

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

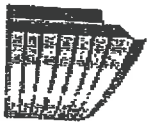
ACTION REFERRAL

TO <i>Myers / Burton</i>	DATE <i>1-21-09</i>
------------------------------------	-------------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000392</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 2/2/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-30-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

89225



MUSC Health
MEDICAL UNIVERSITY of SOUTH CAROLINA

Pediatric Endocrinology
96 Jonathan Lucas Street, CSE 316
MSC608
Charleston, SC 29425
Tel (843) 792-6807
FAX (843) 792-0548

RECEIVED

FAX COVER SHEET

JAN 21 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: Fendy Falkenberry

FROM:

☐ Yaw Appiagyei-Dankah, MD
☒ Deborah A. Bowliby, MD
☐ Remberto Paulo, MD
☐ Elizabeth Walsh, MD
☐ Sripiya Raman, MD
☐ Liz Brady, RN, MSN, CPNP
☒ Amanda Blue, RN, BSN
☐ Vera Rhodan, Admin. Asst.

DATE: 01/14/2009

FAX: 803-255-8351

PAGES: 5, including this cover sheet

RE: Supplem LA denial request

COMMENTS:

re: Kyle Roberts
and please
note denial for
same medication on
another pt who
was able to apply
for pt assistance.

If you have received this communication in error, please notify the MUSC Compliance Office immediately at (843) 792-4037 or 1-800-296-0269. Thank you.

The documents accompanying this facsimile/electronic transmission contain confidential information intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, or an employee responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited.

RE: _____
Dept: _____
Hubs: _____
JAN 21 1998
Bureau of
Health Services



Children's Hospital



JAN 21 2009

Pediatric Endocrinology

96 Jonathan Lucas Street CSB 316
MSC 608
Charleston SC 29425-6080

Tel 843 792 6807
Fax 843 792 0548

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Yew Applebury-Dankah, MD
Director

January 13, 2009

RE: Kyle E. Roberts, DOB: 01/20/2000
ID# 2222357004

L. Lyndon Key, MD
Deborah A. Bowlby, MD
Remberto C. Paulo, Jr., MD
M. Elizabeth Walsh, MD
Sriprya Raman, MD
Elizabeth L. Brady, RN, MSN, CRNP
Sharon Kelly-Brown, RN, MSN, CRNP
Sharon Schwart, RN, MSN, CDE
Amanda E. Bluy, RN, BSN
Anne W. Anthony, RN, MSN
Katherine Nasharke, MS, RD

Dear Penny Falkenberry and South Carolina Medicaid;

I am writing on behalf of my patient Kyle Roberts and all other South Carolina Medicaid patients diagnosed with Precocious Puberty (ICD-9 259.1). In lieu of the current economy and fiscal budget for our state's Medicaid program, we are requesting a formal denial letter for all patients prescribed Supprelin LA 50 mg implant (Histrelin LA). In the past we have appealed this decision and in working with MUSC's hospital pharmacy we recently learned that the University actually lost money on previous cases due to the CMS and the "bill and buy process". Georgia Medicaid currently denies all Supprelin prior authorizations thus allowing patients to apply for assistance from the manufacturer. Denying these claims would be in the best interest of our patients and assist with saving our state and university money. Should you have any questions, please do not hesitate to call any one of us at 843-792-6807.

Sincerely,

Deborah A. Bowlby, MD, MSc.
Pediatric Endocrinologist

Notice of Prior Authorization Determination

According to the request received at our office the Medical or Pharmacy Provider listed below requested prior authorization under South Carolina Medicaid for the following patient and medication. This notice is the outcome of our clinical review of that request. Blank fields indicate information we were unable to determine either from the request or our files.

PATIENT INFORMATION:

ID Number: 2222357004
First Name: KYLIE
Last Name: ROBERTS
Date of Birth: 01/20/2000

MEDICATION INFORMATION:

Name: SUPPRELIN LA
Strength: 50MG
Dosage Form: KIT

MEDICAL PROVIDER:

Name: DEBORAH BOWLBY
Address 1:
Address 2:
City State Zip: CHARLESTON, SC 29425-8300

PHARMACY PROVIDER:

Name:
Address 1:
Address 2:
City State Zip: ,

OUTCOME OF CLINICAL REVIEW OF REQUEST 4563814:

Prior Authorization Status: N/A
Reviewer: L. P. TUCKER
Date of Review: 1/13/2009

Prior Authorization Begin Date:
Prior Authorization End Date:

PLEASE CONTACT MEDICAL PRIOR AUTHORIZATION DEPARTMENT AT 803-889-2660 FOR THE AUTHORIZATION.



