



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Administration
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 18, 2003

TO: Medicaid Providers
FROM: Aileen Hiramatsu
SUBJECT: Enhanced Prior Authorization List

In recent communications, we informed you that the State of Hawaii Medicaid program for the aged, blind and disabled had completed its first phase review of therapeutic classes of drugs and made the decision to enhance the prior authorization list. This measure has been taken in order to combat the rising costs of healthcare, particularly drug therapy, as well as to select both clinically sound and cost effective medications for use by the recipients. **On January 15, 2004 the first phase of the Enhanced Prior Authorization List will be implemented.**

Pharmacists attempting to fill a prescription for a drug that requires a prior authorization on or after January 15, 2004 will receive a denial. The dispensing pharmacist may contact the prescriber and advise of alternate agents. If an alternate agent is unacceptable, the physician will need to request authorization for the drug. We encourage the pharmacist to inform the patient that the drug will not be dispensed until the physician is contacted.

This information sheet identifies your patients who are currently receiving an agent that will require a prior authorization, as well as the available alternatives that may be prescribed without a prior authorization. If you believe that an alternative agent is acceptable for your patient, please contact the patient's pharmacy to provide the new prescription. If an agent that requires prior authorization is necessary, we encourage you to submit the 1144 B to ACS PBM for this agent as quickly as possible. ACS will be accepting 1144B prior authorizations starting December 15, 2003. We appreciate your efforts in helping us provide cost effective drug therapy for Med-QUEST enrollees.

Patient Name/ Patient ID/ Patient DOB	Current Agent that requires prior authorization	Alternative Agent	Pharmacy Contact Information