

# Provider Bulletin

## Attention AmeriHealth Caritas Delaware providers:

Effective September 1, 2019, outpatient drugs requiring prior authorization through the AmeriHealth Caritas Delaware Utilization Management departments, will transition to requiring prior authorization through the plans' Pharmacy Services department.

A list of Healthcare Common Procedure Coding System (HCPCS) codes for medication requiring prior authorization has been added to the plans' website, [www.amerhealthcaritasde.com](http://www.amerhealthcaritasde.com) → **Provider** → **Pharmacy Services** → **Pharmacy Prior Authorization**. There is also a new prior authorization form to ensure all information is included and sent to the proper department. The new HCPCS codes list replaces all previous authorization requirements.

## The process to submit medication requests containing a HCPCS code that requires prior authorization is as follows:

1. Submit a medication prior authorization request to the Pharmacy Services team by fax (see below).  
The prior authorization form is available on the pharmacy prior authorization section of the provider website.
2. The HCPCS code that corresponds to the medication request should be included in the request. All requests must include the National Drug Code (NDC) and the NDC must participate in the Federal Drug Rebate program.
3. Pharmacy Services will communicate the final determination to the provider:
  - A. If the prior authorization request is approved, a fax will be sent to your office alerting you of the approval. An additional copy will be mailed to the member.
  - B. If the prior authorization request is denied, a fax will be sent to your office alerting you of the denial. Also, a letter of denial will be mailed to your office. An additional copy will be mailed to the member.

Prior authorization requests can be submitted to the Pharmacy Services department by any of the methods on the other side of this page.

### Online

[www.amerhealthcaritasde.com](http://www.amerhealthcaritasde.com) → **Provider** → **Pharmacy Services** → **Prior Authorization**

### Phone

Diamond State Health Plan (DSHP) and Delaware Health Children Program: **1-855-251-0966** from 8 a.m. to 7 p.m.

DSHP-Plus and DSHP-Plus Long-Term Services and Supports (LTSS): **1-888-987-6396** from 8 a.m. to 7 p.m.

### Fax

**1-855-829-2872**

**Thank you for participating in the network and for your commitment to the care of your patients. If you have any questions about this communication, please call the Pharmacy Services department.**

