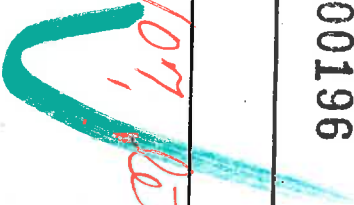


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-12-07</i>
------------------------	-----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">000196</div>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-19-07</i>
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>Cleared 10/23/07, letter attached.</i>  </div>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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



House of Representatives

State of South Carolina

RECEIVED

OCT 12 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Grady A. Brown

District No. 50 - Lee-Sumter Counties
106 East Cedar Lane
Bishopville, SC 29010

304-B Blatt Building
Columbia, SC 29211

Committees:

Labor, Commerce and Industry
Rules

October 11, 2007

*Log: Myers
du, str*

Emma Forkner, Executive Director
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner:

I have enclosed paperwork from Mark D. Josey of 7 Luckey Road, Bishopville, SC, concerning his inability to have Medicaid approve the prescription Prevacid as ordered by his doctor. This medicine is necessary to prevent stomach bleeding in the overall treatment of his disease.

His letter is well written and explains the ordeal he has gone through thus far. I would appreciate it if you would have someone on your staff review Mr. Josey's paperwork and offer some advice so he can obtain this medicine as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

Grady A. Brown
Grady A. Brown

GAB/vhr/2007oct11-4

Enclosures

cc: Mr. Mark D. Josey, 7 Luckey Road, Bishopville, SC 29010



SOUTH CAROLINA MEDICAID PROGRAM
PRIOR AUTHORIZATION REQUEST

3/9/2010

PREScriBER:		BENEFICIARY:	
NAME: <u>Hugh Stoddard</u>	NAME: <u>Mark Josey</u>	FIRST	LAST
DEA LICENSE #: <u>2111</u>	MEDICAID # / SSN: <u>5786231543</u>		
PHONE # <u>(803) 713-6338</u>	DATE OF BIRTH: <u>11-20-65</u>	SEX <u>M</u>	
FAX # <u>(803) 773-5534</u>	REQUEST DATE: <u>9-26-07</u>		
PREScriBER'S OFFICE STAFF MEMBER COMPLETING FORM:			

PHARMACY: _____ **PHONE:** () _____

PRIOR AUTHORIZATION REQUESTED FOR: (Please check appropriate prior authorization type)

<input type="checkbox"/> Anti-Ulcer Therapy	<input type="checkbox"/> Preferred Drug List	NOTE: "Brand Medically Necessary": A request requires a South Carolina Med. N. MedWatch form. "Growth Hormone": A request requires a Growth Hormone request form.
<input type="checkbox"/> COX-2 Inhibitor Therapy	<input type="checkbox"/> Quantity Limits	
<input type="checkbox"/> Orlistat (include information regarding height, weight, diet plan, nutritional counseling, etc., with all orlistat requests)	<input type="checkbox"/> Sildenafil for Pulmonary Arterial Hypertension	
<input type="checkbox"/> Paroxetine/Tarjeta	Other: _____	

DRUG NAME	DOSE	STRENGTH	LENGTH OF THERAPY
Prevacid	30mg daily	30mg	6 months

DIAGNOSIS: GERD, chronic NSAID therapy

DIAGNOSTIC PROCEDURES AND FINDINGS (please list dates): None recently

MEDICAL JUSTIFICATION FOR PRODUCT USE: Resolution of increased GERD/gastritis symptoms with prevacid use

PREScriBER'S SIGNATURE AND SPECIALTY: Dr. Joseph Stoddard Internal Medicine

FIRST HEALTH SERVICES USE ONLY:

☐ APPROVED ☐ DENIED

DATE: 1/1 **COMMENTS:** _____

MAP RPT/TECH: _____

NDC: _____

SUBMIT REQUESTS TO: **FIRST HEALTH SERVICES**

All Fax requests will be processed in one business day. To check on the status you may call: **TELEPHONE:** (816) 603-7696 **FAX:** (816) 603-7696

Revised: July 2005

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: 5780231543

First Name: MARK

Last Name: JOSEY

Date of Birth: 11/20/1965

MEDICATION INFORMATION:

Name: PREVACID

Strength: 30MG

Dosage Form: TAB RAP DR

MEDICAL PROVIDER:

Name: HUGH STODDARD

Address 1:

Address 2:

City State Zip: SUMTER, SC 29150-4256

PHARMACY PROVIDER:

Name: PRESCRIPTIONS INC

Address 1: 240 CHURCH ST

Address 2:

City State Zip: SUMTER, SC 291504200

OUTCOME OF CLINICAL REVIEW OF REQUEST 3606098:

Prior Authorization Status: (CLEAR)

Reviewer: Ruta R.

Date of Review: 10/3/2007

Prior Authorization Begin Date:

Prior Authorization End Date:

For approval of a PPI drug, a recent upper GI test or a recent documented failure on a 2-week trial of an H2RA drug at acute dosing is required. Recent is considered to be within the last 2 years.

*****Please use an H2RA at acute dosing at this time. The pt's long claims hx doesn't show any GI medication use within the several years. Sc Medicaid criteria has not been met for a PPI approval. *****

*Received a prescription for Prevacid this year
paid for by Medicaid a
prescription, one
240 Church Street
Sumter, SC 29150
(803) 778-5005*

First Health
Services Corporation
A Century Media Care Company

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)603-7686.

CONFIDENTIALITY NOTICE: This fax is intended solely for the use of the listed medical and/or pharmacy provider and may contain confidential and/or privileged information. The unauthorized use, reproduction or distribution of this information may subject user to civil and/or criminal penalties. If you are not the intended recipient, please contact the sender at (866)247-1181, and destroy any and all copies of the original fax. Thank You.

