



**ALAMANCE-CASWELL  
LOCAL MANAGEMENT ENTITY  
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**David Carter  
Chair, Area Board**

To: Provider Physicians  
From: Alamance-Caswell LME  
Date: July 1, 2010  
Subject: B, C and D Prescription Protocol, MARP website

It has recently come to our attention that there are some issues that need to be addressed once again concerning the B, C and D prescriptions.

This system was designed to be a last resort assistance to those clients who are not able to afford their prescriptions, not as a free monthly prescription fund. We are noticing some abuse of this system; for example, we received billing for medicines whose indications do not include any mental health, substance abuse or developmental disability issues.

No more than one month of B, C or D prescriptions should be written for any one consumer for any one medication. At the time that the prescription is written, the consumer should also apply for Patient Assistance through the pharmaceutical company that produces the prescribed medication. Please ensure that the application is as complete as possible to expedite the process.

Please note the following website:

<http://www.practicesights.org/MarpOverviewWMV/MarpOverviewSmall.htm>

This website provides an efficient way of submitting several Patient Assistance applications for each individual. Also note the resources available through AlaMap and the Rx discount card for Alamance County residents.

If for whatever reason the consumer is ineligible for PAP or if you feel there is a clinical reason why the patient would need more than one refill, you will need to complete the attached "B, C or D Refill Request Form" and submit it to our office for approval. The form should be completed and signed by the prescribing physician.

Once the form is completed, please submit it to the LME via fax at (336) 513-4203, attention Cassandra May. We will forward the forms to one of the doctors for review and we will answer via fax. We will ensure that you receive an answer as quickly as possible so as to ensure that the consumer receives the care needed. Please indicate on the cover sheet if the request is an urgent one.

The Monthly Prescription List form needs to be returned no later than the 5<sup>th</sup> of each month to check against the billing we receive from Medical Village Apothecary. Anything that did not get prior approval will not be paid for by our agency.

By streamlining this system, it will allow us to better serve all of the consumers who are in need. Ultimately, our goal is the same...to provide the best possible care and services to the consumers who look to us for assistance and support.