

Alameda Alliance for Health **SPECIALTY PHARMACY PROGRAM FOR ALLIANCE MEDI-CAL AND GROUP CARE MEMBERS PROGRAM DESCRIPTION**

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Alliance Specialty Pharmacy Program Overview:

Effective September 1, 2010, Diplomat Specialty Pharmacy (Diplomat) is the Alliance's specialty pharmacy for Alliance Medi-Cal and Group Care programs.

Attached to this program description is the list of drugs that Diplomat is providing under this program.

Retail pharmacies may not dispense these drugs.

Providers (including physicians, hospitals, infusion centers, and dialysis centers) can, however, continue to purchase specialty drugs directly from manufactures and wholesalers.

The benefits of using Diplomat Specialty Pharmacy include:

- There are no up-front costs for specialty drugs or medication supplies, such as needles.
- Convenient, FREE delivery of specialty drugs to your patients' homes or to your office.
- Diplomat offers proactive renewal on all medications.
- You can continue to bill the Alliance your administration fee.

Some specialty drugs are "carved out" to Medi-Cal, which means that Medi-Cal is responsible for payment. These drugs are notated in the specialty drug list with one asterisk (*).

Also, please note that some specialty drugs can only be filled for a 14- or 15-day supply at a time. This is to ensure that the patient can tolerate the drugs prior to additional fills. These drugs are notated in the specialty drug list with two asterisks (**).

Process for Obtaining Specialty Drugs from Diplomat for Alliance Medi-Cal and Group Care Members:

Starting September 1, 2010, prior authorization is required for new specialty drug orders and for renewals. The same review process is used for specialty drug orders as is used for other drugs that require prior authorization.

- Please fax the attached Medication Request Form to **PerformRx** at **1-855-811-9329** or call PerformRx at **1-855-508-1713**.
- PerformRx will process the request within 1 business day and notify your office and Diplomat of the decision.
- Upon PerformRx's approval, **Diplomat** will call your office to obtain the prescription and dispense the drug by mail. Diplomat can be reached at **1-855-347-4783**.

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 prior authorization-related questions
- Call Alliance Pharmacy Services at 510-747-4541 for any other specialty pharmacy related questions



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Service you can trust.

Please start using this form now.

Effective January 1, 2015, the new Prescription Drug Prior Authorization Request Form is **required** for non-Medicare plans per Department of Managed Health Care (DMHC) regulations (Section 1300.67.241). Prior authorization requests submitted on other forms will not be accepted and will need to be resubmitted on the correct form.

Alliance Medi-Cal and Alliance Group Care

Please fax the following completed pages to:

1-855-811-9329

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____

Plan/Medical Group Phone#: (_____) _____

Plan/Medical Group Fax#: (_____) _____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name:		Last Name:		MI:	Phone Number:	
Address:			City:		State:	Zip Code:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____		Allergies:		
Patient's Authorized Representative (if applicable):				Authorized Representative Phone Number:		

Insurance Information

Primary Insurance Name:		Patient ID Number:	
Secondary Insurance Name:		Patient ID Number:	

Prescriber Information

First Name:		Last Name:		Specialty:	
Address:			City:		State: Zip Code:
Requestor (if different than prescriber):				Office Contact Person:	
NPI Number (individual):				Phone Number:	
DEA Number (if required):				Fax Number (in HIPAA compliant area):	
Email Address:					

Medication / Medical and Dispensing Information

Medication Name:	
<input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal If Renewal: Date Therapy Initiated: _____ Duration of Therapy (specific dates): _____	
How did the patient receive the medication? <input type="checkbox"/> Paid under Insurance Name: _____ Prior Auth Number (if known): _____ <input type="checkbox"/> Other (explain): _____	

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:
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Administration:

Oral/SL Topical Injection IV Other: _____

Administration Location:

Patient's Home Long Term Care
 Physician's Office Home Care Agency Other (explain): _____
 Ambulatory Infusion Center Outpatient Hospital Care

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Patient Name:	ID#:
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Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

1. Has the patient tried any other medications for this condition? <input type="checkbox"/> YES (if yes, complete below) <input type="checkbox"/> NO

Medication/Therapy (Specify Drug Name and Dosage)	Duration of Therapy (Specify Dates)	Response/Reason for Failure/Allergy

2. List Diagnoses:	ICD-9/ICD-10:
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3. <u>Required clinical information</u> - Please provide all relevant clinical information to support a prior authorization review.
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Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.

Attachments

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.

Plan Use Only: Date of Decision: _____

Approved Denied Comments/Information Requested: _____

Updated: **November 15, 2016**

- ❖ The following list reflects drugs that are a part of the Alameda Alliance for Health Specialty Pharmacy Program.
- ❖ This program applies to 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 a contracted specialty pharmacy.
- ❖ Retail pharmacies may not dispense these drugs. Only contracted specialty pharmacies 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, the contracted specialty pharmacy will contact the ordering physician's office for a prescription.
- ❖ The list is sorted by drug class and most common brand name.
- ❖ This list is subject to change. Visit www.alamedaalliance.org for updates.

