



# **Specialty and Injectable Medication Program**



**Prior Authorization,  
Ordering and Billing  
Processes**

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# Summary

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## PURPOSE

The purpose of the RegenceRx Specialty Medication Program is to provide a convenient outlet for physicians and members to obtain specialty and injectable medications for in-office or home use that process on either the member's medical or pharmacy benefit.

## INCLUSIONS

A list of common specialty and injectable medications that may be ordered from McKesson Specialty can be found in this booklet. Contact McKesson Specialty Customer Service at 1 (888) 456-7274 to discuss specific medication availability for a drug not found on the list.

## PRIOR AUTHORIZATION PROCESS

To promote appropriate use of specialty and injectable medications by our members, while deterring unproven or experimental uses, RegenceRx has implemented prior authorization and quantity level limits for select medications.

RegenceRx pharmacists and physicians check for medications that:

- May be prone to overuse or present potential safety issues.
- Have limited uses based on scientific studies or FDA approval.
- May be prescribed for conditions that are not a covered benefit.
- Require medical diagnostic tests to ensure a medical benefit.
- Have other less expensive options.

For up to date lists of medications requiring prior authorization, their associated Regence Group medical policies, and to access an electronic version of the RegenceRx Prior Authorization form, with the ability to submit the form online, visit [www.regencerox.com](http://www.regencerox.com).

## MEDICATION ORDERING PROCESS

1. Complete the McKesson Specialty Pharmacy Enrollment Form. A copy is included on page 8 in this booklet, or visit [www.regencerox.com](http://www.regencerox.com) for electronic versions.

**IMPORTANT:** If ordering medication for delivery to the patient's home, please include the delivery information in the **Shipping Information** section of the Enrollment Form. If ordering medication for delivery to physician's office, please include the suite, building, and/or floor numbers.

2. Fax the completed form to McKesson Specialty at **1 (888) 591-8482**.
3. You will be faxed a confirmation indicating the order was received.
4. If further information is needed for processing, your office will be contacted by fax or phone.
5. Please inform the patient that they may be contacted by McKesson for collection of a co-payment.
6. The prescription is filled, individually labeled and shipped to the address indicated on the request form. Please be sure to include suite, building numbers, etc.
7. All one-time-use administration supplies are included with every prescription, at no additional charge.
8. Medication return procedures are included with each order.
9. McKesson will automatically coordinate refills with your office and/or the patient after 20-23 days.

## **DELIVERY PROCEDURE/POLICY**

Scheduled orders will be delivered according to the following schedule:

- Refrigerated medications are shipped Monday through Thursday via overnight service.
- Non-Refrigerated medications are shipped Monday through Thursday via 2-day delivery unless needed sooner.

**Saturday deliveries** require approval from McKesson for non-urgent drugs.

**Urgent orders** - An order may be classified as urgent if failure to obtain the drug by the following business day could potentially jeopardize the health of the patient, result in hospitalization or an emergency room visit. Example: low molecular weight heparin. Saturday delivery is the standard method of delivery for all urgent drug orders received on a Friday (non-holiday). **For urgent orders, please indicate “URGENT” in the date needed field at the top of the Request Form.**

## **PARTIAL ORDER POLICY**

This policy is utilized for urgent, direct to patient orders when the patient, the physician or Regence cannot be contacted for any needed processing information. The balance of the order will be sent as soon as the additional processing requirements are met.

Reasons for a partial shipment of urgent orders include:

- Delivery address cannot be verified with patient or physician
- Member cannot be contacted to coordinate delivery
- The full order is not available due to limited supply by the manufacturer
- McKesson is unable to obtain authorization to dispense from the health plan

## **RETURN POLICY**

Included with each order is a sealed clear bag that will have the following items if you must return your medication to McKesson Specialty:

- Return Instructions – please review prior to submitting a return
- Reason for Return Form – please complete to indicate why you are returning the product.
- Pre-addressed pre-paid return air bill to affix to outside of package.

