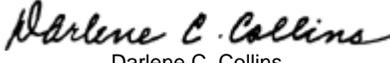


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Procedure to Bill Anti-Ulcer Drugs Requiring Prior Authorization	BY  Darlene C. Collins Deputy Secretary for Medical Assistance Programs
NUMBER:	19-96-05	
ISSUE DATE:	April 2, 1996	
EFFECTIVE DATE:	January 7, 1996	

PURPOSE:

The purpose of this bulletin is to provide pharmacies with billing procedures for submitting claims for anti-ulcer drugs requiring prior authorization.

SCOPE:

This bulletin applies to all pharmacies enrolled in the Medical Assistance Program.

BACKGROUND:

Starting January 7, 1996, the Department will begin to require prescribers to request approval to prescribe certain anti-ulcer drugs in certain situations. The anti-ulcer drugs to which the requirement will apply are listed below and include all strengths and dosage forms or any generic equivalents that are or may become available in the marketplace.

AXID (nizatidine)	PREVACID (lansoprazole)
CARAFATE (sulcralfate)	PRILOSEC (omeprazole)
CYTOTEC (misoprostol)	TAGAMET (cimetidine)
PEPCID (famotidine)	ZANTAC (ranitidine)

Those situations that will require prior authorization for anti-ulcer drugs are:

1. Continuation of treatment at the acute dosage level or any dosage level higher than the manufacturer's recommended maintenance dosage level in excess of 90 days for any condition.
2. Concurrent use with another anti-ulcer drug at any dosage level.
3. A change from one anti-ulcer drug to another during the 90 day acute stage.
4. New prescriptions issued for continued use at the acute dosage level.

The Department will NOT require prior authorization for:

1. Prescriptions written for the initial 90 days at the acute dosage level during any given 9 month period.
2. Prescriptions whose daily dosage does not exceed the maintenance levels recommended for treating gastric or duodenal ulcers at any time.

DISCUSSION:

When prescribers call the Department for approval to prescribe anti-ulcer drugs for any situation that requires prior authorization, the Department will issue a 10 digit prior authorization number. The prescriber must include this 10 digit number on the prescription. The prior authorization number will authorize payment of the anti-ulcer drug when required.

Each prior authorization number will apply only to that particular prescription and its refills for that particular patient for up to 5 refills within a six month time period. Prescribers must request a new approval and be issued a new prior authorization when the prescription expires.

Pharmacies will be required to include the prior authorization number assigned to that prescription if any of the previously listed situations exist. If the prior authorization number is omitted from the claim submission or is incorrect, the Department will reject the claim.

Pharmacies may accept telephone orders for any prescriptions requiring prior authorization. The prescriber may convey the prior authorization number to the pharmacist. Pharmacies may also transfer copies to or from another pharmacy for these prescriptions if requested by the patient. Both pharmacies should apply the same mandates for transferring for these prescriptions as described in the Pharmacy Act pertaining to the transferred prescription. Since the prior authorization number assigned to that prescription is needed to submit the claim for the transferred prescription, the number must be included with the transfer.

The Department will also assist this process by sending the pharmacy a message each time the prescription is refilled at the acute dose. The message will tell how many days remain in the 90 day initial treatment period, the number of days a refill quantity may extend past the 90 days, or if two or more of these products are being taken at the same time. The pharmacist will then be able to advise the prescriber and the patient accordingly.

There will be no emergency procedure for dispensing a refill that exceeds the 90 day period. If a refill quantity exceeds the 90 day period, the pharmacist must adjust the quantity dispensed to an amount that does not exceed the 90 days. If the entire 90 days has expired and there is no prior authorization issued, the pharmacist may still dispense a maintenance supply of medication.

The Department will apply very strict guidelines for early refills. The Department will reject all early refills for these anti-ulcer drugs and will not allow pharmacists to override an "early refill" alert at any time for these anti-ulcer drugs. An early refill is one in which a claim is submitted before 75 percent of the days supply of the previous prescription has passed.

PROCEDURE:

Pharmacies **MUST** use the Electronic Claims Management (ECM) on-line claims adjudication system to submit all claims for these anti-ulcer drugs, including prescriptions dispensed to medical assistance recipients in long term care facilities. ECM will be set up to accept these claims on January 7, 1996.

**"MAINTENANCE" DOSES
FOR
ANTI-ULCER DRUGS**

LISTED BELOW ARE THE "MAINTENANCE" DOSES FOR EACH ANTI-ULCER DRUG. IF, AFTER 90 DAYS, THE DAILY DOSE EXCEEDS THE LISTED "MAINTENANCE" DOSE, THE DEPARTMENT WILL REQUIRE PRIOR AUTHORIZATION.

