

Attention Utah Medicaid Pharmacy Providers

Pharmacy Prior Authorization Update

The cyber attack on Change Healthcare on **February 21, 2024**, affected the Utah Medicaid pharmacy point of sale (POS) system, disrupting pharmacy operations and the ability to process prior authorizations.

Beginning **Tuesday, October 15, 2024**, the Medicaid fee for service point of sale system and PRISM provider administered drug will turn on prior authorization editing. The Medicaid Pharmacy Program will begin accepting prior authorizations via fax for pharmacy point of sale drugs and PRISM provider-administered drugs. Pharmacy prior authorization turnaround time will be within 24 hours. Complete pharmacy prior authorization requests should be faxed to 855-828-4992. Pharmacy prior authorization forms can be found here:

<https://medicaid.utah.gov/pharmacy/prior-authorization>

For pharmacy point of sale claims processing and prior authorization issues, please contact the Utah Medicaid Pharmacy Team at 801-538-6155 option 3, 2, 2.

Pharmacy Prior Authorization Reminders:

Pharmacy policy, coverage, prior authorization, and HCPCS codes

The Utah Medicaid Preferred Drug List is updated monthly and is the most up-to-date source of information about drug-specific pharmacy coverage, limitations, and policies, in addition to the Utah Medicaid State Plan, Utah Administrative Rule, Utah Medicaid Provider Manuals, Medicaid Information Bulletins, and pharmacy prior authorization forms.

To access the most recent pharmacy resources, providers may access them by visiting the Medicaid website (<https://medicaid.utah.gov/>) and clicking on Providers, then Medicaid Pharmacy Program.

Pharmacy prior authorization processing

Pharmacy prior authorization requests received for pharmacy services, including pharmacy-related HCPCS codes, must be completed upon submission. An incomplete submission means the required information is missing, which may result in the prior authorization being denied. The Utah Medicaid pharmacy team attempts to contact providers to obtain additional information for the prior authorization request at least two times.

Providers and their staff are encouraged to complete the prior authorization request to include the exact medication name the member will be using or indicate if a substitution is not permissible.

Medication Name/ Strength:	Dose:
<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider's intent is for a member to use a brand product, they will check "Do Not Substitute". In the example below, the request would be reviewed for the non-preferred name brand Percocet 5/325mg.

Medication Name/ Strength: <i>Percocet 5/325mg</i>	Dose:
<input checked="" type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider submits a prior authorization request without indicating "Do Not Substitute", the request will be processed for the preferred Generic/Brand equivalent. In the example below, the request would be reviewed for the preferred generic equivalent, Oxycodone/APAP 5/325mg.

Medication Name/ Strength: <i>Percocet 5/325mg</i>	Dose:
<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

In all cases, providers should submit prior authorization requests using the most current form available on the [Utah Medicaid website](#), complete all fields legibly, and include all supporting documentation required for the pharmacy service requested.