Note: Please return unused medication for proper disposal. Product returned to McKesson Specialty is not re-dispensed. Credit for returned pharmaceuticals is handled on a case-by-case basis. Please contact a McKesson Specialty Pharmacist at 1 (800) 249-3249 for specific questions.

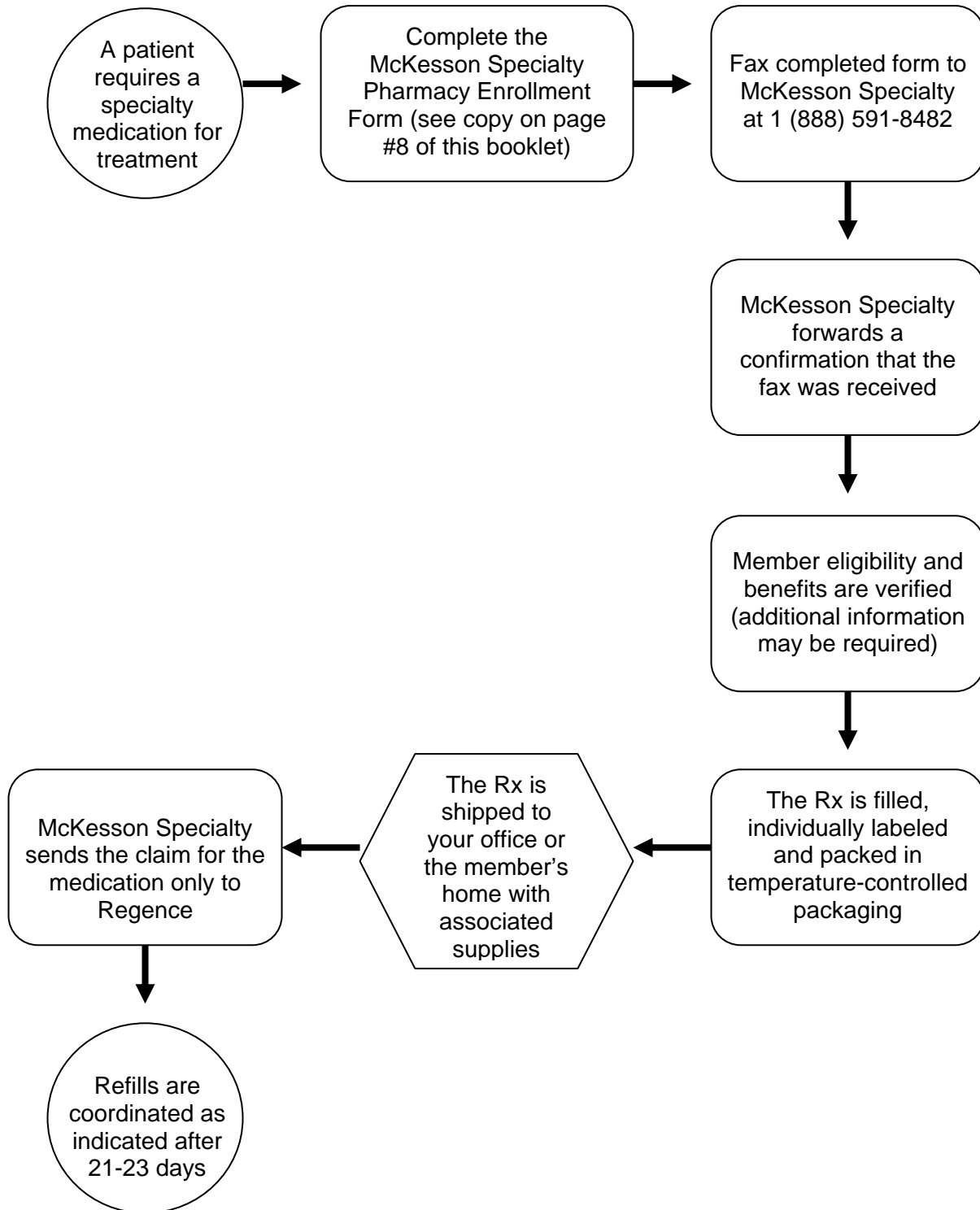
## **BILLING PROCESS**

McKesson Specialty will bill the specific Regence plan directly for the medications you order for your Regence patients. In the case of returns, McKesson Specialty may credit Regence. See our Return Policy for return guidelines.

