

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

February 14, 2005

# MEDICAID BULLETIN

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**TO: Providers Indicated**

**SUBJECTS:** I. Prescriber Identification Numbers  
II. South Carolina Medicaid Preferred Drug List – Additional Therapeutic Classes

## I. Prescriber Identification Numbers

Pharmacy providers are required to include the prescriber's state medical license number, *in the format specified by the South Carolina Department of Health and Human Services (DHHS)*, when submitting Medicaid pharmacy claims. The medical license numbers in the *DHHS specified format* may be found at the website, <http://southcarolina.fhsc.com>, by clicking on "providers," then "documents", and then scroll to "prescriber ID information." Prescriber ID listings at this website include:

- Current medical license number information for most South Carolina health care providers with prescriptive authority
- Medical license number information pertaining to physicians, physician assistants, and certified nurse practitioners licensed in the state of North Carolina (those license numbers begin with the letter "N")
- State medical license numbers for Georgia physicians and physician assistants (those license numbers begin with "GA")
- Some license number information from states other than South Carolina, North Carolina, and Georgia due to the fact that some prescribers are licensed in multiple locations.

Providers who are unable to access the website listing should contact the prescriber's office to obtain the required state medical license number. If the correct ten-byte license number cannot be determined by the chart instructions in the following table, then the First Health Technical Call Center (1-866-254-1669) should be contacted for assistance. In order to duplicate the S. C. Medicaid prescriber identification number on file, pharmacy providers must format the number as follows:

<b>SOUTH CAROLINA PHYSICIANS, PHYSICIAN ASSISTANTS</b>			
<b>Prescriber Type</b>	<b>Prefix</b>	<b>License Number Formatting (10 bytes)</b>	<b>Examples</b>
<b>Physicians, Physician Assistants</b>	No prefix	Zero-fill (i.e., state medical license number must begin with zeroes) and enter the prescriber's state medical license number to accommodate the submission of a 10-byte number.	0000001234 0000123456 00000T1234 0000LL1234

<b>SOUTH CAROLINA PRESCRIBERS OTHER THAN PHYSICIANS, PHYSICIAN ASSISTANTS</b>			
<b>Prescriber Type</b>	<b>Prefix</b>	<b>License Number Formatting (10 bytes)</b>	<b>Examples</b>
<b>Dentists</b>	DEN	Prefix of DEN, then zero-fill and enter the prescriber's state medical license number.	DEN0001234
<b>Optometrists</b>	OPT	Prefix of OPT, then zero-fill and enter the prescriber's state medical license number.	OPT0001234
<b>Podiatrists</b>	POD	Prefix of POD, then zero-fill and enter the prescriber's state medical license number.	POD0001234
<b>Nurses with prescriptive authority</b>	APRN	Prefix of APRN, then zero-fill and enter the prescriber's state medical license number.	APRN001234

<b>GEORGIA PRESCRIBERS</b>				
<b>Prescriber Type</b>	<b>Prefix</b>	<b>Board Type</b>	<b>License Number Formatting (10 bytes)</b>	<b>Examples</b>
<b>Physicians</b>	GA	04	GA prefix, then board type of 04, then the prescriber's 6-byte state medical license number (total of 10 bytes).	If the physician's license number is 001234, submit GA04001234
				If the physician's license number is 123456, submit GA04123456
<b>Physician Assistants</b>	GA	01	GA prefix, then board type of 01, then the prescriber's 6-byte state medical license number (total of 10 bytes).	If the physician assistant's license number is 001234, submit GA01001234
				If the physician assistant's license number is 123456, submit GA01123456

<b>NORTH CAROLINA PRESCRIBERS</b>			
<b>Prescriber Type</b>	<b>Prefix</b>	<b>License Number Formatting (10 bytes)</b>	<b>Examples</b>
<b>Physicians, Physician Assistants, Certified Nurse Practitioners</b>	N	Prefix of N, then the prescriber's actual 9-byte state medical license number (total of 10 bytes).	If the physician's license number is 200212345, submit N200212345
			If the physician's license number is 009812345, submit N009812345

