

**Ryan White Primary Care Medical Care
Nutritional Supplement Prior Authorization**

Ryan White Primary Care Nutritional Supplement Program

This short-term nutritional supplement program is for Ryan White Primary Care (RWPC) patients who meet strict medical criteria only. Patients are eligible for a maximum of three cans per day for four weeks, with up to two refills. Any 30-day prescription totaling more than \$450 will be denied. Once the refill limit is met, the prescribing physician or registered dietitian (RD) must provide medical criteria for continuing the patient on supplements AND refer the patient to Medi-Cal (see instruction #3). Patients who fail to apply for Medi-Cal within 60 days of referral date will lose RWPC eligibility (see below*).

Instructions:

1. Products are only available to patients who meet the following medical criteria: malabsorption, persistent decrease from usual body weight ($\cong 5\%$), inability to take solid food, $<95\%$ of ideal BW, other medical criteria documented by the prescribing physician or RD.
2. Phone in prescriptions to one of the participating pharmacies, below. The nutritionist or nurse may call in prescriptions using the primary physician's name. The number of authorized refills (maximum of 2) must be indicated when requesting the prescription. Product selection is only limited to the pharmacy's supply. Prescriptions will be available at the pharmacy for pickup or delivery at no charge to the patient.
3. It is only necessary to complete the prior authorization request form below if the patient's medical needs exceed the allowable 90-day supplement supply. To continue prescriptions beyond 90 days, fax the completed form and the Medi-Cal referral letter (if indicated) to AmeriChoice (858-495-1399). When approved, AmeriChoice will notify the PBM to over-ride the restriction for an ongoing supply.

PRIOR AUTHORIZATION REQUEST:

Clinic	Physician	RD (if applicable)	Contact Phone
Patient Name		SSN	Date of Birth
Continuing Product _____			
Dispense: _____ cans per day for _____ weeks (max 3 cans/day) Refills: _____			
Medical Justification: _____			
Patient referred to Medi-Cal? <input type="checkbox"/> Yes (fax referral form to AmeriChoice along with this prescription) <input type="checkbox"/> No* If not, why? _____			
Prescribing Physician or Registered Dietitian Signature _____			Date _____
*Medi-Cal referral requirement is only for patients whose medical condition necessitates continuing supplements beyond 3 months. Patients in a Medi-Cal "pending" status and those who cannot qualify for Medi-Cal are exempt from the Medi-Cal referral requirement. Reason for not providing Medi-Cal referral must be documented in the space provided above.			

**Ryan White Primary Care Medical Care
Nutritional Supplement Prior Authorization**

RWPC pharmacies with products available for pickup or delivery:

**UCSD Med Center Pharmacy
200 W Arbor Dr
San Diego, CA 92103
(619) 543-6194**

**Park Blvd Pharmacy
3904 Park Blvd
San Diego, CA 92103
(619) 295-3109**

**Galloways Pharmacy
2995 National Ave
San Diego, CA 92113
(619) 525-1551**

**Statscript Pharmacy
3900 5th Ave #110
San Diego, CA 92103
(619) 291-5474**

**Procure Pharmacy
1010 University
San Diego, CA 92103
(619) 2917377**

**Community Pharmacy –Escondido
757 E Valley Pkwy
Escondido, CA 92025
(760) 743-6300**

**Priority Pharmacy
3935 First Ave
San Diego, CA 92103
(619) 688-2290**

**Hillcrest Pharmacy
3689 Fourth Ave
San Diego, CA 92103
(619) 260-1010**

RWPC pharmacies with products currently available for pickup only:

**San Ysidro Health Center
4004 Beyer Blvd
San Ysidro, CA 92173
(619) 662-4142**

**Price Rite Discount Pharmacy
5115 Garfield
San Diego, CA 91941
(619) 469-0161**

**Tri City Community Health Center
161 Thunder Dr #212
Vista, CA 92083
(760) 631-5030**

**Logan Heights Family Health Center
1809 National Ave
San Diego, CA 92113
(619) 515-2300**

**Price Rite Pharmacy
10080 Carroll Canyon Rd
San Diego, CA 92131
(858) 860-2065**

**Escondido Community Clinic
460 North Elm
Escondido, CA 92125
(760) 737-2000**

**Comprehensive Health Center Pharmacy
3177 Ocean View Blvd
San Diego, CA 92113
(619) 231-9300**