



Rhode Island Medicaid Fee for Service Program Pharmacy Prior Authorization Program

On November 25, 2002, the Rhode Island Medicaid Fee for Service Program automated the Prior Authorization Program for drug claims originated through the Point of Sale (POS).

REQUEST	CONTACT INFORMATION
Prescriber wishes to request a Prior Authorization (PA) for a Non-Preferred Agent on the Preferred Drug List:	Select the PA form titled "Prior Authorization for a Non-Preferred Drug Form" on the EOHHS website.
Prescriber wishes to request a clinical pharmacy PA:	Select the appropriate pharmacy PA form on the EOHHS website. Please note: The General Pharmacy PA form should ONLY be used for medications that do not have a specific PA form on the website. Fax the appropriate form to: (401) 784-3889
Prescriber has a question about the prior authorization program:	Gainwell Technologies Help Desk phone: (401) 784-8100
Recipients have questions about eligibility:	Have the recipient contact the local case worker or Member Services, EOHHS: (401) 462-2356

PRIOR AUTHORIZATION FLOWS
<p>PATIENT PRESENTS PRESCRIPTION TO THE PHARMACY AND CLAIM IS SUBMITTED VIA POINT OF SALE:</p> <p>APPROVED: If the POS transaction approves a PA, the drug claim will pay and no further action will be required. Fill the prescription per standard store or facility procedures.</p> <p>DENIED: If the POS transaction and associated request for a prior authorization is denied, a message will be returned to the POS with a denial message.</p> <p>ACTION: Advise the patient that the claim was denied and needs a prior authorization. The patient should contact their prescriber, since additional information may be required for evaluation of the prior authorization before any approval can be issued.</p> <p>INITIAL SUBMISSION IS DENIED. ADDITIONAL INFORMATION IS REQUIRED FOR REPROCESSING. PATIENT CONTACTS THE PRESCRIBER OR MEDICAL OFFICE STAFF TO OBTAIN PRIOR AUTHORIZATION:</p> <ol style="list-style-type: none"> 1. The prescriber or medical office staff should obtain and complete a copy of the appropriate PA form. The forms can be obtained on the EOHHS website. 2. Once the PA form is completed, fax it to (401)784-3889. <p>ADDITIONAL INFORMATION IS SUBMITTED BY THE PRESCRIBER AND/OR MEDICAL OFFICE STAFF. THE PRIOR AUTHORIZATION STATUS IS RESOLVED FOLLOWING REVIEW OF CLINICAL OR DIAGNOSTIC INFORMATION:</p> <p>APPROVED: If the prior authorization is approved, advise the patient to return to their pharmacy to obtain the prescription. The drug claim will pay and no further action will be required. Fill the prescription per standard store or facility procedures.</p> <p>DENIED: If the prior authorization is denied, advise the patient that the request has been denied. The prescriber has the option of prescribing a different treatment course that does not require prior authorization.</p>