Providers are advised that last year, the South Carolina Board of Nursing began issuing Advanced Practice Registered Nurse (APRN) state licenses to nurse practitioners with prescriptive authority. Since nurses with prescriptive authority have now been assigned new license numbers by the Board of Nursing, **S. C. Medicaid has adopted the prefix "APRN" followed by the newly issued state license number as the designated prescriber ID number required for pharmacy claims processing** (when the prescriber is an Advanced Practice Registered Nurse). Previously, S. C. Medicaid required use of the prefix "NP" followed by the DHHS-formatted state medical license number.

To facilitate claims processing and pharmacy providers' utilization of the new "APRN" prescriber identification numbers, the prescriber ID listing at <http://southcarolina.fhsc.com> currently includes the new "APRN" number. Pharmacy providers should begin using the new "APRN" numbers immediately and discontinue use of the 'old' "NP" number. **Effective April 1, 2005**, pharmacy claims submitted using the "NP" identification number (instead of the "APRN" number) will deny. Therefore, it is advisable that pharmacy providers make necessary changes in computer systems now in order to accommodate the new "APRN" numbers.

## II. South Carolina Medicaid Preferred Drug List – Additional Therapeutic Classes

During February 2005, implementation of South Carolina Medicaid's Preferred Drug List (PDL) will continue with an additional group of therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that currently comprise the South Carolina Medicaid PDL.

***Prescribers are encouraged to write prescriptions for the "preferred" products rather than prescribing those drugs that require PA.*** However, if a prescriber is concerned that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber is advised to initiate a PA request. A prospective PA request submitted by the prescriber (and approved by the First Health Clinical Call Center) will prevent rejection of prescription claims at the pharmacy due to the PA requirement. **All PA requests must be telephoned or submitted to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel.** The toll-free telephone number for the Clinical Call Center is 866-247-1181 and the fax number is 888-603-7696 (toll-free).

As with the previously implemented PDL therapeutic classes, pharmacists should note that for approximately four to six weeks during the initial implementation period, soft edits [i.e., electronic messages that are received via point of sale] will be transmitted when pharmacy claims are submitted for products that will require PA when that group of drugs is fully implemented. The soft edit serves as notification to the pharmacist that PA will be necessary in the future. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber **and** beneficiary of the eventual PA requirement. *[PDL-related prior authorization requirements are applicable to all S.C. Medicaid beneficiaries, including those participating in the SILVERxCARD program.]*

**Effective with dates of service March 23, 2005**, hard edits will be activated (i.e., pharmacy claims without PA approval will be denied) for “non-preferred” products within the therapeutic classes that follow.

<b>PDL Therapeutic Classes With Hard Edits Beginning March 23, 2005</b>		
<b>1) Anti-Cholinergics:</b> <i>COPD Therapy</i>	<b>3) Glaucoma Agents:</b> <i>Alpha-2 Adrenergic Agents</i> <i>Beta Blockers</i> <i>Carbonic Anhydrase Inhibitors</i> <i>Prostaglandin Agonists</i>	<b>5) Long-Acting Opioids</b>
<b>2) Anti-Emetics:</b> <i>5-HT<sub>3</sub> Receptor Antagonists</i>		<b>6) Macrolides / Ketolides</b>
		<b>7) Pegylated Interferons</b>
		<b>8) Quinolones: 2nd and 3rd Generation</b>
	<b>4) Lipotropics: Cholesterol Absorption Inhibitors</b>	<b>9) Ribavirins, Oral</b>

Listed in the following table (in the column labeled “February 2005”) are the therapeutic classes that will be implemented with soft edits in February 2005. Previously implemented therapeutic classes (May, August, September, and December 2004) are also listed.