First Health contracts with South Carolina Medicaid to provide prior authorization services. All prior authorization determinations are based on the information submitted with the request as reviewed in light of Clinical Criteria approved by South Carolina Medicaid. Prior authorization is not a guarantee of payment. Payment determinations are not made by First Health and are affected by the patient's current eligibility status with South Carolina Medicaid. If you have any questions or would like to discuss this request with a clinical pharmacist, please call (866)247-1181. Send return fax documents to (888)803-7696.

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Progress Notes**Page: 1**

Name: ROBERTS, KYLIE

Date Printed: 01/14/09
ID: 1148998 SEX: F AGE: 812/03/08 : 10:47am
Pediatric Endocrine Note

Pt's Supprelin has been approved by Penny Falkenberry at SC Medicaid 803-898-2665 auth # 0810123 and Medicaid Medical Homes: auth # 080121. I spoke with pt's mother, Tammy, who wants to proceed with the implant. Pt is due to have next injections 12/5/08 and 1/2/09. I will attempt to coordinate referral to Peds Surgery and MUSC's pharmacy as this Supprelin with Medicaid is a "bill and buy" which in the past has required extra time and several managerial approvals. Mom informed to keep both appts until furth notice. Will follow-up with mom once all care is coordinated.

Addendum 1/14/09:

I spoke with Chris Fortier, MUSC pharmacy manager who stated that at this time MUSC can not purchase the implant as the hospital will lose money as Ms. Falkenberry's previous approval authorization will only cover the surgical procedure and not the \$14,000 medical itself. Some portion of the \$14,000 MAY be recovered via CMS billing, however due to the hospital's current severe fiscal constraints, MUSC approval is not authorized. Thus we will attempt to obtain a formal denial letter for the medication itself from SC Medicaid and proceed with pt assistance via the manufacturer, Indevus. Dr. Bowby aware of plan and feels that this is in the best interest of the pt. A formal letter is being faxed and mailed to SC Medicaid via Ms. Penny Falkenberry.

#	SIGNED BY AMANDA BLUE, R.N. (B31)	12/03/2008 11:02AM
#	REVISED BY AMANDA BLUE, R.N. (B31)	12/03/2008 11:06AM
#	REVISED BY AMANDA BLUE, R.N. (B31)	01/14/2009 02:22PM

Notice of Prior Authorization Determination

According to the request received at our office the Medical or Pharmacy Provider listed below requested prior authorization under South Carolina Medicaid for the following patient and medication. This notice is the outcome of our clinical review of that request. Blank fields indicate information we were unable to determine either from the request or our files.

PATIENT INFORMATION:**MEDICATION INFORMATION:**

ID Number: 5080482102
First Name: HANNAH
Last Name: WEAVER
Date of Birth: 04/14/2000

Name: SUPPRELIN LA
Strength: 50MG
Dosage Form: KIT

MEDICAL PROVIDER:**PHARMACY PROVIDER:**

Name: DEBORAH BOWLBY
Address 1:
Address 2:
City State Zip: CHARLESTON, SC 29425

Name: THERACOM INC
Address 1: 9717 KEY WEST AVE
Address 2:
City State Zip: ROCKVILLE, MD 20850

OUTCOME OF CLINICAL REVIEW OF REQUEST 4847436:

Prior Authorization Status:
Reviewer: D. CHAVIS
Date of Review: 1/7/2009

Prior Authorization Begin Date:
Prior Authorization End Date:

This medication is a excluded drug, and therefore is not covered.



First Health contracts with South Carolina Medicaid to provide prior authorization services. All prior authorization determinations are based on the information authorized with the request as reviewed in light of Clinical Criteria approved by South Carolina Medicaid. Prior authorization is not a guarantee of payment. Payment determinations are not made by First Health and are affected by the patient's current eligibility status with South Carolina Medicaid. If you have any questions or would like to discuss this request with a clinical pharmacist, please call (888)247-1181. Send return fax documents to (888)803-7696.