Axid 150 mg Pulvule	1 capsule (150 mg)
Axid 300 mg Pulvule	0
Carafate 1 Gm Tablet	2 tablets (2 Gms)
Carafate Oral Susp 1 Gm/10 ml	20 ml (2 Gms)
Cytotec 200 mcg Tablet	0
Cytotec 100 mcg Tablet	0
Pepcid 40 mg/5 ml Susp	2.5 ml (20 mg)
Pepcid 20 mg Tablet	1 tablet (20 mg)
Pepcid 40 mg Tablet	1/2 tablet (20 mg)
Prevacid 15 mg Tablet	0

Prevacid 30 mg Tablet	0
Prilosec 20 mg Tablet	0
Prilosec 10 mg Tablet	1 tablet (10 mg)
Tagamet 200 mg Tablet*	2 tablets (400 mg)
Tagamet 300 mg Tablet*	1 tablet (300 mg)
Tagamet 400 mg Tablet*	1 tablet (400 mg)
Tagamet 800 mg Tablet*	1/2 tablet (400 mg)
Zantac 150 mg Tablet	1 tablet (150 mg)
Zantac 300 mg Tablet	0
Zantac Syrup (15mg/ml)	10 ml (150 mg)
Zantac 150 mg Efferdose Tab	1 tablet (150 mg)
Zantac 150 mg Geldose Cap	1 capsule (150 mg)
Zantac 300 mg Geldose Cap	0

* Applies to all generic drug products; brand name product requires prior authorization if "Brand Medically Necessary."

PHARMACY BILLING PROCEDURES
FOR
ANTI-ULCER DRUGS

Please follow this procedure if you receive a prescription for an anti-ulcer drug:

1. ALL CLAIMS FOR ANTI-ULCER DRUGS, INCLUDING CLAIMS FOR NURSING HOME RESIDENTS, MUST BE SUBMITTED THROUGH THE ELECTRONIC CLAIMS MANAGEMENT (ECM) ON-LINE ADJUDICATION SYSTEM. THE DEPARTMENT WILL REJECT CLAIMS SUBMITTED ON ANY OTHER MEDIA.
2. If there is no prior authorization number on the prescription form, submit the claim as you would any other claim. If prior authorization is not required, the claim will be adjudicated as a normal submission. If prior authorization is required, you will get a message indicating prior authorization is required.
3. If prior authorization is required and there is no prior authorization number on the prescription, contact the prescriber. The prescriber may either call the Department for prior authorization or reduce the dosage to the maintenance dosage level. DO NOT CALL THE DEPARTMENT. ONLY PRESCRIBERS ARE PERMITTED TO CALL FOR PRIOR AUTHORIZATION.
4. If prior authorization is required and there is a prior authorization number on the prescription, prepare the claim using the ECM on-line adjudication system by entering the prior authorization in the Prior Authorization Field (NCPDP PA/MC Field 416). Since this field is also used to indicate "pregnancy" or "copay not collected," you must use the following to indicate pregnancy and/or Prior Authorization:
 - a. If the recipient is not pregnant, copay is collected and Prior Authorization is required, enter the value "1" in the first position of the PA/MC field and the 10 digit Prior Authorization number in positions 2 through 11.
 - b. If the recipient is pregnant and Prior Authorization is required, enter the value "8" in the first position of the PA/MC field and the 10 digit Prior Authorization number in positions 2 through 11.
 - c. If copay is applicable but not collected from the recipient and Prior Authorization is required, enter "4" in the

first position of the PA/MC field and the 10 digit Prior Authorization number in positions 2 through 11.

- d. If the recipient is pregnant and no Prior Authorization is required, enter "8" in the first position of the PA/MC field and leave positions 2 through 11 blank or zero filled.
 - e. If copay is required but not collected from the recipient and no Prior Authorization is required, enter "4" in the first position of the PA/MC field and leave positions 2 through 11 blank or zero filled.
5. Each time you submit a claim for an anti-ulcer drug during the first 90 days of treatment at the acute dosage level, the Department will send you one of three messages:
- a. The number of days remaining in the initial 90 day acute treatment period. You may wish to notify the prescriber or the patient when prior authorization will be required for a continuation of treatment at this level.
 - b. The number of days a refill quantity may extend past the 90 days. You may NOT override this alert. You should tell the prescriber that prior authorization will be needed for continued treatment at this level. In the meantime, you may reduce the quantity to an amount that is within the 90 day limit. The prescriber may also instruct you to reduce the quantity and change the directions to the maintenance level.
 - c. Whether two or more of these products were prescribed or are being taken at the same time. If the same prescriber is involved, the prescriber must be notified to request prior authorization for both drugs. If more than one prescriber is involved, you should notify each to determine the appropriate course of action.
6. Any claim involving any new prescription or any refill for anti-ulcer drugs submitted before 75 percent of the days supply of the previous claim has passed, will be rejected. YOU WILL NOT BE PERMITTED TO OVERRIDE THIS "EARLY REFILL" ALERT.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Pharmacy and Ancillary Services
P.O. Box 8043
Harrisburg, Pennsylvania 17105
1-800-932-0938

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.