<b>PDL Therapeutic Classes</b>		
[The following therapeutic classes currently comprise the PDL.]		
<b>FIRST HEALTH CLINICAL CALL CENTER: 866-247-1181 (toll-free)</b>		
<b>February 2005</b>		<b>December 2004</b>
Anti-Cholinergics: COPD Therapy		<u>Hypoglycemics, Oral:</u>
Anti-Emetics: 5-HT <sub>3</sub> Receptor Antagonists		◆ Alpha-Glucosidase Inhibitors
<u>Glaucoma Agents:</u>		◆ Biguanides and Biguanides Combination Products
◆ Alpha-2 Adrenergic Agents		◆ Meglitinides
◆ Beta Blockers		◆ Thiazolidinediones
◆ Carbonic Anhydrase Inhibitors		◆ Sulfonylureas, Second Generation
◆ Prostaglandin Agonists		
Lipotropics: Cholesterol Absorption Inhibitors		Insulins
Long-Acting Opioids		
Macrolides / Ketolides		<u>Lipotropics:</u>
Pegylated Interferons		◆ Statins
Quinolones: Second and Third Generation		◆ Cholesterol Absorption Inhibitors ( <i>added to PDL February 2005</i> )
Ribavirins, Oral		
<b>September 2004</b>		<b>August 2004</b>
<u>Antihistamines:</u>		<b>May 2004</b>
◆ Second Generation and Decongestant Combinations	ACE Inhibitor and Calcium Channel Blocker Combinations	Angiotensin Converting Enzyme (ACE) Inhibitors
<u>Anti-Migraine Medications:</u>	Anti-Hyperkinesis Drugs	Angiotensin Receptor Blockers (ARB's)
◆ Serotonin 5HT1 receptor agonists		
<u>Beta Adrenergic Agents:</u>	Beta Blockers	Biphosphonates for Osteoporosis
◆ Short-Acting Inhalers/Inhalation Devices		
◆ Long-Acting Metered Dose Inhalers		
◆ Short-Acting Nebulizers		
<u>Inhaled and Nasal Steroids:</u>		<u>Gastrointestinals:</u>
<u>Glucocorticoids</u>		◆ Histamine-2 Receptor Antagonists
◆ Inhaled and Inhaled Devices	Calcium Channel Blockers	◆ Proton Pump Inhibitors (PPI's)
◆ Glucocorticoids and Long-Acting Beta-2 Adrenergics		
◆ Intranasal Steroids		
Leukotriene Receptor Antagonists	Non-Steroidal Anti-	Cephalosporins: 2nd

<b>PDL Therapeutic Classes</b> [The following therapeutic classes currently comprise the PDL.] <b>FIRST HEALTH CLINICAL CALL CENTER: 866-247-1181 (toll-free)</b>		
<u>Sedative Hypnotics:</u> ◆ Non-Barbiturates	Inflammatory Drugs (NSAID's)	and 3rd Generations

If a pharmacy claim is submitted for a PA-required product that has not been approved for Medicaid reimbursement, the claim will reject. If this occurs, the pharmacist should contact the prescriber so that a determination may be made regarding whether a drug *not* requiring PA may be clinically appropriate for the patient. (Additionally, it may be beneficial for the pharmacist to advise the patient of the prior authorization requirement.) If alternative therapy (a drug *not* requiring PA) is deemed inappropriate by the prescriber, it will be necessary for the *prescriber or the prescriber's designated office personnel* to request prior authorization for that product by contacting the First Health Clinical Call Center. Therefore, since the PA request must be originated by the prescriber or his/her designated agent, the First Health Clinical Call Center telephone number is reserved for use by health care professionals and should not be furnished directly to beneficiaries. (First Health's beneficiary call center telephone number for questions regarding Pharmacy Services is 1-800-834-2680.)