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January 30, 2009

Deborah A. Bowlby, M.D.
Pediatric Endocrinology
MUSC Children's Hospital
96 Jonathan Lucas Street CSB 316, MSC 608
Charleston, SC 29425-6080

Re: S.C. Department of Health and Human Services
Coverage of Supprelin LA

Dear Dr. Bowlby,

Thank you for corresponding regarding this matter. The South Carolina Medicaid Program does indeed cover Supprelin LA utilizing the physician administered J-Code payment methodology. It is not currently available through the agency's pharmacy line. It would, therefore, not be possible to produce or issue a statement that SCDHHS does not cover Supprelin LA.

We will be glad to assist you and your institution with information relating to the agency's reimbursement structure and payment mechanism for this drug. Please feel free to contact Ms. Penny Faulkenberry at 803-898-2665 or faulkenb@scdhhs.gov or myself at 803-255-3400 or marion.burton@uscmed.sc.edu.

Thank you for your advocacy regarding this matter and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

O. Marion Burton, M.D.
Medical Director
SC Department of Health and Human Services

cc: Penny Faulkenberry

Log # 392



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 2, 2009

Deborah A. Bowlby, M.D.
Pediatric Endocrinology
MUSC Children's Hospital
96 Jonathan Lucas Street CSB 316, MSC 608
Charleston, SC 29425-6080

Re: S.C. Department of Health and Human Services
Coverage of Supprelin LA

Dear Dr. Bowlby,

Thank you for corresponding regarding this matter. The South Carolina Medicaid Program does indeed cover Supprelin LA utilizing the physician administered J-Code payment methodology. It is not currently available through the agency's pharmacy line. It would, therefore, not be possible to produce or issue a statement that SCDHHS does not cover Supprelin LA.

We will be glad to assist you and your institution with information relating to the agency's reimbursement structure and payment mechanism for this drug. Please feel free to contact Ms. Penny Faulkenberry at 803-898-2665 or faulkenb@scdhhs.gov or myself at 803-255-3400 or marion.burton@uscmed.sc.edu.

Thank you for your advocacy regarding this matter and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, M.D.
Medical Director


cc: Penny Faulkenberry

Office of the Director
P. O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 255-8235

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-21-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000392</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-30-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
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89925



MUSC Health

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Pediatric Endocrinology
 96 Jonathan Lucas Street, CSB 316
 MSC608
 Charleston, SC 29425
 Tel (843) 792-6807
 FAX (843) 792-0548

RECEIVED

FAX COVER SHEET

JAN 21 2009

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

TO: Penny Falkenberg

FROM:

DATE: 01/14/2009

FAX: 803-255-8351

PAGES: 5, including this cover sheet

RE: Supprn LA denial request

COMMENTS:

re: Kyle Roberts
 and please
 note denial for
 Sam medication on
 another pt - who
 was able to apply
 for pt assistance.

If you have received this communication in error, please notify the MUSC Compliance Office immediately at (843) 792-4037 or 1-800-296-0269. Thank you.

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JAN 21 1998

Bureau of
 Health Services

01/14/2009 03:37PM

**RECEIVED****Pediatric Endocrinology**96 Jonathan Lucas Street CSB 316
MSC 608
Charleston SC 29425-6080Tel 843 792 6807
Fax 843 792 0548

JAN 21 2009

**Department of Health & Human Services
OFFICE OF THE DIRECTOR****Yaw Applagyal-Danah, MD**
*Director*L. Lyndon Key, MD
Deborah A. Bowly, MD
Remberto C. Paulo, Jr., MD
M. Elizabeth Walsh, MD
Sriprya Raman, MD
Elizabeth L. Brady, RN, MSN, CRNP
Sharon Kelly-Brown, RN, MSN, CRNP
Sharon Schwartz, RN, MSN, CDE
Amanda E. Blum, RN, BSN
Anne W. Anthony, RN, MSN
Katherine Nashariker, MS, RD

