



Pharmacy Guide

Colorado Choice/SLVHMO
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Communication of Information

To ensure rapid patient care, effective communication of information between prescribing physicians and Prescription Solutions Prior Authorization Team members is required. You need to provide complete clinical information when requesting prior authorizations. Information required for prior authorization requests includes:

- Member name, member ID#, date of birth, and patient diagnosis
- Physicians name and specialty, address, phone and FAX number
- Requested medications with strength and directions for use and name of specific drugs tried and failed
- Reason for non-formulary medication request-see Prior Auth Resource Table.
- Patient's pertinent medical test results- (e.g., BMD for Fosamax) See Prior Auth Resource Table.

Requests for prior authorization with incomplete or missing information will not be considered complete until all information is provided. Faxed requests with incomplete or missing information will be faxed back with a Request for Missing/Additional Information Fax form and, if applicable, the Drug Specific Form. Phone requests that cannot be completed during the initial call because of incomplete or missing information will be given a telephone number to call when the information is available, or, if applicable, a fax number to fax re-

Prior Authorization Process

Telephone

1. Ensure all relevant member and clinical information is available to the caller before initiating the call.
2. Contact the Prescription Solutions Prior Authorization Department at: 1-800-711-4555.
3. If you have the member ID available select option 2. You may enter option "2" anytime after the first 20 seconds of the recording.
4. Stay on the line to be assisted by the next available representative. (Note: the average wait time is 25 seconds and the average talk time is 3 minutes 11 seconds)
5. Provide information regarding your request.

- If you do not have a member ID number, or it is invalid, you will be routed to a representative for assistance in researching a valid member ID number. This process will cause a delay in obtaining an authorization.
- If you are requested to provide information not currently available, you will be asked to phone and/or fax back the information requested.

6. Record the phone number and name of the Prescription Solutions individual requesting the information on your copy of the request.
7. Call or fax requested information to the individual at the number indicated w/in 48 hours.
8. Decisions may be rendered immediately if complete information is provided during the initial call. Written communication of the decision will be faxed w/in 48 hours.

Decisions on requests pending information will be rendered within 48 hours from receipt of all information.

Electronic

Prior authorizations may now be submitted online at <http://www.rxsolutions.com>. Click "For Healthcare Professionals", then "Providers", and "Prior Authorization Request Form."

Fax

See below.

Prior Auth Fax Process

1. Ensure all relevant member and clinical information is recorded on the fax form before faxing.
2. Fax the request form to Prescription Solutions Prior Authorization Department at: 1-800-527-0531
3. If fax is incomplete or additional information is required, you will receive a return fax.

If additional information is needed, follow next steps:

4. Locate and record the missing and/or additional information on fax form(s) received from Prescription Solutions Prior Authorization Department.
5. Call or fax additional information to RxSolutions Prior Authorization Department using the numbers indicated on the Request for Missing/Additional Information form within 48 hours.
6. Decisions are rendered upon receipt of all information and written communication of the decision will be faxed w/in 48 hours. Decision on requests pending information will be rendered not exceeding 48 hours from receipt of all information.

DRUGS NEEDING A PRIOR AUTHORIZATION

Excluded Drugs

- Convenience-packaged products
- Iressa
- Lac Hydrin
- New drugs (first 12 months)
- OTC agents or compounds
- Oracea
- Plenaxis
- Prenatal vitamins, non-generic
- Renova
- Sarafem
- Tracleer
- Triamcinolone compounded nebulizer solutions
- Weight loss drugs