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

/s/

Robert M. Kerr  
Director

RMK/bgav

Attachments

**NOTE:** To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:  
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>



**South Carolina Department of Health and Human Services**  
**Preferred Drug List – May 2004 Through Present**

(This is a 3-page listing.)  
(List updated February 2005.)

**Products Within The Following Therapeutic Classes  
Are Available WITHOUT Prior Authorization**

**ACEI's (Angiotensin Converting Enzyme Inhibitors)**

Captopril  
Enalapril  
Enalapril/HCTZ  
Lisinopril  
Lisinopril/HCTZ  
Aceon®\* (\* Generic agents should be considered first-line when appropriate)

**ACEI, Calcium Channel Blocker Combinations**

Lotrel®  
Tarka®

**Angiotensin Receptor Blockers (ARB's)**

Avapro®  
Avalide®  
Benicar®  
Benicar HCT®  
Diovan®  
Diovan HCT®

**Anti-Cholinergics: COPD Therapy**

Atrovent®  
Combivent®  
Spiriva®

**Anti-Emetics: 5-HT3 Receptor Antagonists**

Kytril®  
Zofran®  
Zofran ODT®

**Antihistamines: Second Generation and Decongestant Combinations**

Loratadine OTC  
Loratadine-D OTC  
Zyrtec® Syrup\*  
\* For patients less than 2 years of age

**Antihyperkinesia Drugs**

Amphetamine Salt Combination  
Dextroamphetamine  
Dextroamphetamine SR  
Metadate CD®  
Metadate ER®  
Methylin®  
Methylin ER®  
Methylphenidate  
Methylphenidate SR  
Ritalin LA®\*  
Adderall XR®\*  
Concerta®\* (\* Generic agents considered first-line when appropriate)

**Anti-Migraine Medications: Serotonin 5HT1 Receptor**

**Agonists** \*  
Amerge®  
Axert®  
Imitrex® Tablets, Injection, Nasal Spray  
Maxalt®, Maxalt-MLT®  
Relpax®  
Zomig®, Zomig-ZMT®, and Zomig® Spray  
\* See <http://southcarolina.fhsc.com> for monthly quantity limits for this class.  
(Click on Providers, then Documents, then Pharmacy Quantity Limits.)

**Beta Adrenergic Agents: Short-Acting Inhalers/Inhalation Devices**

Albuterol

**Beta Adrenergic Agents: Long-Acting Metered Dose Inhalers**

Serevent Diskus®\*  
\* For maintenance therapy only

**Beta Adrenergic Agents: Short-Acting Nebulizers**

Albuterol  
Metaproterenol  
Xopenex®\*  
\* Generic agents should be considered as first-line therapy when appropriate

**Beta Blockers**

Acebutolol  
Atenolol  
Atenolol/Chlorthalidone  
Betaxolol  
Bisoprolol Fumarate  
Bisoprolol/HCTZ  
Labetolol  
Metoprolol Tartrate  
Nadolol  
Pindolol  
Propranolol  
Propranolol/HCTZ  
Sotalol  
Timolol  
Coreg®\*  
\* The use of Coreg® should be reserved for the treatment of hypertension in the presence of heart failure

**Biphosphonates Used for Osteoporosis**

Actonel®  
Fosamax®

**Implementation of the Preferred Drug List is being done gradually with groups of therapeutic classes. Prior authorization (PA) is required for any non-listed products that belong to those therapeutic classes listed on the PDL. Please note that all previous PA criteria remain in effect.**

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**South Carolina Department of Health and Human Services**  
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**Products Within The Following Therapeutic Classes  
Are Available WITHOUT Prior Authorization**

**Calcium Channel Blockers**  
**Dihydropyridines**

Dynacirc®  
Dynacirc CR®  
Nicardipine  
Nefedical XL®  
Nifedipine ER  
Nifedipine SA  
Norvasc®  
Plendil®

