at:
1-877-585-7526 (CRS/TTY: 711 or 1-800-735-2929), 7 days a week, 8 a.m. – 8 p.m.

Esta información está disponible, sin ningún costo, en otros idiomas. Llame al número de Servicios al Miembro al:
1-877-585-7526 (CRS/TTY: 711 o 1-800-735-2929), de 8 a.m. a 8 p.m., los siete días de la semana.

此資訊以其他語言免費提供。請聯絡客戶服務部，電話號碼是：

1-877-585-7526 (加州電話轉接服務)

(CRS/TTY專線：711或1-800-735-2929)，每週7天服務，服務時間為早上8點至晚上8點



ALLIANCE AUTHORIZATION REQUEST

1240 South Loop Road, Alameda, CA 94502

Tel: 510-747-4540 Fax: 1-855-891-7174

or 510-995-3712

- ROUTINE
- URGENT
- RETRO

DATE RECEIVED
BY AAH

For Internal Use Only:	AUTH #	AUTH DATE RANGE:
LOB:		

INSTRUCTIONS:

1) Print clearly in blue or black ink after review of info on page 2 2) Fax or mail original to above 3) File in member's chart

A. REQUESTING PROVIDER INFORMATION

REQUEST DATE	SUBMITTED BY	CONTACT PHONE #
PCP/CLINIC		FAX

B. MEMBER INFORMATION

PATIENT NAME	DOB	AGE	SEX
ADDRESS & CITY			ZIP
AAH ID #	<input type="checkbox"/> MEDI-CAL <input type="checkbox"/> HEALTHY FAMILIES <input type="checkbox"/> MEDICARE/ACC <input type="checkbox"/> IHSS/GROUP CARE	SSN#	

C. REQUESTED PROVIDER AND SERVICE

REFER TO PROVIDER/FACILITY:	SPECIALTY
ADDRESS & CITY	PHONE
	FAX
ICD-9 CODE(S)	DIAGNOSIS DESCRIPTION
CPT/HCPCS CODE(S)	PROCEDURE/SERVICE DESCRIPTION
DATE OF SERVICE OR ADMIT	<input type="checkbox"/> PATIENT REQUEST (Check if applicable) NUMBER OF VISITS OR TREATMENTS

REASON FOR REFERRAL/ PREVIOUS TESTS/RESULTS/TREATMENT:

D. PHYSICIAN'S SIGNATURE (REQUIRED)

MD REQUESTOR SIGNATURE:	PRINT NAME:	DATE:
-------------------------	-------------	-------

FOR ALLIANCE USE ONLY

- APPROVED
 MODIFIED
 DEFERRED
 NOT PROCESSED: MEMBER NOT ELIGIBLE/COULD NOT BE IDENTIFIED
 DENIED AS NCB
 DENIED FOR LACK OF MEDICAL NECESSITY
 DENIED: OTHER _____

Medical Management Criteria Applied – Auth Scope MCG: _____ Other: _____

AUS Initials: _____ Signature of Reviewer: _____ Date: _____

This fax (and any attachments) is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by telephone or fax and destroy all copies of the original message (and any attachments).

Alliance Authorization Request (AAR)

This form is intended for services that require approval from the Alameda Alliance for Health Utilization Management Department:

Cancer Clinical Trials
Cataract Spectacles and Lenses
Chiropractic Services – Line of Business Limits May Apply
Durable Medical Equipment and Supplies
Elective Inpatient Admissions
Enteral or Nutritional Formulas
EPSDT Supplemental Services
Hearing Aids and Repairs
Home Health or Home Infusion Services
Hospice Services – Inpatient Only
Non-emergent Medical Transportation
Nutrition or Dietician Assessment/Counseling (*except Sweet Success*)
Orthotics and Prosthetics
Organ Transplants
Out-of-Network Services
Perinatologist's Care of Pregnancy (*excludes consultation*)
Physical, Occupational, Respiratory, or Speech Therapy
Podiatry Services for Alliance Medi-Cal Members Aged 21 and Over
Second Opinions (if the provider is not contracted with the Alliance)
Specialist to Specialist Referrals

This form is not a guarantee of payment. Payment is subject to continued coverage remaining in effect **and** the level of coverage for the service under the member's plan as of the date of service.

Confirm member eligibility by calling the AAH Twenty-four Hour Eligibility Line (510) 747-4505. Providers may also confirm member eligibility and benefits at <https://www.alameda-alliance.org> on the [Provider Connection section](#). If you do not have access to the website, contact Provider Services at (510) 747-4510.

Authorization for services is valid for 90 days unless otherwise specified, e.g., continuous care authorizations.

Specialists are not permitted to refer to another specialist. Doing so may result in denial of reimbursement to the specialist to whom the member was referred.

