April 25, 2005

Dear Pharmacy Provider,

- **Smoking Cessation Products**
  The Oklahoma Health Care Authority would like to remind you that smoking cessation products are now available through the Pharmacy Program without prior authorization for the first 90 days of therapy. Clients should have a prescription, either written or called in, for the smoking cessation products. In order to continue to receive smoking cessation products such as nicotine replacement therapy or bupropion tablets after that time period, the client must be enrolled in some form of smoking cessation counseling. This counseling may be provided by a telephone-based provider such as the Oklahoma Tobacco Helpline at 1-866-PITCH-EM (1-866-748-2436). For questions about the prior authorization process, please contact the Pharmacy Help Desk.

- **Submitting Medicare Crossover Claims**
  When submitting a Medicare claim under the procedures for cost avoidance, a Pharmacy Provider must have a Medicare Identification Number or Durable Medical Equipment Regional Carrier Number (DMERC#). In addition, the medication must be on the Medicare Part B list of covered medications. If you have questions about cost avoidance please contact Third Party Liability (TPL) at 1-800-268-5261.

- **Billing National Drug Codes (NDC)**
  All pharmacy claims must include the true and correct NDC for products actually dispensed as required by Oklahoma Medicaid. The Oklahoma Medicaid Program Integrity Act states: *It shall be unlawful for any person to make or cause a claim, knowing the claim to be false, in whole or in part, by commission or omission.* Auditors and inspectors from the Health Care Authority and other government agencies may visit your facility to verify claims information.

Thank you for your continued service to Oklahoma’s Medicaid clients.