Community Care Health
Quick Reference Guide – Pharmacy

COMMUNITY CARE HEALTH

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CCH Participating Provider Quick Reference Guide – Pharmacy

The Community Care Health (CCH) Pharmacy Quick Reference Guide provides an overview of key information for participating providers when prescribing medications for CCH members. For detailed information on members' pharmacy coverage and the use of the Formulary please visit the CCH website at **www.communitycarehealth.org**.

Question	Information
What is the Community Care Health Formulary?	The Community Care Health Formulary is a list of covered generic and brand name drugs selected by physician and pharmacist subject matter experts who support the Pharmacy and Therapeutics (P&T) Committee of our Pharmacy Benefit Manager (PBM), MedImpact. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. The Formulary is located at http://www.communitycarehealth.org/for-providers/#pharm. Instructions on how to use the document can be found on page 2.
Are there benefit exclusions?	Yes, there can be benefit exclusions for CCH members. Examples of exclusions can be found on page 6 of the Formulary.
Is there a list of Commonly Prescribed Drugs?	Yes, there is a preferred drug list (PDL) of commonly prescribed medications within select classes of drugs covered by the member's prescription drug plan. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner and is subject to change. The list can be found on the Community Care website under Pharmacy coverage.
Can the CCH Formulary change?	Yes, drugs may be added or deleted from the Formulary during the policy year, and the Formulary will be updated with any changes on a monthly basis. Changes will be effective on the first day of the month. If there is a change in drug or dosage form, if a drug is removed from the Formulary, if prior authorization, quantity limits and/or step therapy restrictions are added to a drug, or if a drug moves to a higher cost sharing tier, the plan will notify affected members of the change before the change becomes effective. If the FDA deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.
Can physicians request a Formulary exception?	Yes, a physician may request a Formulary Exception if the following rules have been met: 1. The request for coverage is for an indication supported by the medical literature. 2. To be considered, a request for a Formulary Exception can be submitted after the member has undergone a therapeutic trial with at least two different Formulary medication alternatives to the Non Formulary medication being requested. In cases where only one Formulary alternative exists, an adequate therapeutic trial with this one Formulary alternative will be required before coverage of the Non-Formulary medication will be considered. 3. Use of covered alternatives must be for a reasonable period of time, generally defined as one month of therapy or more, except in cases where the physician indicates a clinical reason why alternatives are ineffective, intolerable, or unsafe. 4. If the physician's request for coverage of the Non-Formulary medication is only based upon the physician's and/or member's unwillingness to change to a Formulary alternative, the request will not be considered. A physician must submit the request utilizing form 61-211. Please click here for the form Prescription Drug Prior Authorization / Step Therapy Exception Request Form. **If you have any questions, please contact MedImpact at (844) 348-8510 to speak with a representative**.

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Are there any restrictions on coverage of drugs on the Formulary?	Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include: • Prior Authorization: The plan requires members or their prescribing providers to obtain prior authorization for certain drugs. This means that the member will need to obtain approval before the prescription will be covered. • Quantity Limits: For certain drugs, the plan limits the amount of drug that is covered • Step Therapy: In some cases, the plan requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug. • Age Limit: For certain drugs, the plan limits coverage of the drug within a determined age limit. For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the Formulary listing using specific symbols.
How do I submit a prescription on behalf of a member?	To submit a prescription on behalf of a CCH member please click on the link to complete a Birdi Enrollment/Medication Order Form and submit electronically via ePrescribing or fax to (855) 873-8739.
How do I find a Participating Pharmacy?	To find a participating pharmacy, please go to https://www.communitycarehealth.org/find-a-provider.
Where do I call for additional questions or assistance?	For information regarding the Formulary or member prescription drug benefit, please call CCH Customer Service at (855) 343-2247, or for the hearing and speech impaired TTY (866) 735-2929 available Monday through Friday, between 8am and 5pm PST, or refer to the CCH Evidence of Coverage, available at www.communitycarehealth.org, click on Member Login.
Does CCH offers a program that allows real time benefit check for members?	Yes. CCH offers a program called Real Time Benefit Check (RTBC) which is part of the **MedPrescription Insight**® program. This program offers member-specific cost and coverage details, including low-cost therapeutic alternative drugs and preferred alternative pharmacies, to help reduce member/plan costs and improve formulary adherence. For more information on the program please send an email to MedImpact at ePrescribingTeam@medimpact.com or call 1 (844) 348-8510.