



PHARMACY UPDATE

February 15, 2011

UPDATE #11-001

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This update applies to pharmacies in:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> AZ | <input type="checkbox"/> NY |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> OR/WA |
| <input type="checkbox"/> CT | <input type="checkbox"/> NJ |

Lines of business:

- ☒ Medi-Cal

PHARMACY INQUIRIES ONLY:

**CVS Caremark
Claims Processing
Medi-Cal:**

1-800-600-0180

*For optimal service, this telephone number is for pharmacy use only.

MEMBER INQUIRIES:

Refer all member inquiries to the appropriate Customer Service phone number listed on their CalViva Health ID card.

CalViva Health and Health Net to Serve Medi-Cal Members in Fresno, Kings and Madera Counties

The CalViva Health Medi-Cal Managed Care plan in Fresno, Kings and Madera counties will be operational as of March 1, 2011.

CalViva Health is a local health plan developed in partnership with Health Net to serve Medi-Cal members in Fresno, Kings and Madera counties. Under the authority of the Fresno-Kings-Madera Regional Health Authority, CalViva Health selected Health Net as its subcontractor to provide administrative and network services in the three-county region. Beginning March 1, 2011, Health Net Medi-Cal members in Fresno, Kings and Madera counties will be covered by CalViva Health.

CLAIMS PROCESSOR CHANGE

Effective March 1, Medi-Cal members new to CalViva Health will change claims processors to CVS Caremark.

Please note the BIN and PCN for these Medi-Cal claims:

RxBIN:	004336
RxPCN:	HNMC

CONTINUATION OF MAINTENANCE MEDICATION

Members new to CalViva Health may have their maintenance non-formulary drugs covered if they have been taking them continuously. To have continuation of maintenance medications approved, the prescribing provider or pharmacy should fax a completed Prior Authorization (PA) Form (see attached) with medication start dates to 800-977-8226.

PREFERRED BLOOD GLUCOSE METERS

CalViva Health's preferred blood glucose meters include the following products: Accu-Chek® Active, Accu-Chek® Aviva, Accu-Chek® Compact, FreeStyle®, FreeStyle Flash®, FreeStyle Lite®, and Precision Xtra®. One preferred meter per year and up to 200 preferred test strips per month are covered under the pharmacy benefit.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Medi-Cal Pharmacy Department at 1-800-548-5524 (press "#").



MEDI-CAL PRIOR AUTHORIZATION REQUEST FAX FORM

FAILURE TO FILL FORM OUT COMPLETELY MAY DELAY AUTHORIZATION

DATE _____

PATIENT NAME (LAST) (FIRST) (MI) MEMBER ID # DATE OF BIRTH GENDER (M / F)

PATIENT'S STREET ADDRESS/CITY/STATE/ZIP (_____) Area Code PHONE NUMBER

PRESCRIBER (LAST, FIRST) SPECIALTY PRESCRIBER'S STREET ADDRESS/CITY/STATE LICENSE / DEA

-- Provider Phone -- Please print clearly and enter one digit per box --												----- Provider Fax --- Please print clearly and enter one digit per box -----											
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MEDICATION / STRENGTH QUANTITY DIRECTIONS FOR USE AND DURATION DATE OF FIRST DOSE

DIAGNOSIS / ICD-9 ALLERGIES

MEDICATIONS TRIED / PREVIOUS THERAPY DATE OF USE

MEDICAL JUSTIFICATION FOR REQUESTED DRUG: _____

IF REQUEST IS TO BE FAXED
TO A PHARMACY, PLEASE
PROVIDE THE FAX NUMBER

-----Pharmacy Fax -- Please print clearly and enter one digit per box -----											
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If the medication is an injectable, please indicate where the medication will be administered: ☐ Provider's Office ☐ Home

Medication Vendor Name, if applicable:	Participating with HN? Yes No	Phone	Fax
	Participating Provider ID#:	Contact Person:	

PRESCRIBER SIGNATURE: _____

Pharmacy or prescriber may call 1-800-548-5524 (press #) regarding this form. Members should be referred to their member services department.

FAX TO: 1 - 800 - 977 - 8226