MEDICAL INFORMATION RELEASE AUTHORIZATION

I Mark D Josey, 7 Luckey Road, Bishopville, SC 29010, Telephone Number 803-428-3513, Social Security Number 250-35-4649, Date of Birth 11/20/1965, Medicaid Number 5780231543, do hereby authorize Grady Brown and anyone he should so designate on his behalf, to have full and free access to all of my Medicaid file and information therein and hereby give authorization to discuss with Medicaid verbally and in writing any information concerning me and my medical file.


Signature

10-6-07
Date

Mark D Josey
7 Luckey Road
Bishopville, SC 29010
(803) 428-3513

October 6, 2007

Representative Grady Brown
106 East Cedar Lane
Bishopville, SC 29010

Dear Grady:

I need your help with Medicaid. I have osteoarthritis that is debilitating and very painful if left untreated, and requires chronic non-steroid anti-inflammatory drug treatment (NSAID). The drug that helps me to use my hands, wrists, right elbow and back is Naprosyn. I take 500mg twice a day. This can cause peptic ulcers and I could bleed to death but for another drug, which Medicaid refuses to pay for., Prevacid, which protects my stomach from bleeding. Any doctor will tell you that chronic NSAID therapy requires a drug such as Prevacid.

Earlier this year Medicaid pre authorized a prescription from Dr. Hugh Stoddard, Jr. to fill the prescription. There was one catch. They would only pay for solutabs which dissolve in the mouth, not the capsules. After using them for several weeks, I noticed that they did not work as well as the capsules as Dr. Stoddard had given some samples to me to try. I asked Dr. Stoddard about it. He indicated to me that many of his patients had told him that the solutabs didn't work as well as the capsules. I asked him why Medicaid would only pay for the solutabs, and he indicated to me that they cost less than the capsules. I asked my pharmacist the same question, and he confirmed what Dr. Stoddard had said.. Since that time, Dr. Stoddard has been giving me samples of the Prevacid capsules. Due to indigestion, heartburn and other symptoms, Dr. Stoddard increased my dosage of Prevacid to 30mg twice a day.

Medicaid will only preauthorize a prescription for six months. It has been over six months since I filled the prescription, and Dr. Stoddard changed the dosing directions; therefore, I had to get a new prescription and it had to be preauthorized by Medicaid, which they will not do.

Therefore I have a serious problem. Stop taking the Naprosyn and not be able to use my hands and suffer severe pain, or take it and take a chance on bleeding to death.

I have enclosed supporting documents from Dr. Stoddard stating the reason for me requiring this prescription. Medicaid has denied it stating that I need to have an upper GI, which would show any damage in my upper digestive tract and stomach. I pray I do not have any. The need for the Prevacid is to prevent the Naprysyn from causing internal bleeding.

In the enclosed document, however, Medicaid states that a requirement would be that I have taken Prevacid, or a similar drug within the past several years, which I have. They say that they have no record of it and Loretta from Dr. Stoddard's office confirmed that I have filled a prescription for Prevacid this year from Prescriptions, Inc. (803) 778-5005 which was paid for by Medicaid. One person Loretta spoke with at Health First who pre authorizes prescriptions for Medicaid said that they would approve the solutabs. Dr. Stoddard gave a prescription to me for Prevacid solutabs and the pharmacy still said preauthorization was required. Loretta called them back, proved to them that they had paid for a prescription for Prevacid solutabs this year, and they still said, "no". She told them that I could bleed to death without taking it, and they still said, "no". I received the enclosed documents after requesting my medical records from Dr. Stoddard.

Medicaid wants me to take something over the counter that is documented for two weeks with the Naprosyn before they will even consider such a prescription. I could get a peptic ulcer and bleed to death in that

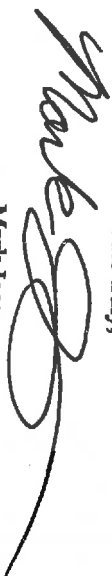
period of time.

Loretta proved to Medicaid that I had in fact filled a prescription for Prevacid this year which was paid for by Medicaid, which is a requirement they stated in the enclosed document, and still they refuse to pay for it.

I have enclosed a signed and dated medical information release form authorizing you or anyone you should so designate to interact with Medicaid regarding this matter,

I would really appreciate your help in this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Mark Josey". The signature is stylized with a large, looped "M" and a long, sweeping underline that extends to the right.

Mark Josey



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

October 23, 2007

Emma Forkner
Director

The Honorable Grady A. Brown
South Carolina House of Representatives
District No. 50
106 East Cedar Lane
Bishopville, South Carolina 29010

Dear Representative Brown:

Thank you for your letter regarding your constituent, Mr. Mark D. Josey, and his request for Medicaid approval of Prevacid® 30mg tablets. Staff contacted Mr. Josey's physician, Dr. Hugh Stoddard, to obtain additional patient-specific information regarding Mr. Josey's need for this proton pump inhibitor. The requested information was received on the afternoon of October 17, 2007.

I am pleased to inform you that approval for this drug has been granted for a period of six months. After that timeline has elapsed, it will be necessary for Dr. Stoddard to again request prior authorization if continued coverage of Prevacid® is deemed clinically appropriate for Mr. Josey. Confirmation regarding this approval has been sent to Dr. Stoddard's office.

Your concern for your constituent is commendable, and I trust you will find this information helpful. If you have questions or need further assistance, please do not hesitate to contact Mr. James M. Assey, RPh, Director, Division of Pharmacy and Durable Medical Equipment (DME) Services. He may be reached at (803) 898-2875.

Sincerely,

A handwritten signature in cursive script, reading "Emma Forkner".

Emma Forkner
Director

EF/mgas

#196