

# North Carolina Medicaid Special Bulletin



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## **Attention: All Providers and Pharmacists Prior Authorization for Prescription Drugs**

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Beginning March 4, 2002, the N.C. Medicaid program implemented a prior authorization (PA) process for certain prescription drugs. ACS State Healthcare in Atlanta, Georgia has been contracted to provide this service for N.C. Medicaid.

### **Prescription Drugs Requiring Prior Authorization**

These prescription drugs were chosen based on cost and the high potential for overuse by a panel of clinical and academic physicians and pharmacists. Prior authorization allows N.C. Medicaid to ensure that these prescription drugs are used responsibly and as they are intended. They are:

- Drugs used to treat ADHD (for persons 19 and older)
- Procrit, Epogen
- Neupogen
- OxyContin
- Growth hormones
- Provigil
- Rebtron
- Vioxx, Celebrex, Bextra (for persons 59 years of age or younger)
- Enbrel
- Botox, Myobloc, Zyban, Nicotrol, Habitrol
- Synagis, RespiGam (these require prior authorization beginning April 1, 2002)

### **The Prior Authorization Process**

1. The prescriber contacts the ACS Clinical Call Center (in Atlanta, Georgia) directly by phone, fax, e-mail or mail. Hours of operation are Monday through Friday, 7:00 a.m. to 11:00 p.m., and Saturday through Sunday, 7:00 a.m. to 6:00 p.m.

Phone: **1-866-246-8505**  
Email: **nc.providerrelations@acs-inc.com**  
Fax: **1-866-246-8507**  
Mail: **ACS State Healthcare, Prior Authorization Department  
365 Northridge Road, Ste. 400  
Atlanta, GA 30350**

2. Prescriber offers information as specified in the PA form (see page 5). (**Note:** Neupogen, Procrit, and Epogen require specialized PA forms. Copies of these forms are available on pages 6 and 7.) All of the PA forms are available online at <http://www.ncmedicaidpbm.com>.

In most cases, PA decisions will be made within 10 minutes. All requests will be answered within 24 hours. The pharmacy does not initiate a PA request.

3. If PA is approved, ACS updates the system immediately. A PA number is not issued to the requestor. The POS claims processing system manages this information.
4. The billing pharmacy submits the claim for reimbursement. If the prescriber has not obtained PA, the POS will return one of the following messages:
  - PA REQ. PRESCRIBER CALL ACS.
  - CLAIM DENIED. LIMITS EXCEEDED.

In this case, the billing pharmacy may contact ACS at 1-866-246-8505 to verify the status of the PA request or notify the recipient's physician to call ACS. The pharmacist may not contact ACS to request PA.

### **Emergency or 72-Hour Supply**

Should a pharmacy need to dispense medication to a recipient in an emergency, the pharmacist can dispense a 72-hour supply without prior authorization.

Reimbursement for prescriptions dispensed in an emergency or for a 72-hour supply must be submitted as a paper claim to the address listed below. The dispensing fee and recipient copay may not be collected until the remainder of the drug is dispensed. A 72-hour emergency supply does not count towards the six prescriptions per month limit.

**Note:** Submission of paper claims is a temporary measure. The online system will be upgraded over the next few months to eliminate the need for paper claims.

Mail paper claims to:

**EDS  
ATTN: Dora De Van  
4905 Waters Edge Drive  
Raleigh, NC 27606**

## Frequently Asked Questions

<b>Age Limits on ADHD Drugs and NSAIDs</b>	
<b>Q:</b> What are the age limits on scripts for Celebrex, Vioxx ,and Bextra?	<b>A:</b> All scripts for recipients aged 60 and over will adjudicate automatically; a PA is only required if the recipient is 59 years of age or younger
<b>Smoking Cessation</b>	
<b>Q:</b> Explain the smoking cessation drug limitations.	<b>A:</b> Recipients can receive each of the 3 drugs on the PA list twice during their lifetime for 3 months per drug. Thus, a recipient can get Zyban for 6 months, Nicotrol for 6 months, and Habitrol for 6 months.
<b>PA Durations</b>	
<b>Q:</b> How often does the prescriber have to request PA for a given drug?	<b>A:</b> In general, PA is good for one year. In cases where the treatment term is several weeks or months but less than a year, the prescriber can specify the amount of time for which the PA is applicable.
<b>PA Criteria</b>	
<b>Q:</b> Where can I get the PA criteria?	<b>A:</b> All PA criteria are available online at <a href="http://www.ncmedicaidpbm.com">http://www.ncmedicaidpbm.com</a> ; refer to the PA page.
<b>PA Initiation</b>	
<b>Q:</b> Can a doctor initiate a PA request before the recipient arrives at the pharmacy and receives a claim denial?	<b>A:</b> Yes; the doctor can contact ACS as soon as the prescription is written to request a PA and, if enough time has passed for the system to be updated with the PA, the script will then adjudicate when the recipient goes to the pharmacy.
<b>PA Timeframe</b>	
<b>Q:</b> What is the fastest way to receive a PA outcome for a prescriber?	<b>A:</b> If the doctor calls ACS for the PA and receives an authorization over the phone, the system will also be updated at that time. The fastest way to request PA is by phone.
<b>Medically Necessary</b>	
<b>Q:</b> If a prescriber feels the treatment is medically necessary, what can be done to expedite the PA process?	<b>A:</b> To expedite the PA outcome, include with your request the reason why the treatment is medically necessary.
<b>Ambulatory Patients - PA</b>	
<b>Q:</b> Are medications dispensed in the doctor's office and by home health care providers subject to PA?	<b>A:</b> Prescription drugs billed through the Medicaid Pharmacy Program are subject to PA. Drugs administered in a prescriber's office are not billed through the Pharmacy Program. IV drugs administered in the recipient's home and prescription drugs for recipients in nursing homes are covered through the Pharmacy Program and may therefore be subject to PA. .
<b>Recipient Concerns</b>	
<b>Q:</b> If recipients have concerns about the program, whom should they contact?	<b>A:</b> Call the toll-free Care-Line at 1-800-662-7030.

## Website

Additional information, including PA criteria, frequently asked questions, and PA forms for Neupogen, Procrit, and Epogen, is available on the web at <http://www.ncmedicaidpbm.com>.

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### North Carolina Medicaid Miscellaneous Drug Request Form

Request Date \_\_\_\_\_

Recipient's Medicaid ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Recipient's Full Name \_\_\_\_\_

Is Recipient Medicare eligible? \_\_\_\_\_ Institutionalized? \_\_\_\_\_ Pregnancy Status? \_\_\_\_\_

Prescriber Full Name \_\_\_\_\_ Prescriber DEA # \_\_\_\_\_

Prescriber Address (mandatory) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prescriber Telephone # \_\_\_\_\_ Prescriber Fax # \_\_\_\_\_

Prescriber E-mail Address \_\_\_\_\_

Drug : \_\_\_\_\_

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Quantity: \_\_\_\_\_ Length of Therapy on Prescription \_\_\_\_\_

Dosage and frequency of dosing: \_\_\_\_\_

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1. Diagnosis: \_\_\_\_\_

2. Previous therapy (include drug/dose/duration): \_\_\_\_\_

3. Reason for use of Non-formulary drug or agent requiring prior approval: \_\_\_\_\_

\_\_\_\_\_

4. Pertinent lab data (Dated within the last 3 months): \_\_\_\_\_

5. Other pertinent information: \_\_\_\_\_

6. Possible drug interactions/conflicting drug therapies: \_\_\_\_\_

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**Instructions to submit:** (Choose one)

**To Fax or Mail:**

1. Form may be completed electronically or handwritten.
2. Fax or mail to ACS State Healthcare.

**To Email:**

1. Save the form using a different filename.
2. Complete electronically.
3. Email as an attachment to ACS State Healthcare.