However, you may continue to **bill Regence only for the administration of the medication, if given in the office and covered under the member’s medical benefit.** Reimbursement for administration of specialty and injectable medication is subject to any bundling or claims payment edits as defined by the plan and your provider contract. Your claim form must include the appropriate HCPCS and CPT administration codes. (McKesson Specialty will bill Regence for the medication.)

# Flowchart

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# Frequently Asked Questions

**Q: Who can participate in the RegenceRx Specialty and Injectable Medication Program with McKesson Specialty?**

A: Participation in this new program is available for all Regence members and providers.

**Q: What medications can I order from McKesson Specialty?**

A: A list of specialty and injectable medications that may be ordered from McKesson Specialty can be found in this packet or on the RegenceRx website at [www.regencerox.com](http://www.regencerox.com). Please contact McKesson Customer Service at 1 (888) 456-7274 to inquire about medications not listed.

**Q: How many doses may be ordered at a time?**

A: Usually one dispensing, or a 30-34 day supply of medication is the maximum allowed. However, you may indicate refills on the Request Form, and McKesson Specialty will contact your office and/or the patient to coordinate future delivery of refills.

**Q: What is the cut-off time for placing orders?**

A: Orders may be placed up to 5 PM Pacific Time, Monday through Friday, and until 11 AM Pacific Time on Saturday. When placing an order less than 1 hour prior to the cut-off time, you must indicate if "URGENT" next-day delivery is required. Note that when ordering drugs on a Saturday, the earliest delivery is Monday morning for urgent orders and Tuesday for non-urgent orders.

**Q: What qualifies as an urgent order?**

A: An order would be classified as urgent if failure to obtain the drug by the following business day could potentially jeopardize the health of the patient, result in patient hospitalization or emergency room visits.

**Q: How are urgent orders handled?**

A: Urgent orders will be shipped via overnight service. For special urgent order handling, please contact McKesson Customer Service at 1 (888) 456-7274.

**Q: Who do I call if I order medications and they are not delivered?**

A: Contact McKesson Customer Service at 1 (888) 456-7274. McKesson Specialty hours of operation: Monday through Friday 5 AM to 5 PM Pacific Time and Saturday 7 AM to 11 AM Pacific Time.

**Q: What do I do if I have ordered/received a medication for a Regence patient and it is not used, i.e., patient cancels appointment, change in therapy, etc.?**

A: The medication must be returned to McKesson Specialty. However, if your patient has rescheduled their appointment, please call McKesson Specialty to determine whether the medication should be held until that date or promptly returned to McKesson.

**Q: How do I return a medication to McKesson Specialty?**

A: Included with each order is a sealed clear bag that will have the following items needed if you must return your medication to McKesson Specialty:

- Return Instructions – please review prior to submitting a return
- Reason for Return Form - please complete to indicate why you are returning your product.
- Pre-addressed pre-paid return air-bill to affix to outside of package.

Note: Please return unused medications for proper disposal. Product returned to McKesson Specialty is not re-dispensed. Credit for returned medication is handled on a case-by-case basis. Please contact a McKesson Specialty Pharmacist at 1 (800) 249-3249 to determine if your return qualifies.

**Q: Will McKesson Specialty bill me for the medications I order for Regence patients?**

A: No, McKesson Specialty will bill Regence directly for the medication you order for your Regence patients. Any claims paid to a provider for medications provided by McKesson Specialty will be subject to a refund request and possible re-couplement.

