



August 29, 2007

Dear Provider,

This letter is to notify our providers of a new process that Delaware Physicians Care, Incorporated (DPCI) will be implementing October 1, 2007. This process is related to injectable drugs (J-codes, Q-codes) that are generally all subject to prior authorization. The drugs that fall into these categories are described further in this communication. It is important to note that these codes are subject to change over time with the potential for additions and deletions to the list of drugs.

### **SPECIALTY PHARMACY IMPLEMENTATION**

DPCI has entered into an agreement with Curascript Pharmacy to provide specialty pharmacy products to provider offices for our membership. Enclosed is a new pharmacy authorization form and a list of injectables and associated infusions that currently require prior authorization and will fall under this new process. This new form will need to be utilized effective October 1<sup>st</sup> for any of the injectables and associated infusions on the list provided. The pharmacy authorization form should be faxed to 1- 888-773-7386.

DPCI's Pharmacy Department will review the request for prior authorization. If the request is approved, you will be notified via fax. Within three (3) business days of an approval, Curascript will mail the drug directly to your office and if it is urgent, within forty-eight (48) hours of an approval. This means you will no longer have to purchase the drug and bill DPCI to receive reimbursement. DPCI will continue to reimburse you for the administration of these drugs. Should your request for an injectable drug be denied authorization, DPCI will notify you and the respective member of the outcome according to our normal denial notification process. A representative from DPCI will be contacting you within the next couple of weeks to ensure you understand the process and answer any questions you might have. If you have any questions before then, please call Taunja Durham at (302) 894-6723 or Jamie McCarrick at (302) 894-6733.

Sincerely,

A handwritten signature in black ink, appearing to read "Stanley S. Lynch, Jr.", written in a cursive style.

Stanley S. Lynch, Jr., MD, FAAP  
Chief Medical Officer

Enclosures (3)



**DELAWARE**  
I N C O R P O R A T E D

**INJECTABLES REQUIRE PRIOR AUTHORIZATION AND WILL BE  
SUPPLIED DIRECTLY TO PHYSICIAN OFFICES BY CURASCRIPT  
SPECIALTY PHARMACY**

- J0129** Injection, abatacept, 10 mg
- J0135** Injection, adalimumab, 20 mg
- J0215** Injection, alefacept, 0.5 mg
- J0585** Botulinum toxin type A, per unit
- J0587** Botulinum toxin type B, per 100 units
- J0881** Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
- J0882** Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
- J0885** Injection, epoetin alfa, (for non-ESRD use), 1000 units
- J0886** Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
- J1438** Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
  
- J1440** Injection, filgrastim (G-CSF), 300 mcg
- J1441** Injection, filgrastim (G-CSF), 480 mcg
- J1745** Injection, infliximab, 10 mg
- J2315** Injection, naltrexone, depot form, 1 mg
- J2355** Injection, oprelvekin, 5 mg
- J2357** Injection, omalizumab, 5 mg
- J2505** Injection, pegfilgrastim, 6 mg
- J2941** Injection, somatropin, 1 mg
- J3490** Unclassified drugs
- Q4081** Injection, epoetin alfa, 100 units (for ESRD on dialysis)
- Q4083** Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
- Q4084** Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose
- Q4085** Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
- Q4086** Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
- J3590** Unclassified biologics



## **SPECIALTY PHARMACY IMPLEMENTATION FAQ's**

**What is the start date that DPCI will no longer reimburse me for the drugs?**

**Effective October 1, 2007, DPCI will only reimburse physicians for the administration of the following injectables:**

**J0129, J0135, J0215, J0585, J0587, J0881, J0882, J0885, J0886, J1438, J1440, J1441, J1745, J2315, J2355, J2357, J2505, J2941, J3490, J3590, Q4081, Q4083, Q4084, Q4085, Q4086**

**Where do I fax this new form to request prior authorization?**

**1-888-773-7386**

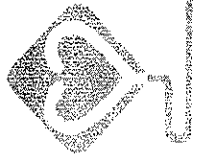
**Where do I call to request prior authorization?**

**1-877-283-2829**

**If I have my own stock of the drug and the authorization was approved by DPCI, can I use my stock and replace it when the Curascript shipment arrives?**

**This is a business decision that you can make. However, DPCI cautions you to confirm member eligibility and that DPCI has approved the authorization before you administer any drug to the member.**

**For additional information on this specialty pharmacy initiative, please visit our website at: [www.delawarephysicianscare.com](http://www.delawarephysicianscare.com)**



# DELAWARE

INCORPORATED

## SPECIALITY MEDICATION AUTHORIZATION FORM: URGENT ROUTINE REFERRAL

To Be Completed by Physician's Office and Faxed to Delaware Physician's Care, Incorporated at 888-773-7386. Supporting medical records and documentation as well as completing this form are required for processing your request. Incomplete information will result in a delay of processing your request. The information must be faxed to the number above within 3 business days or your request will be denied.

Today's Date: \_\_\_\_\_

### Member Information:

Last Name		First Name		Physician's Name (please print)		Pay To/Group Name	
ID Number	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	Shipping Address	City	State	Zip	
Home Address	City	State	Phone Number	Fax Number			
Date Medication Needed		Office Contact					

Primary Insurance Company  
Schaller Anderson - ESI Delaware Physician Care (DIV DSA)  
DSA Fax # 877-861-2611

Member ID #	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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### Medication Information:

Medication:	Strength:	Quantity:	Refill x	month(s)
Direction for Use:	Patient Ht:	Patient Wt:	Allergies:	
Physician's Signature:	UPIN #/DEA:			
Primary Diagnosis:	ICD 9 Code:	Est Start of Therapy:		
Medical History				

To Be Completed By Schaller Anderson and Faxed to CuraScript for Processing | CuraScript Phone: 1-866-848-9870 | CuraScript Fax: 1-888-773-7386

Authorization Approved and Override Entered  Authorization Denied

PHYSICIAN SIGNATURE REQUIRED TO VALIDATE PRESCRIPTIONS