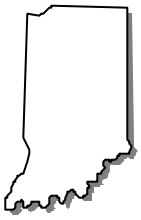

P R O V I D E R B U L L E T I N

B T 2 0 0 2 2 5 J U N E 7 , 2 0 0 2

To: All Indiana Medicaid Prescribers and Pharmacy Providers

Subject: Indiana Rational Drug Program Phase III

Note: The information in this bulletin regarding prior authorization payment methodology does not apply to practitioners and providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

The Prior Authorization (PA) department of Health Care Excel (HCE) will initiate the third phase of the Indiana Rational Drug Program (IRDP), entailing addition of three drugs to the program, effective July 22, 2002. The Indiana Medicaid Drug Utilization Review Board, after careful review, approved the addition of the following drugs to the IRDP; Duragesic® (fentanyl patches), hydrocodone/acetaminophen combination products, and oxycodone/acetaminophen combination products. As with prior additions to the IRDP, the PA requirement applies to fee-for-service, Primary Care Case Management (PCCM), and Package C members. The goal of the IRDP is to promote quality of care and control costs. The IRDP is administered in compliance with all applicable provisions of both state and federal law. Prescribing practitioners will be responsible for initiating and obtaining PA for all prescriptions they issue that require PA. Attached to this bulletin is the required form for PA requests for the drugs being added to IRDP. Existing rules and procedures will remain in effect regarding appeals of denied PA requests. The prescriber may request an administrative review by submitting a written request to the following address.

Health Care Excel
Prior Authorization Department
Attn: Indiana Rational Drug Program
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214
Telephone: (317) 347-4511
Fax: (317) 347-4537
Toll Free: 1-800-457-4518

Questions about this bulletin may be directed to the HCE Medical Policy department at (317) 347-4500.

Prior Authorization Process

Prior authorization will be assigned to drug categories related to the PA program, and not by national drug codes (NDCs). Prescribers and authorized office personnel can submit requests via telephone, fax, or mail to the following office site:

Health Care Excel
Prior Authorization Department
Attn: Indiana Rational Drug Program
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214
Telephone: (317) 347-4511
Toll Free: 1-800-457-4518, option 5
Fax: (317) 347-3593

Each request will be entered into Indiana*AIM* and given a unique PA number. There will be a 24-hour response by telephone, fax, or mail for all requests. Telephone authorizations are given for one month only, and then a written PA request must be completed and faxed or mailed to the HCE PA department. The 24-hour response by mail will begin on the date and time the mail was received by HCE. When the PA office is closed, provisions have been made within Indiana*AIM* to authorize the provision of a minimum 72-hour supply of medications. Business hours for the PA department are 7:30 a.m. – 6 p.m. Indianapolis time, Monday through Friday. A recorded message on the telephone line will instruct those who call after hours, weekends, or holidays that when the office is closed, the pharmacist may issue a supply of drugs that will cover a minimum of 72 hours. During long holiday weekends, larger quantities will be available.

CRITERIA FOR DURAGESIC â (FENTANYL PATCHES)

Prior approval is required for more than 10 patches of any dosage strength each 30-day period. Approval will be given for management of chronic intractable pain only.

> *Note: A PA form is **required** and must be filled out completely for processing PA requests. You can obtain the form from this bulletin, on the IHCP web site at www.indianamedicaid.com, or by calling EDS Customer Assistance at 1-800-577-1278 or (317) 655-3240.*

CRITERIA FOR HYDROCODONE AND OXYCODONE IN COMBINATION WITH ACETAMINOPHEN

Prior Authorization is required for requests exceeding 1500 milligrams of hydrocodone per 30-day period. A quantity limit will be placed on the number of hydrocodone/acetaminophen and oxycodone/acetaminophen combination tablets over any given 30-day period. This quantity limit is based on a maximum allowable dose of 3000 milligrams per day of acetaminophen.

> *Note: A PA form is **required** and must be filled out completely for processing PA requests. You can obtain the form from this bulletin, on the IHCP web site at www.indianamedicaid.com, or by calling EDS Customer Assistance at 1-800-577-1278 or (317) 655-3240.*

INDIANA RATIONAL DRUG PROGRAM AUTHORIZATION REQUEST

(# REQUIRED IF MEDICAID PROVIDER)
Requesting Provider # _____ Phone _____ FAX _____
Name _____
Address _____
City/State/Zip _____

Rendering Provider # _____ Phone _____ FAX _____
Name _____
Address _____
City/State/Zip _____

Patient Information
RID No. _____
DOB _____
Name _____
Address _____
City/State/Zip _____

MEDICAL DIAGNOSIS:
Primary _____
Secondary _____
Has medication been previously provided? Yes ☐ Date _____ No ☐

WARNING: AUTHORIZATION IS VALID ONLY IF THE MEMBER IS ELIGIBLE ON THE DATE THAT SERVICE WAS PROVIDED.

REQUESTED DRUG	STRENGTH	QUANTITY	DOSAGE REGIMEN

Please add a brief summary that would help document the need for the above listed medications.
Clinical Summary: A current plan of treatment and progress notes may be requested for documentation.

Signature of Requesting Provider _____ **Date** _____
(original signature required)

The above sections must be completed or the request will be rejected.

FORWARD TO:
HCE Prior Authorization Department
Indiana Rational Drug Program
2629 Waterfront Parkway East Drive, Suite 200
Indianapolis, IN 46214
Or fax to (317) 347-3593

Date of Submission _____

Reason for Denial of Request or Specific Notes:

Authorization/Denial Status	Prior Authorization Number	Date of Request	Therapeutic Class/Generic Code

CONFIDENTIAL INFORMATION

NOTE: This form has been revised since publication in Bulletin BT200148. Please use this version of the form for all prior authorization requests for drugs.