**Send to:**

ACS State Healthcare, Prescription Benefits Management  
 Prior Authorization Dept.  
 Northridge Center One, Suite 400  
 365 Northridge Road  
 Atlanta, GA 30350

**Fax:** (866) 246-8507

**Phone:** (866) 246-8505; M-F 7am-11pm, EST; S-S 7am-6pm, EST

**E-mail:** [nc.providerrelations@acs-inc.com](mailto:nc.providerrelations@acs-inc.com)

**FOR AFFILIATED COMPUTER SERVICES (ACS) USE ONLY**

Date: \_\_\_\_\_ Notified: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

### NORTH CAROLINA MEDICAID Procrit / Epogen Prior Authorization

Request Date \_\_\_\_\_

Recipient's Medicaid ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recipient's Full Name \_\_\_\_\_

Prescriber Full Name \_\_\_\_\_

Prescriber DEA # \_\_\_\_\_ Prescriber Telephone # \_\_\_\_\_

Prescriber Fax \_\_\_\_\_

Prescriber E-mail Address \_\_\_\_\_

Prescriber Address (mandatory) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drug Strength / NDC (If available) submitted on claim \_\_\_\_\_

1. What is the diagnosis or the indication for the product:
  - Anemia associated with renal failure if patient is **not** on dialysis
  - Anemia associated with HIV infection
  - Anemia associated with chemotherapy
  - Blood transfusions, allogenic, in anemic surgery patients
  - Other \_\_\_\_\_
  
2. Is this New Therapy (  ) or Continuation of Therapy (  )?
  
3. Does the patient have gastrointestinal bleeding?
  - Yes  No
  
4. For surgical patients, is the patient willing to donate blood?
  - Yes  No
  
5. Lab Test Date (Dated within the last 3 months): \_\_\_\_\_  
 Hematocrit: \_\_\_\_\_% Hemoglobin: \_\_\_\_\_g/dl
  
6. What is the dosage and frequency of dosing? \_\_\_\_\_

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**FOR AFFILIATED COMPUTER SERVICES (ACS) USE ONLY**

Date: \_\_\_\_\_ Notified: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

# NORTH CAROLINA MEDICAID Neupogen Prior Authorization

Request Date \_\_\_\_\_

Recipient's Medicaid ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Recipient's Full Name \_\_\_\_\_

Prescriber Full Name \_\_\_\_\_ Prescriber DEA # \_\_\_\_\_

Prescriber Address (mandatory) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prescriber Telephone # \_\_\_\_\_ Prescriber Fax # \_\_\_\_\_

Prescriber E-mail Address \_\_\_\_\_

Drug Strength / NDC (If available) submitted on claim \_\_\_\_\_

1. What is the diagnosis or indication for the product? Please check below.
  - Cancer patients receiving myelosuppressive chemotherapy
  - Cancer patients receiving bone marrow transplant
  - Acute Myeloid Leukemia receiving induction or consolidated chemotherapy
  - Peripheral blood progenitor cell collection and therapy in cancer patient
  - congenital     cyclic     idiopathic    Severe Chronic Neutropenia
  - Severe neutropenia in AIDS patients on antiretroviral therapy
2. Is this New Therapy (  ) or Continuation of Therapy (  )?
3. Lab Test Date (Dated within the last 3 months): \_\_\_\_\_  
 Absolute Neutrophil Count: \_\_\_\_\_cells/mm<sup>3</sup>
4. What is the date range of therapy?  
 Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_
5. What is the dosage and frequency of dosing? \_\_\_\_\_

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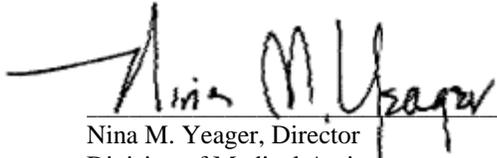
**FOR AFFILIATED COMPUTER SERVICES (ACS) USE ONLY**

Date: \_\_\_\_\_ Notified: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

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Nina M. Yeager, Director  
Division of Medical Assistance  
Department of Health and Human Services



Ricky Pope  
Executive Director  
EDS

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