**Q: Am I still required to submit a claim form to Regence?**

A: If administering an injectable medication in your office, you should continue to **bill Regence only for the administration of the medication**. Reimbursement for administration of specialty and injectable medication is subject to bundling or claims payment edits as defined by the plan and your provider contract. Your claim form must include the appropriate HCPCS and CPT administration codes. McKesson Specialty will bill Regence for the medication.

**Q: Whom do I call if I have any questions on the new program?**

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A: Please refer to the Key Contacts list included in the packet for appropriate contacts.

## **Key Contacts**

### **McKesson Specialty**

McKesson Specialty Customer Service  
Hours of Operation: Monday thru Friday, 5 AM to 5 PM (PST)  
Saturday, 7 AM to 11 AM (PST)  
Phone: 1 (888) 456-7274  
Fax: 1 (888) 591-8482

McKesson Specialty  
700 Waterfront Drive  
Pittsburgh, PA 15222

## Specialty and Injectable Medication List

This list includes commonly dispensed medications available through McKesson Specialty Pharmacy.

|                                               |                                                |                                                 |                                                     |                                                  |
|-----------------------------------------------|------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Acthar               | <input type="checkbox"/> Daunorubicin          | <input type="checkbox"/> Ifex                   | <input type="checkbox"/> Novoseven                  | <input checked="" type="checkbox"/> Serostim     |
| <input type="checkbox"/> Advate               | <input type="checkbox"/> Delatestryl           | <input type="checkbox"/> Imitrex Inj.           | <input checked="" type="checkbox"/> Nutropin and AQ | <input type="checkbox"/> Soliris                 |
| <input type="checkbox"/> Aldurazyme           | <input type="checkbox"/> Depo-Testosterone     | <input checked="" type="checkbox"/> Increlex    | <input checked="" type="checkbox"/> Octagam         | <input type="checkbox"/> Sprycel                 |
| <input type="checkbox"/> Alkeran              | <input type="checkbox"/> Doxorubicin           | <input checked="" type="checkbox"/> Infergen    | <input type="checkbox"/> Octreotide                 | <input type="checkbox"/> Stimote                 |
| <input type="checkbox"/> Aloxi                | <input type="checkbox"/> Elaprase              | <input type="checkbox"/> Innohep                | <input checked="" type="checkbox"/> Omnitrope       | <input type="checkbox"/> Supartz                 |
| <input type="checkbox"/> Alphanate            | <input type="checkbox"/> Eligard               | <input type="checkbox"/> Intron A               | <input type="checkbox"/> Ondansetron                | <input checked="" type="checkbox"/> Sutent       |
| <input type="checkbox"/> AlphaNine            | <input checked="" type="checkbox"/> Enbrel     | <input type="checkbox"/> Iressa                 | <input checked="" type="checkbox"/> Orenicia        | <input type="checkbox"/> Synvisc                 |
| <input checked="" type="checkbox"/> Amevive   | <input checked="" type="checkbox"/> Epogen     | <input checked="" type="checkbox"/> Iveegam     | <input type="checkbox"/> Orthovisc                  | <input type="checkbox"/> Tamoxifen               |
| <input type="checkbox"/> Anzemet              | <input type="checkbox"/> Eraxis                | <input checked="" type="checkbox"/> Kineret     | <input type="checkbox"/> Paclitaxel                 | <input checked="" type="checkbox"/> Tarceva      |
| <input checked="" type="checkbox"/> Aranesp   | <input type="checkbox"/> Erbitux               | <input type="checkbox"/> Koate                  | <input checked="" type="checkbox"/> Panglobulin     | <input type="checkbox"/> Taxol                   |
| <input type="checkbox"/> Aredia               | <input type="checkbox"/> Euflexxa              | <input type="checkbox"/> Kogenate               | <input type="checkbox"/> Paraplatin                 | <input type="checkbox"/> Taxotere                |
| <input type="checkbox"/> Arixtra              | <input type="checkbox"/> Fabrazyme             | <input type="checkbox"/> Kytril                 | <input checked="" type="checkbox"/> Peg-Intron      | <input type="checkbox"/> Temodar                 |
| <input type="checkbox"/> Autoplex T           | <input type="checkbox"/> Feiba                 | <input type="checkbox"/> Leucovorin             | <input checked="" type="checkbox"/> Pegasys         | <input checked="" type="checkbox"/> Tev-Tropin   |
| <input type="checkbox"/> Avastin              | <input type="checkbox"/> Fludara               | <input type="checkbox"/> Leukine                | <input type="checkbox"/> Platinol                   | <input type="checkbox"/> Thalomid                |
| <input type="checkbox"/> Avonex               | <input type="checkbox"/> Fluorouracil          | <input type="checkbox"/> Leuprolide             | <input checked="" type="checkbox"/> Polygam         | <input type="checkbox"/> Thymoglobulin           |
