Section D: Prescription Limitations

D1: SBHI/SLOHI Prescription Benefit-Polypharmacy

In our continuing efforts to improve patient safety and quality of care, CenCal Health has implemented a Polypharmacy Management Quality Initiative for Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) members. The scope of pharmacy benefits for SBHI and SLOHI members will include a maximum benefit of seven (7) prescriptions per calendar month. The following disease states and categories are exempt from this restriction:

- Immune System Suppression Medications/Modulation Medications
- Infectious Disease Treatment Medications
- Immunization Vaccines
- Family Planning Medications
- Cancer Treatment Medications
- Diabetes Treatment Medications
- Asthma and COPD, Hypertension Treatment Medications
- Long Term Care Members, or
- Newborn using Mom’s card

Please remember: All drugs exempt from the monthly prescription limit are still subject to all other CenCal Health guidelines.

If the member does not meet any of the above criteria and their physician has consolidated the member’s profile, the physician may request a Pharmacy Authorization Form (PAF). This form, to be completed by physicians only, is for members being treated for specific disease states, not including the above, and who will continue to require more than seven (7) prescriptions each month. A Licensed Clinical Professional will review each request. Please fax PAF requests to (805) 964-0367. If the member exceeds the monthly prescription limit and does not meet any of the above criteria, a medical request form (MRF) is required. Please fax all
MRF requests to (805) 685-7781.

D2: Protocols for Home Infusion
Home Infusion Therapy is a covered benefit for CenCal Health members. Home Infusion Providers are a limited number of providers that are contracted as a pharmacy thru MedImpact and have an executed agreement as a Home Infusion Provider with CenCal Health’s Provider Services Department. For these providers, CenCal Health has developed an infusion fee schedule billable by real-time online adjudication thru MedImpact.

CenCal Health’s Home Infusion Network provides covered infused agents in the following therapeutic categories:

- Antibacterial/Antifungal Agents
- Parenteral Nutrition Solutions (TPN or Hyperalimentation)
- Heparin and Related Preparations
- Sodium and Saline Preparations
- Potassium Replacement
- Electrolyte Maintenance
- Protein Replacement
- IV Solutions: Dextrose-Water, Dextrose-Saline, Dextrose and Lactated Ringers
- Parenteral Amino Acid Solutions and Combinations
- Specialty Infused Products

All services for Home Infusion therapies will require Prior Authorization in the form of a Medical Request Form (MRF). Contracted Home Infusion Providers will submit a separate MRF for the drug being administered and each infusion per diem and/or nursing. Contracted Home Infusion Providers should note that the per diem rate includes all ancillary supplies and diluent drug products. Nursing visit requests are reviewed on case by case basis. Details for each home infusion request can be found on the home infusion fee schedule provided to all contracted home infusion providers.

Requests for infused products from providers who are not contracted as a CenCal Health Home Infusion provider should submit the request to CenCal Health’s Medical Benefit and not thru MedImpact.

Providers interested in the Home Infusion Network must be contracted with CenCal Health’s PBM, MedImpact. For more information on how to contract as a home infusion provider please contact the CenCal Health Provider Services Department at (805) 562-1676.
D3: Mandatory Generic Substitution
CenCal Health generally mandates generic substitution when an AB rated equivalent generic product is available. In most programs, if a prescriber wants a brand name drug and issues a “do not substitute” order, he/she must submit a MRF for approval with a MedWatch form. This form can be found on the CenCal Health website at: www.cencalhealth.org.

The CenCal Health Pharmacy & Therapeutics (P&T) Committee recognizes exceptions to the mandatory generic policy where certain medications possess narrow therapeutic dose response characteristics. For a complete and up to date list, please see the Formulary at www.cencalhealth.org.

D4: Code 1 Restriction
Code 1 Restricted Drugs are drugs covered with a restriction that limits the use of a drug based on diagnosis, failure or intolerance to first line therapy, specific use of the drug, member’s place of residence (i.e. Skilled Nursing Facility), or specialty of the prescriber. Formulary agents with a Code 1 Restriction are noted in the Formulary found at www.cencalhealth.org. Any other use of the drug is considered non-formulary and requires a MRF.

Although Code 1 Restricted Drugs do not require a MRF, the dispensing pharmacist is expected to contact the prescriber’s office to document the Code 1 restriction when necessary. It is NOT sufficient for the prescription simply to have a “Code 1” on its face even if the prescriber apparently designates it. Information including the name of the person verifying compliance of the restriction with the prescriber, the date and time of the call, and the full signature of the pharmacist receiving such information must be kept with the prescription.

D5: Day Supply & Quantity Limits
CenCal Health permits prescription quantities to meet but not exceed a 31-day supply of medication unless specified as an exception to this rule. Please see the Formulary found at: www.cencalhealth.org.

Selected drugs have a quantity-dispensing limit that specifies duration of use or member age. A list of drugs that have quantity dispensing limits is contained in the Formulary found at: www.cencalhealth.org