

Physician's Drug Program

Plan: AmeriHealth Caritas North Carolina

Clinical Policy ID: CCP.8021

Recent review date: 3/2025

Next review date: 7/2026

Policy contains: Physician's Drug Program, 340-B, Prior Authorization; ACNC

AmeriHealth Caritas North Carolina has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas North Carolina's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas North Carolina when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Carolina's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas North Carolina's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas North Carolina will update its clinical policies as necessary. AmeriHealth Caritas North Carolina's clinical policies are not guarantees of payment.

Policy statement

AmeriHealth Caritas North Carolina ("ACNC") will follow North Carolina Department of Health and Human Services ("NC DHHS") Clinical Coverage Policy 1B Physician's Drug Program (PDP) (<https://medicaid.ncdhhs.gov/media/12459/download?attachment>) except to the extent outlined in this policy.

To apply this policy for ACNC members, ACNC will adjust the following references and sections:

References to North Carolina Medicaid ("NC Medicaid") beneficiaries shall instead apply to ACNC Medicaid members.

Section 2.2:

Information about EPSDT and Prior Approval can be found in the EPSDT section of the ACNC Provider Manual (<https://www.amerhealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>).

Sections 3.0 and 4.0:

- ACNC criteria for drugs that are covered and not covered will follow the NC Medicaid criteria covered and not covered, and providers should reference the NC Medicaid Physician Drug Program Drug Catalogue and the Medicaid Bulletin for articles regarding drugs.

- Providers may request consideration of drug indications or dosing that fall outside of the NC Medicaid predetermined standards by contacting ACNC Pharmacy Services at 1-866-885-1406.

Section 5.1:

ACNC shall not require prior approval for the Physician's Drug Program.

Section 5.3:

- The cost of drugs or biologic agents billed for ACNC members must represent an expense actually incurred by the provider.
- Providers should reference the NC Medicaid PDP fee schedule (<https://medicaid.ncdhhs.gov/>) or may call ACNC Provider Services at 1-888-738-0004 with the HCPCS code to determine if the drug is covered under the Outpatient Pharmacy Program, the PDP, or both.
- Providers may call ACNC Provider Services at 1-888-738-0004 regarding coverage of a specific ICD-10 diagnosis code or limitations for a specific drug, and may also refer to the NC Medicaid Bulletins and NC Medicaid Physician Drug Program Catalogue for more information.
- ACNC will follow the Outpatient Pharmacy Point-of-Sale Medication guidance, and providers can refer to the ACNC Pharmacy website for details (<https://www.amerihealthcaritasnc.com/provider/pharmacy/index.aspx>).
- ACNC will follow the 340-B Federal Drug Pricing Program guidance, and providers should append a 'UD' modifier on professional and outpatient claim drug detail.

Section 7.0:

Providers should refer to the Compliance section of the Provider Manual (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>).

Attachment A:

Providers should refer to the Claim Filing section of the Provider Claims and Billing Manual for claims submission and payment guidance (<https://www.amerihealthcaritasnc.com/assets/pdf/provider/claims-billing/claims-and-billing-manual.pdf>).

References

AmeriHealth Caritas North Carolina Provider Manual. North Carolina Department of Health and Human Services. <https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf>. Published December 20, 2023.

Medicaid and Health Choice. NC Medicaid: Physician's Drug Program, 1B. North Carolina Department of Health and Human Services. <https://medicaid.ncdhhs.gov/media/12459/download?attachment>. Amended April 1, 2023.

Policy updates

Initial review date: 3/19/2021

3/2023: Policy references updated.

3/2024: Policy references updated.

3/2025: Policy references updated.