| <input type="checkbox"/> Baraclude            | <input checked="" type="checkbox"/> Forteo     | <input type="checkbox"/> Lovenox                | <input checked="" type="checkbox"/> Procrit         | <input type="checkbox"/> Thyrogen                |
| <input type="checkbox"/> Baygam               | <input type="checkbox"/> Fragmin               | <input type="checkbox"/> Lucentis               | <input type="checkbox"/> Profilnine                 | <input type="checkbox"/> Tobi                    |
| <input type="checkbox"/> BayRho-D             | <input type="checkbox"/> Fuzeon                | <input type="checkbox"/> Lupron Depot           | <input type="checkbox"/> Prograf IV                 | <input type="checkbox"/> Trelstar LA             |
| <input type="checkbox"/> Bebulin VH           | <input checked="" type="checkbox"/> Gamimune   | <input type="checkbox"/> Lupron                 | <input type="checkbox"/> Proplex                    | <input checked="" type="checkbox"/> Tykerb       |
| <input type="checkbox"/> Benefix              | <input checked="" type="checkbox"/> Gammagard  | <input type="checkbox"/> Mesnex                 | <input type="checkbox"/> Pulmozyme                  | <input checked="" type="checkbox"/> Tysabri      |
| <input checked="" type="checkbox"/> Betaseron | <input checked="" type="checkbox"/> Gammar     | <input type="checkbox"/> Methotrexate           | <input checked="" type="checkbox"/> Raptiva         | <input type="checkbox"/> Tyzeka                  |
| <input type="checkbox"/> Bexxar               | <input checked="" type="checkbox"/> Gamunex    | <input type="checkbox"/> Mitomycin              | <input type="checkbox"/> Ribavirin                  | <input type="checkbox"/> Vectibix                |
| <input checked="" type="checkbox"/> Botox     | <input type="checkbox"/> Gemzar                | <input type="checkbox"/> Mitoxantrone           | <input type="checkbox"/> Rebif                      | <input type="checkbox"/> Velcade                 |
| <input type="checkbox"/> Camptosar            | <input checked="" type="checkbox"/> Genotropin | <input type="checkbox"/> Monarc-M               | <input type="checkbox"/> Recombinate                | <input checked="" type="checkbox"/> Venoglobulin |
| <input checked="" type="checkbox"/> Carimune  | <input checked="" type="checkbox"/> Gleevec    | <input type="checkbox"/> Monoclate-P            | <input type="checkbox"/> Refacto                    | <input type="checkbox"/> Vinblastine             |
| <input type="checkbox"/> Cellcept             | <input type="checkbox"/> Helixate              | <input type="checkbox"/> Mononine               | <input checked="" type="checkbox"/> Remicade        | <input type="checkbox"/> Vincristine             |
| <input checked="" type="checkbox"/> Cerezyme  | <input type="checkbox"/> Hemofil M             | <input checked="" type="checkbox"/> Myobloc     | <input checked="" type="checkbox"/> Revlimid        | <input type="checkbox"/> Vivitrol                |
| <input type="checkbox"/> Cerubidine           | <input type="checkbox"/> Hepsera               | <input type="checkbox"/> Myozyme                | <input type="checkbox"/> Rhogam                     | <input type="checkbox"/> Xeloda                  |
| <input type="checkbox"/> Cesamet              | <input type="checkbox"/> Herceptin             | <input type="checkbox"/> Navelbine              | <input type="checkbox"/> Rilutek                    | <input checked="" type="checkbox"/> Xolair       |
| <input type="checkbox"/> Copaxone             | <input type="checkbox"/> Humate-P              | <input type="checkbox"/> Neulasta               | <input type="checkbox"/> Risperdal Consta           | <input type="checkbox"/> Zenapax                 |
| <input type="checkbox"/> Cytarabine           | <input checked="" type="checkbox"/> Humatrope  | <input type="checkbox"/> Neumega                | <input type="checkbox"/> Rituxan                    | <input type="checkbox"/> Zofran                  |
| <input type="checkbox"/> Cytogam              | <input checked="" type="checkbox"/> Humira     | <input type="checkbox"/> Neupogen               | <input type="checkbox"/> Roferon-A                  | <input checked="" type="checkbox"/> Zolinza      |
| <input type="checkbox"/> Cytosan              | <input type="checkbox"/> Hyalgan               | <input checked="" type="checkbox"/> Nexavar     | <input checked="" type="checkbox"/> Saizen          | <input type="checkbox"/> Zoladex                 |
| <input type="checkbox"/> Dacarbazine          | <input type="checkbox"/> Hyate C               | <input checked="" type="checkbox"/> Norditropin | <input type="checkbox"/> Sandimmune                 | <input type="checkbox"/> Zometa                  |
|                                               | <input type="checkbox"/> Hycamtin              | <input type="checkbox"/> Novantrone             | <input type="checkbox"/> Sandostatin                |                                                  |

