

Medi-Cal Pharmacy Benefit Information





Use this guide
to learn more
about pharmacy
benefits.

Avoid Medication Delays for Members

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

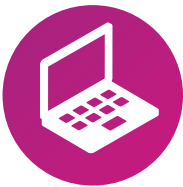
Decrease the amount of time members have to wait to get their medications by correctly and timely submitting PA requests.

Go to **provider.healthnet.com**, under Resources for you, select *Pharmacy* 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 Medi-Cal Preferred Drug List (PDL)*/formulary. 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).



Visit **provider.healthnet.com**
to get started.

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

- 1 Complete the Prescription Drug Prior Authorization or Step Therapy Exception Request Form (No. 61-211) (available at provider.healthnet.com and also in the Provider Library at providerlibrary.healthnetcalifornia.com, under *Forms*).
- 2 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 or missing dates.

Envolve Pharmacy Solutions 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 supply¹ of a medication is available to members if lack of the medication could put their health in jeopardy.

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

Company or department name	Contact information
Envolve Pharmacy Solutions (PDL/formulary, required PA form and other pharmacy benefits)	800-867-6564 Monday–Friday, 5 a.m. to 6 p.m. and Saturdays, 6:30 a.m. to 3 p.m. Pacific time.
	Fax PA requests to 866-399-0929
CoverMyMeds (for standard PA request form)	go.covermymeds.com/envolve
AcariaHealth (specialty medications)	844-538-4661
	Fax PA requests to 844-750-0827
Health Net Provider Services Center	800-675-6110
Medi-Cal Member Appeals and Grievances Department	Health Net Attention: Medi-Cal Member Appeals and Grievances Department PO Box 10348 Van Nuys, CA 91410-0348
	800-675-6110
	Fax: 877-713-6189



We will review and fax back decisions within 24 hours.

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

Talk to a pharmacist if PA is denied

- If PA is denied, call Envolve Pharmacy Solutions 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 related to the appeal with Health Net.
- 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 either by mail, phone or fax.

Request continuation of care (COC)

Fax a PA request or call Envolve Pharmacy Solutions with drug history information to request COC coverage² 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 reauthorization criteria.



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

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. 61-211) to Envolve Pharmacy Solutions.

Enteral/parenteral nutrition

All parenteral nutrition services require PA. If the member is under age 21, we will verify California Children's Services (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.

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

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

Excluded and carved-out medications

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

Medication category	Coverage
Excluded medications	
<ul style="list-style-type: none">• 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 <i>PDL/formulary</i>.	Not covered by Health Net's pharmacy benefit. Not covered by the 72-hour emergency supply.
Carve-outs	
<ul style="list-style-type: none">• Drugs listed on the Department of Health Care Services' (DHCS) website• Includes select:<ul style="list-style-type: none">– 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 DHCS. Submit authorization requests and claims directly to Medi-Cal fee-for-service.
<ul style="list-style-type: none">• Drugs prescribed for 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.