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| <ul style="list-style-type: none"> ♦ Abilify ♦ Actos, Actoplus Met ♦ Amitiza ♦ Arava ♦ Aricept ♦ Atacand ♦ Avalide* ♦ Avandia, Avandament ♦ Avapro* ♦ Azilect ♦ Benicar ♦ Bidil ♦ Byetta ♦ Brovana ♦ Celebrex ♦ Clozapine, Clozaril ♦ Cozaar* ♦ Detrol ♦ Diovan ♦ Duetact ♦ Emend ♦ Evista ♦ Exelon, Exelon Solution ♦ Exforge ♦ Exjade ♦ Fluvoxamine ♦ Focalin ♦ Fortical | <ul style="list-style-type: none"> ♦ Geodon ♦ Gleevac ♦ Glucovance ♦ Glyset ♦ Hyzaar* ♦ Injectable Drugs ♦ Inspira ♦ Invega ♦ Januvia, Junamet ♦ Keppra ♦ Lamictal ♦ Lamisil ♦ Lotronex ♦ Lovaza ♦ Lyrica ♦ Metaglip ♦ Miacalcin Nasal Spray ♦ Micardis*, Micardis HCT* ♦ Namenda ♦ Nexavar ♦ Nexium ♦ Plavix ♦ Prandin ♦ Precose ♦ Prevacid ♦ Prozac weekly ♦ Razadyne, Reminyl ♦ Revlimid | <ul style="list-style-type: none"> ♦ Ribavirin ♦ Risperdal ♦ Sensipar ♦ Seroquel ♦ Singulair ♦ Solodyn ♦ Sporanox ♦ Sprycel ♦ Starlix ♦ Sutent ♦ Symbyax ♦ Symlin ♦ Synera ♦ Teveten* ♦ Thalomid ♦ Ticlid ♦ Tykerb ♦ Vfend ♦ Welchol ♦ Xifaxan ♦ Zelapar ♦ Zemplar ♦ Zetia ♦ Zolanza ♦ Zyprexa, Zyprexa ZYDIS |
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- *Benicar, Benicar HCT, Diovan, Diovan HCT, Micardis, and Micardis HCT are the preferred ARBs

INJECTABLE AFTER HOURS POLICY

Prescription Solutions

Injectable Prior Authorization Dept.
Monday-Friday
6am-6pm PST
Phone: (800) 711-4555
Fax: (800) 853-3844

Local Pharmacies may supply injectables in an urgent situation if they have them available.

As a last resort:
Gentiva Health Services
Englewood, Colorado Branch
24-hour coverage
Phone: (800) 488-0290
Fax: (303) 799-6551

Colorado Choice/SLVHMO will cover certain injectable medications at a contracted retail pharmacy if a Prior Authorization has been obtained. When the contracted pharmacy receives a prescription for an injectable medication after hours and a prior authorization has not been obtained, the following procedure would apply to ensure prompt appropriate patient care:

After Hours

If an eligible Colorado Choice/SLVHMO member presents a prescription for an injectable medication from the list below and Prescription Solutions Clinical Pharmacy Department is not available the pharmacist should:

1. Fill the prescription for no more than the quantity specified in the following chart.
2. Call Prescription Solutions Help Desk at (800) 788-7871 during the **next working day** for a **one-time override** and to complete the transaction.
3. Notify the physician's office of the need for Prior Authorization if the prescription calls for duration of therapy greater than 5 days. Please have physician call Prior Authorization at (800) 711-4555.

4. If the requested injectable is not listed on the after hours injectable drug list, have the member call the prescribing physician the next business day.

<u>Name of Injectable</u>	<u>Maximum supply</u>
Anti-inhibitor complexes (Autoplex T, NovoSeven, FEIBA)	-5 days
Benefix (factor IX)	-5 days
Calcimar, Micalcin & Osteocalcin	-5 days
DDAVP	-5 days
DHE	-5 days
Epogen & Procrit	-5 days
Factor VIII Products (Alphanate, Koate-DVI, Hemofil M, Monarc M, Recombinate, Kogenate, Hyate C, Bioclote, Helixate, Humate P, Koate-HP, Monoclote-P, Alpha-Nine SD, Konyne 80, Hemonyne, Mononine, Profilnine SD, & Propex)	-5 days
Fragmin	-5 days
Interferon-Alpha Products (Alferon-N, Intron-N, Roferon-A, Infergen)	-5 days
IVIG	-1 dose
Leukine	-5 days
Lovenox	-5 days
Lupron	-5 days
Lupron Depot	-1 dose
Neumega	-5 days
Neupogen	-5 days
Proleukine	-5 days
Sandostatin	-5 days
Sandostatin LAR	-1 dose