- Medication coverage is dependent on the member's contractual benefit.
- Please note that medications with a filled box (■) require prior authorization. For more information or to view medical policies please visit [www.regencerrx.com](http://www.regencerrx.com).
- This list is subject to change and some products may have limited availability based on market conditions.
- For questions, please call McKesson Specialty at **1.888.456.7274**.

## McKesson Specialty Pharmacy Enrollment Form

**Fax completed form to: 1 (888) 591-8482**

**For customer service call: 1 (888) 456-7274**

### Plan Information

Select Plan:  Regence Life and Health     Regence BlueShield of Idaho     Regence BlueCross BlueShield of Oregon  
 RegenceRx     Asuris Northwest Health     Regence BlueShield (Washington)     Regence BlueCross BlueShield of Utah

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shipping Address (if different): \_\_\_\_\_  
 Shipping Instructions: \_\_\_\_\_  
 Patient I.D.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M     F  
 Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Primary language: \_\_\_\_\_  
 Best time to contact Patient:     Morning     Evening

### Provider Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Clinic/Hospital: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Ship to MD    Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 DEA #: \_\_\_\_\_ State License #: \_\_\_\_\_ State Medicaid #: \_\_\_\_\_

### Statement of Medical Necessity

Patient Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_  
 Is patient already on this medication? \_\_\_\_\_ Approximate start date: \_\_\_\_\_  
**Medical Rationale:** \_\_\_\_\_

Please list which medications the patient has tried for this diagnosis (include chart notes if possible):

| Medication Name | Dosage | Date(s) of Therapy | Outcome |
|-----------------|--------|--------------------|---------|
|                 |        |                    |         |
|                 |        |                    |         |
|                 |        |                    |         |

Other medication(s) patient is taking: \_\_\_\_\_  
 Patient height: \_\_\_\_\_ Patient weight: \_\_\_\_\_

### Prescription

Medication Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Quantity: \_\_\_\_\_ Strength: \_\_\_\_\_ Refills: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Directions: \_\_\_\_\_

\_\_\_\_\_  
**Substitution Permitted (Signature)**

\_\_\_\_\_  
**Dispense As Written (Signature)**

**PHYSICIAN SIGNATURE & DEA # REQUIRED TO VALIDATE PRESCRIPTIONS**



[www.RegenceRx.com](http://www.RegenceRx.com)