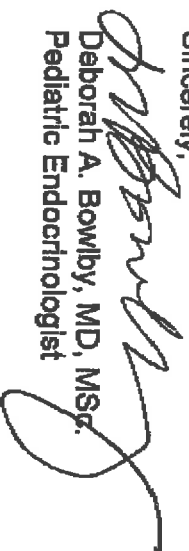
January 13, 2009

RE: Kyle E. Roberts, DOB: 01/20/2000
ID# 2222357004

Dear Penny Falkenberry and South Carolina Medicaid:

I am writing on behalf of my patient Kyle Roberts and all other South Carolina Medicaid patients diagnosed with Precocious Puberty (ICD-9 259.1). In lieu of the current economy and fiscal budget for our state's Medicaid program, we are requesting a formal denial letter for all patients prescribed Supprelin LA 50 mg implant (Histrelin LA). In the past we have appealed this decision and in working with MUSC's hospital pharmacy we recently learned that the University actually lost money on previous cases due to the CMS and the "bill and buy process". Georgia Medicaid currently denies all Supprelin prior authorizations thus allowing patients to apply for assistance from the manufacturer. Denying these claims would be in the best interest of our patients and assist with saving our state and university money. Should you have any questions, please do not hesitate to call any one of us at 843-792-6807.

Sincerely,


Deborah A. Bowly, MD, MS.
Pediatric Endocrinologist

Notice of Prior Authorization Determination

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PATIENT INFORMATION:**MEDICATION INFORMATION:**

ID Number: 2222357004
First Name: KYLIE
Last Name: ROBERTS
Date of Birth: 01/20/2000

Name: SUPPRELIN LA
Strength: 60MG
Dosage Form: KIT

MEDICAL PROVIDER:**PHARMACY PROVIDER:**

Name: DEBORAH BOWLBY
Address 1:
Address 2:
City State Zip: CHARLESTON, SC 29425-8900

Name:
Address 1:
Address 2:
City State Zip: ,

OUTCOME OF CLINICAL REVIEW OF REQUEST 4583814:

Prior Authorization Status: N/A

Prior Authorization Begin Date:

Reviewer: L. P. TUCKER

Prior Authorization End Date:

Date of Review: 1/13/2009

PLEASE CONTACT MEDICAL PRIOR AUTHORIZATION DEPARTMENT AT 803-898-2680 FOR THE AUTHORIZATION.



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Progress Notes**Page: 1**

Date Printed: 01/14/09

ID: 1148998 SEX: F AGE: 8

Name: ROBERTS, KYLIE

12/03/08 : 10:47am

Pediatric Endocrine Note

Pt's Supprelin has been approved by Penny Falkenberry at SC Medicaid 803-898-2665 auth # 0810123 and Medicaid Medical Homes: auth # 080121. I spoke with pt's mother, Tammy, who wants to proceed with the implant. Pt is due to have next injections 12/5/08 and 1/2/09. I will attempt to coordinate referral to Peds Surgery and MUSC's pharmacy as this Supprelin with Medicaid is a "bill and buy" which in the past has required extra time and several managerial approvals. Mom informed to keep both appts until furth notice. Will follow-up with mom once all care is coordinated.

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#	SIGNED BY AMANDA BLUE, R.N. (B31)	12/03/2008 11:02AM
#	REVISED BY AMANDA BLUE, R.N. (B31)	12/03/2008 11:06AM
#	REVISED BY AMANDA BLUE, R.N. (B31)	01/14/2009 02:22PM

Notice of Prior Authorization Determination

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PATIENT INFORMATION:**MEDICATION INFORMATION:**

ID Number: 5080462102
First Name: HANNAH
Last Name: WEAVER
Date of Birth: 04/14/2000

Name: SUPPRELIN LA
Strength: 50MG
Dosage Form: KT

MEDICAL PROVIDER:**PHARMACY PROVIDER:**

Name: DEBORAH BOWLBY
Address 1:
Address 2:
City State Zip: CHARLESTON, SC 29425

Name: THERACOM INC
Address 1: 9717 KEY WEST AVE
Address 2:
City State Zip: ROCKVILLE, MD 20850

OUTCOME OF CLINICAL REVIEW OF REQUEST 4847436:

Prior Authorization Status:
Reviewer: D. CHAVIS
Date of Review: 1/7/2009

Prior Authorization Begin Date:
Prior Authorization End Date:

This medication is a excluded drug, and therefore is not covered.



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