



OVERVIEW

Prescription drugs prescribed by a physician, other authorized practitioner, or dentist and provided by a licensed participating pharmacy or dispensed under the direct supervision of a licensed pharmacist, registered according to state law, are covered for all recipients.

COVERAGE LIMITATIONS AND EXCLUSIONS

- Prescriptions are limited to a 30-day supply or 100-unit doses, whichever is more, except for prescriptions for chronic illnesses, which are limited to a 100-day supply or 100-unit doses, whichever is more. Contraceptive medications are limited to a 100-day supply.
- Non-prescription drugs and medicines are not covered except when appropriate alternative non-prescription drugs are available and less costly than prescription drugs and prescribed by a physician or other authorized practitioner.
- Drugs personally dispensed by a physician or dentist, or other authorized prescriber are not covered. Exceptions may be granted upon application and approval by AHCCCS for registration as a pharmacy provider in geographically remote areas where there is no participating pharmacy.
- Refills of a prescription in excess of the number specified and any refill dispensed more than one year from the original order date are not covered.
- Drugs designated under the Drug Efficacy Study Implementation (DESI) as ineffective are not covered.
 - ✓ The information AHCCCS receives from First Data Bank indicates which drugs are so designated with a "DESI" beside the drug name.

BILLING FOR PHARMACY SERVICES

AHCCCS has implemented a clinically based, comprehensive, cost-efficient drug formulary for AHCCCS fee-for-service recipients.

RxAmerica, a pharmacy benefits manager (PBM), administers the fee-for-service pharmacy benefit. For information regarding pharmacy claims, contracted providers, or the formulary, contact RxAmerica at (800) 770-8014.

Claims must be submitted electronically to RxAmerica. Claims are processed electronically using a point-of-sale process. For assistance with on-line claim submission, contact the RxAmerica Provider Help Desk at (800) 770-8014. Hours of operation are 7:00 a.m. to 8:30 p.m. Monday through Friday and 10:00 a.m. to 3:00 p.m. Saturday and Sunday.



BILLING FOR PHARMACY SERVICES (CONT.)

If a claim is rejected for "NDC Not Covered" or "Prior Authorization Required," ask the prescribing physician to consider an appropriate alternative formulary medication or submit a Prior Authorization Request to RxAmerica.

Some drugs on the formulary require prior authorization from RxAmerica. The prescribing physician must submit all Prior Authorization Request forms. If a patient meets the criteria for authorization, the prescribing physician should fax the RxAmerica Prior Authorization Request form (See [Exhibit 10-1](#)) to (888) 465-9889 or (888) 994-4994.

Drugs not listed on the formulary also require PA from RxAmerica. Authorization of a non-formulary medication will be considered for compelling medical reasons such as documented treatment failure or severe adverse drug reactions with formulary drugs.

After 5:00 p.m. on weekdays, on weekends, and holidays, you may fill and dispense a prescription that requires prior authorization or is not covered under the formulary if the drug belongs to one of the following drug classes:

- Antibiotics
- Analgesics (NSAID)
- Muscle relaxants
- Anticonvulsants
- Antiarrhythmic Agents

On the next business day, you must fax a Prior Authorization Request form to RxAmerica and indicate on the request that the prescription was filled after hours. RxAmerica will enter the PA request in the system for adjudication.

A prescribing physician should not submit a PA request for after hours emergency drugs on the next business day. After hours emergency drug requests will be approved automatically when submitted by the pharmacy on the next business day.



BILLING FOR PHARMACY SERVICES (CONT.)

Claims for Title XIX (Medicaid) recipients

- Claims for Title XIX (Medicaid) recipients should be submitted to RxAmerica as described in this chapter.
 - ✓ These claims will be reimbursed in accordance with the formulary.
- Claims for Title XIX recipients also may be submitted to the AHCCCS Administration on the UB-92 claim form (837I for electronic claims).
 - ✓ Use revenue code 510 (Clinic).
 - ✓ Use bill type 131 (Hospital outpatient, admit through discharge) or 711 (Clinic, rural health, admit through discharge).
 - ✓ Enter the outpatient OMB rate in the Total Charges field (Field 47).
 - ✓ The AHCCCS Claims System will reimburse the pharmacy claim at the outpatient OMB rate.

Claims for Title XXI (KidsCare) recipients

Claims for Title XXI (KidsCare) recipients must be submitted to RxAmerica as described in this chapter.

- ✓ These claims will be reimbursed in accordance with the formulary.