Retrospective authorization requests in the absence of extenuating circumstances are not permitted.

Submit claims for authorized services to:

Alameda Alliance for Health
P.O. Box 2460
Alameda, CA 94501-2460

National Drug Code Reporting

Frequently Asked Questions

1. What is the Drug Rebate Program?

The Medicaid Drug Rebate Program was created by the Omnibus Budget Reconciliation Act of 1990 and became effective January 1, 1991. The law requires that drug manufacturers enter into an agreement with CMS to provide rebates for their drug products that are paid for by Medicaid. The Deficit Reduction Act of 2005 expanded the rebate requirement to include outpatient-administered drugs covered by state Medicaid programs. The Patient Protection and Affordable Care Act (PPACA) has now expanded the rebate requirement to include drugs covered by Medicaid managed care organizations. These new Federal regulations require states to collect National Drug Code (NDC) numbers on all physician, outpatient hospital, and dialysis facility claims with outpatient drugs, for the purpose of billing manufacturers for drug rebates. As a result, **the Alliance will require that an NDC, NDC Unit of Measure, and NDC quantity be included for all outpatient-administered drug claims on and after January 1, 2014**, to avoid denials.

2. Why do I have to bill with NDCs in addition to HCPCs codes?

The PPACA of 2010 includes a provision about state collection of data for the purpose of collecting Medicaid drug rebates from drug manufacturers for outpatient-administered drugs from managed care claims. Since there are often several NDCs linked to a single HCPCs code, CMS deems the use of NDC numbers as critical to correctly identify the drug and manufacturer to invoice and collect the rebates.

3. What is a National Drug Code?

The NDC is a universal number that identifies a drug. The NDC number consists of 11 digits in a 5-4-2 format. The first five digits identify the manufacturer of the drug and are assigned by the FDA. The remaining digits are assigned by the manufacturer and identify the specific product and package size. Some packages will display less than 11 digits, but leading zeroes can be assumed and need to be used when billing. For example:

XXXX-XXXX-XX = 0XXXX-XXXX-XX
XXXX-XXXX-XX = XXXXX-0XXX-XX
XXXX-XXXX-XX = XXXXX-XXXX-0X

The NDC is found on the drug container (vial, bottle or tube). The NDC submitted to Johns Hopkins HealthCare must be the actual NDC number on the package or container from which the drug was administered, do not bill for one manufacturer's product and dispense another. Don't use invalid or obsolete NDCs.

4. The claim for requires that submitted NDCs must contain a valid 11-digit numeric NDC in the 5-4-2 format. The package or container lists an NDC with 10 digits. I'm not sure whether I should use the NDC with or without the dashes. What should I do?

Proper billing of claims submitted for an outpatient-administered HCPCS drug code requires an 11-digit all-numeric NDC. You should first determine what format your 10-digit NDC is in by examining the package information and counting the numbers separated by the dashes. Once you have identified the format as either 4-4-2, 5-3-2 or 5-4-1, insert a 0 according to the following table:

10-Digit NDC to 11-Digit NDC Conversion		
10-Digit format:	Then add a zero (0) in:	Report NDC as:
4-4-2 *#####-####-##	1st Position 0#####-####-	0#####
5-3-2 #####-*###-##	6th Position #####-0###-	#####0#####
5-4-1 #####-####-*#	10th Position #####-	#####0#

5. Are the HCPCS code units difference from the NDC units?

Yes. Use the HCPC code and service units as you have in the past because they are the basis for your reimbursement. NDC units are based upon the numeric quantity administered to the patient and the Unit of Measure (UOM). The UOM codes are:

- F2=international unit
- GR=gram
- ML=millimeter
- UN=unit (each)

The actual metric decimal quantity administered and the UOM are required for billing. Use a decimal point if reporting a fraction. For example, if three 0.5-ml vials are dispensed, the correct quantity to bill is 1.5 ml.

6. Do I need to include units for both the HCPCS code and the NDC?

Yes. Provider reimbursement is based on the HCPCS description and units of service. The state's federally mandated rebate program is based on the NDC and related units.

Examples of NDC units and HCPC units:

Hcpcs Code	Hcpcs Description	Drug Form	Common Brand/Generic	Hcpcs Unit	NDC Quantity	NDC Unit Of Measure
J0152	Injection,adenosine For diagnostic use	30mg vial	Adenoscan 3mg/ml- 10ml	1	10	ML
J0170	Injection, adrenalin, Epinephrine, up to 1 ml	1 ml ampul	Anzemet 20mg/m;- 1ml	1	1	ML
J1260	Injection, dolase- Tron mesylate, 10mg	Vial	Anzemet 20ml/ml-1ml	2	1	ML