**Calcium Channel Blockers**  
**Non-Dihydropyridines**

Cartia XT®  
Diltia XT®  
Diltiazem  
Diltiazem ER  
Diltiazem XR  
Taztia XT®  
Verapamil  
Verapamil ER  
Verapamil SR

**Cephalosporins: Second**  
**Generation**

Ceftin® Suspension  
Cefuroxime Tablets  
Cefzil® Tablets and Suspension

**Cephalosporins: Third**  
**Generation**

Omnicef® Capsules and  
Suspension  
Spectracef® Tablets

**Gastrointestinals: Histamine-2**  
**Receptor Antagonists (H2RA's)**

Famotidine  
Ranitidine  
Zantac® Syrup

**Gastrointestinals: Proton**  
**Pump Inhibitors (PPI's)**

Nexium®  
Protonix®  
Prilosec OTC®

*Note: Clinical criteria are in effect for this class. Once criteria are met, the PPI's listed on the PDL will be preferred. Patients age 12 and younger may receive the PPI, Prevacid®, without PA.*

**Glaucoma Agents: Alpha-2**  
**Adrenergic Agents**

Brimonidine Tartrate

**Glaucoma Agents: Beta**  
**Blockers**

Betaxolol HCl  
Carteolol HCl  
Levobunolol HCl  
Metipranolol  
Timolol Maleate  
Timolol Maleate gel-forming

**Glaucoma Agents: Carbonic**  
**Anhydrase Inhibitors**

Azopt®  
Cosopt®  
Trusopt®

**Glaucoma Agents:**  
**Prostaglandin Agonists**

Lumigan®  
Travatan®  
Xalatan®

**Hypoglycemics, Oral: Alpha-**  
**Glucosidase Inhibitors**

Glyset®  
Precose®

**Hypoglycemics, Oral:**  
**Biguanides**

GlucophageXR® 750mg  
Metformin  
Metformin ER® 500 mg

**Hypoglycemics, Oral:**  
**Biguanides Comb. Pdts.**

Avandamet®  
Glucovance®  
Glyburide/Metformin

**Hypoglycemics, Oral:**  
**Meglitinides**

Starlix®

**Hypoglycemics, Oral:**  
**Thiazolidinediones**

Actos®  
Avandia®

**Hypoglycemics, Oral:**  
**Sulfonylureas: 2nd Generation**

Glipizide  
Glipizide ER  
Glyburide  
Glyburide Micronized

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**South Carolina Department of Health and Human Services**  
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(List updated February 2005.)

**Products Within The Following Therapeutic Classes  
Are Available WITHOUT Prior Authorization**

**Inhaled and Nasal Steroids:**  
**Glucocorticoids–Inhaled/  
Inhaled Devices**

Azmacort®  
Flovent®  
Qvar®

**Inhaled and Nasal Steroids:**  
**Glucocorticoids–Intranasal  
Steroids**

Flonase®  
Nasarel®  
Nasonex®  
Rhinocort AQ®

**Inhaled and Nasal Steroids:**  
**Glucocorticoids and Long-  
Acting Beta-2 Adrenergics**

Advair Diskus®

**Insulins**

Novolin® L  
Novolin® N  
Novolin® R  
Novolin® 70/30  
Novolog®  
Novolog® 70/30  
Humulin® U  
Humalog® 75/25  
Humulin® 50/50  
Lantus®

**Leukotriene Receptor  
Antagonists**

Accolate®  
Singulair®\*  
\* No PA required if used to treat asthma with inhaled steroid or inhaled beta agonist therapy. Or, if used to treat allergic rhinitis after a trial of a second generation antihistamine or nasal steroid

**Lipotropics: Statins**

Advicor®  
Altoprev®  
Crestor®  
Lescol®  
Lescol XL®  
Lipitor®  
Lovastatin  
Pravachol®  
Zocor®

**Lipotropics: Cholesterol  
Absorption Inhibitors**

Vytorin®  
Zetia®

**Macrolides / Ketolides**

Biaxin®  
Biaxin XL®  
EryPed®  
Ery-Tab®  
Erythromycin Base  
Erythromycin Estolate  
Erythromycin Ethylsuccinate