() These drugs are carved out to the state for Medi-Cal members; Medi-Cal Fee-for-Service (FFS) will cover these drugs. The pharmacy needs to bill Medi-Cal FFS using BIN 610440 and PCN 147CAPA.*

*(**) These drugs are limited to a 14-15 day supply per fill.*

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

Antibacterials

Colistimethate
Coly-Mycin M
Coly-Mycin S

Anti-Emetics

Aloxi
Anzemet

Antifungals

Cancidas
Vfend

Antithrombotics

Activase
Cathflo
Activase
Integrilin

Arthritis/Psoriasis/ Crohn's

Actemra
Arava
Cimzia
Enbrel
Humira
Kineret
Leflunomide
Neoral
Orencia
Remicade
Xeljanz

Blood Cell Deficiency

Leukine
Neulasta
Neumega
Neupogen

Bone Resorption Inhibitors

Prolia
Xgeva
Zoledronic
Zometa

Cardiovascular

Praluent
Repatha

Cytomegalovirus (CMV)

Cidofovir
Cytovene
Valcyte
Vistide

Cystic Fibrosis

Kalydeco**
Orkambi**

Growth Hormone

Chorionic Gonadotropin
Genotropin
Humatrope CRT
Increlex
Norditropin Nordiflex
Nutropin
NuSpin
Omnitrope
Serostim
Tev-Tropin

Hemophilia

Advate
Alphanate
Bebulin VH
BeneFix
Feiba NF
Feiba VH
Helixate FS
Hemofil - FVIII
Humate-P
Koate
Kogenate
Monoclote
Mononine
NovoSeven RT
Profilnine SD
Recombinate w/BaxJet
Wilate
Xyntha

Hepatitis B

Tyzeka

Hepatitis C

Incivek
Infergen
Intron A
Intron A HSAF
Peg Intron
Pegasys
Rebetol
RibaPak
Ribasphere Caps
Ribavirin Tabs
Vitreolis

HIV (Group Care Only)*

Sustiva
Viracept
Viramune

Hormonal Therapy

Danazol
Delestrogen

Hyaluronic Acids

Euflexxa
Hyalgan
Monovisc
Supartz
Synvisc

Immune Deficiencies

Carimune NF
Flebogamma DIF
Gammagard
Gammaked
Gammaplex
Gamunex-C
Hizentra
Octagam
Privigen
WinRho SDF Liquid

Lysosomal Storage Disorders

Aldurazyme
Elaprase
Fabrazyme

Multiple Sclerosis (MS)

Ampyra
Aubagio
Avonex
Celestone Soluspan
Copaxone
Extavia
Gilenya
Glatopa
Lemtrada
Mitoxantrone
Rebif
Tecfidera

Oncology

Abraxane
Adcetris
Adriamycin
Adrucil
Alimta
Alkeran
Amifostine IV
Arimidex
Aromasin
Arranon
Arzerra
Avastin
Bexarotene
Bicnu

(Continued Next Page)



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Bleomycin
Bosulif**
Busulfex
Camptosar
Carboplatin
CeeNU
Cerubidine
Cisplatin
Cladribine
Clolar
Cometriq**
Cosmegen
Cyclophosphamide
Cytarabine Liposomal
Dacarbazine
Dactinomycin
Daunorubicin
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin
Eligard
Elitek
Ellence
Eloxatin
Elspar
Emcyt
Epirubicin
Erbitux
Erivedge**
Etopophos
Etoposide Caps
Etoposide Inj
Fareston
Faslodex
Flouxuridine
Fludarabine
Fluorouracil IV
Flutamide
Folotyn
Gemcitabine HCL
Gemzar
Gleevec**
Granix
Halaven
Ibrance**
Idamycin
Ifex
Iressa**
Irinotecan
Jakafi**
Kepivance
Leucovorin
Leukeran
Leuprolide
Leuprolide AC
Lonsurf
Lysodren

Melphalan HCL
Mercaptopurine Tabs
Methotrexate IV
Mitomycin
Myleran
Nexavar**
Nipent
Octreotide
Paclitaxel
Pamidronate
Pentostatin
Pomalyst
Revlimid
Rituxan
Sprycel**
Stivarga**
Sutent**
Sylatron
Tarceva**
Temodar
Thalomid
TheraCys
Topotecan
Tretinoin Caps
Tykerb
Votrient**
Xeloda
Yervoy
Zaltrap
Zanosar
Zarxio
Zinecard
Zolinza**
Zytiga**
Cidofovir
Tyzeka

Other

Aminocaproic Acid
Berinert
Botox
Buphenyl
Buprenex
Deferoxamine
Droperidol
Exjade
Eylea
Feraheme
Jadenu
Keveyis
Mannitol
Marcaine
Mesalamine
Pentam
RhoGam
Rhophyllac PFS
RiaSTAP
Zemplar

Parenteral Iron
Dexferrum
Infed
Venofer

Pulmonary Hypertension

Adcirca
Alprostadil
Sildenafil Citrate
Uptravi

Reproductive

Bravelle
Cetrotide
Clomiphene tabs
Follistim aq

Transplant

Atgam
Cellcept IV
Cyclosporine Inj
Gengraf
Mycophenolate Caps