**Macrolides / Ketolides (cont'd)**

Erythromycin Stearate  
Erythrocin Stearate  
Erythromycin w/ Sulfisoxazole  
Zithromax®

**Non-Steroidal Anti-  
Inflammatory Agents (NSAID's)**

Diclofenac Potassium  
Diclofenac Sodium  
Etodolac  
Fenoprofen  
Flurbiprofen  
Ibuprofen  
Indomethacin  
Indomethacin SR  
Ketoprofen  
Ketoprofen ER  
Ketorolac  
Meclofenamate Sodium  
Nabumetone  
Naproxen  
Naproxen Sodium  
Oxaprozin  
Piroxicam  
Sulindac  
Tolmetin Sodium

**Opioids, Extended Release**

Avinza®  
Duragesic® Patch  
Kadian®  
Morphine Sulfate ER (generic for MS Contin®)

**Pegylated Interferons**

Pegasys®  
Pegasys® Convenience Pack  
PEG-Intron®  
PEG-Intron Redipen®

**Quinolones: 2nd and 3rd  
Generation**

Ciprofloxacin  
Levaquin®  
Ofloxacin  
Tequin®

**Ribavirins, Oral**

Copegus®  
Rebetol®

**Sedative Hypnotics: Non-  
Barbiturate**

Temazepam  
Triazolam  
Sonata®\*  
Restoril® 7.5 mg\*

\* Generics should be considered first-line when appropriate

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# SOUTH CAROLINA MEDICAID PROGRAM

## PRIOR AUTHORIZATION REQUEST

<b>PRESCRIBER:</b> NAME: _____ FIRST                    LAST DEA LICENSE # _____ PHONE # (____) _____ FAX # (____) _____ PRESCRIBER'S OFFICE STAFF MEMBER COMPLETING FORM: _____	<b>BENEFICIARY:</b> NAME: _____ FIRST                    LAST MEDICAID#/SSN: _____ DATE OF BIRTH: _____ SEX: _____ REQUEST DATE: _____
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PHARMACY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**PRIOR AUTHORIZATION REQUESTED FOR:** (Please check appropriate prior authorization type)

<input type="checkbox"/> Anti-Ulcer Therapy <input type="checkbox"/> COX-2 Inhibitor Therapy <input type="checkbox"/> Brand Name NSAID Therapy <input type="checkbox"/> Erectile Dysfunction Therapy <input type="checkbox"/> Growth Hormone	<input type="checkbox"/> Orlistat (please include information regarding height, weight, diet plans, nutritional counseling, etc., with all orlistat requests) <input type="checkbox"/> OxyContin® <input type="checkbox"/> Panretin®/Targretin®	<input type="checkbox"/> Preferred Drug List <input type="checkbox"/> Quantity Limits Other: _____ <small>**"Brand Medically Necessary" requests require MedWatch form – please submit those requests on appropriate form</small>
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DRUG NAME	DOSE	STRENGTH	LENGTH OF THERAPY

DIAGNOSIS: \_\_\_\_\_

DIAGNOSTIC PROCEDURES AND FINDINGS (please list dates): \_\_\_\_\_

MEDICAL JUSTIFICATION FOR PRODUCT USE: \_\_\_\_\_

PRESCRIBER'S SIGNATURE AND SPECIALTY: \_\_\_\_\_

<b>FIRST HEALTH SERVICES USE ONLY:</b>	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
DATE: ____/____/____	COMMENTS: _____	
MAP RPh/TECH: _____	_____	
NDC: _____	_____	

**SUBMIT REQUESTS TO:** FIRST HEALTH SERVICES **FAX: (888) 603-7696**  
 All Fax requests will be processed in one business day. To check on the status you may call: **TELEPHONE: (866) 247-1181**